

STA/STPA/SAC
GOVERNING BOARD
STSC FOUNDING BOARD
MEMBER PACKET
REGULAR MEETING
NOVEMBER 9, 2017

SouthTech Charter
Academy, Inc.
SouthTech Preparatory Academy, Inc.
SouthTech Success Center, Inc.
Founding Board

Jim Kidd, Superintendent
John-Anthony Boggess – Deputy Superintendent/Acting
Principal
Nicole Handy, STPA Middle School Principal

SOUTHTECH CHARTER ACADEMY, INC.
SOUTHTECH PREPARATORY ACADEMY, INC.
SOUTHTECH SUCCESS CENTER, INC.
STA/STPA Governing Board/SAC/STSC Founding Board Meeting Agenda
November 9, 2017

1. Call to Order

2. Pledge of Allegiance

3. Roll Call: Board Secretary – Confirm Quorum Present

Donna Baize	Aram Bloom	Roger Dunson
Nancy Ernst	Russell Feldman	Dan Heller
Diane Heinz	Carl McKoy	James Notter
Suzanne Nicolini		

4. Open Meeting Act Statement

Chairperson asks if public notice has been made.

5. Public Presentation:

6. Approval of the Minutes for the STA/STPA Governing Board/SAC-STSC Founding Board Emergency Meeting on October 17, 2017.

Introduced by: _____ Seconded by: _____

All in favor: _____ Opposed: _____

7. Treasurer's/Financial Report for STA/STPA: Current monthly Bank Reconciliation and Disbursement Report

8. Reports

- a. Superintendent
- b. Deputy Superintendent/Principal – STA/STPA/Adult Ed
- c. Principal – South Tech Academy
- d. Principal – South Tech Preparatory Academy
- e. Committees – STA/STPA/STSC Policy Committee

9. Public Comments on Agenda Items – *Five (5) Minutes Maximum Each Person*
SouthTech Academy
SouthTech Preparatory Academy

10. Introduction of Consent Agenda for SOUTHTECH ACADEMY – *Superintendent Jim Kidd:*

Old Business

None.

Administrative Items

A-1 I recommend that the Board approve the donations for the period from October 17, 2016 to November 9, 2017.

A-2 I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Personnel Items

- B-1** I recommend that the Board approve the Personnel actions for the previous month.
- B-2** I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.
- B-3** I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.
- B-4** I recommend that the Board approve the purchase of holiday gift cards for SouthTech employees. **(Recommended by Mr. Notter, Board Chair)**

Financial Items

- C-1** I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.
- C-2** I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending September 30, 2017 as required by the Sponsor.
- C-3** I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 as required by the Sponsor.
- C-4** I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Academy.
- C-5** I recommend that the Board approve the Gerber Life Insurance Company Blanket Accident Medical Basic Insurance for SouthTech Academy students.

Emergency Items

None.

11. Poll Board for Items to be Pulled for Comment or Questions

12. Approval of Consent Agenda Except for Items Pulled

Introduced by _____ Seconded by _____
 All in favor _____ Opposed _____

13. Approval of Each Pulled Item (Item-by-Item) – Introduction by Superintendent

14. Public Comments on non Agenda Items – Five (5) Minutes Maximum Each Person

15. Introduction of Consent Agenda for SOUTHTECH PREPARATORY ACADEMY – Superintendent Jim Kidd

Old Business

None.

Administrative Items

- PA-1** I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Personnel Items

- PB-1** I recommend that the Board approve the Personnel actions for the previous month.
- PB-2** I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.
- PB-3** I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.

PB-4 I recommend that the Board approve the purchase of holiday gift cards for SouthTech Prep Academy employees. **(Recommended by Mr. Notter, Board Chair)**

Financial Items

PC-1 I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.

PC-2 I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending September 30, 2017 as required by the Sponsor.

PC-3 I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 as required by the Sponsor.

PC-4 I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Academy.

PC-5 I recommend that the Board approve the renewal of the QBE Insurance Corporation Blanket Accident Medical Basic & Voluntary Student Accident Insurance.

Emergency Items

None.

16. Poll Board for Items to be Pulled for Comment or Questions

17. Approval of Consent Agenda Except for Items Pulled

Introduced by _____ Seconded by _____
All in favor _____ Opposed _____

18. Approval of Each Pulled Item (Item-by-Item) – *Introduction by Superintendent*

19. Public Comments on non Agenda Items – *Five (5) Minutes Maximum Each Person*

20. Introduction of Consent Agenda for SOUTHTECH SUCCESS CENTER FOUNDING BOARD – *Superintendent Jim Kidd:*

Administrative Items

SCA-1 I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

21. Poll Board for Items to be Pulled for Comment or Questions

22. Approval of Consent Agenda Except for Items Pulled

Introduced by _____ Seconded by _____
All in favor _____ Opposed _____

23. Approval of Each Pulled Item (Item-by-Item) – *Introduction by Superintendent*

25. GOVERNING BOARD IN THE CAPACITY OF SCHOOL ADVISORY COUNCIL (SAC)

South Tech Academy:

School Improvement Steering Committee (SISC) Report – *Russ Feldman, Chairperson; Donna Baize, Suzanne Nicolini, Alternate Chairpersons*

Introduction of the SouthTech Academy SAC Consent Agenda – Russ Feldman, Chairperson – NO AGENDA.

26. Poll SAC for Items to be Pulled from the SAC Consent Agenda for Comment or Questions: N/A

27. Approval of SAC Consent Agenda Except for Items Pulled: N/A

Introduced by: _____ Seconded by: _____

All in favor: _____ Opposed: _____

28. Approval of Each Pulled Item (Item-by Item) – Introduction by Russell Feldman, Chairperson N/A

29. South Tech Preparatory Academy:

School Improvement Steering Committee (SISC) Report –Diane Heinz, Chairperson

Introduction of the SouthTech Preparatory Academy SAC Consent Agenda – Diane Heinz, Chairperson – NO AGENDA.

30. Poll SAC for Items to be Pulled from the SAC Consent Agenda for Comment or Questions: N/A

31. Approval of SAC Consent Agenda Except for Items Pulled: N/A

Introduced by: _____ Seconded by: _____

All in favor: _____ Opposed: _____

32. Approval of Each Pulled Item (Item-by Item) – Introduction by School Improvement Steering Committee Chairperson, Diane Heinz. N/A

33. Board Comments

34. Motion to Adjourn

Introduced by: _____

All in favor: _____ Opposed: _____

Time _____

SOUTHTECH CHARTER ACADEMY, INC.
SOUTHTECH PREPARATORY ACADEMY, INC.
SOUTHTECH SUCCESS CENTER, INC. FOUNDING BOARD
October 17, 2017 Minutes of the Emergency Governing Board/SAC Meeting

1. *Call to order* by Mr. Notter at 6:05pm
2. *Pledge of Allegiance*
3. *Roll Call by Donna Baize:*
Present: Donna Baize, Aram Bloom, Nancy Ernst, Russell Feldman, Diane Heinz, Dan Heller, Roger Dunson, Carl McKoy, Suzanne Nicolini, James Notter **Absent:** None
Note: Mr. McKoy left the meeting just after the approval of the STA Consent Agenda.
Quorum
4. *Open Public Meetings Act Statement* – The meeting has been properly noticed on the website and in the SouthTech lobby. Sun Sentinel by pagination error did not publish the meeting in the newspaper and a record will be kept for the auditors.
5. *Public Presentation:* None.
6. *Approval of the Minutes for the STA/STPA Governing Board Annual Board Meeting on September 28, 2017.*
Motion by: Ms. Heinz Seconded by: Nancy Ernst
All in favor.
Approval of the Minutes for the STA/STPA Regular Governing Board/SAC-STSC Founding Board Meeting on September 28, 2017.
Motion by: Mr. McKoy Seconded by: Ms. Heinz
All in favor.
7. *Treasurer's/Financial Report:* The Finance Committee did not meet and Mr. Notter asked Mr. Heller if there was anything to report to the Board. Mr. Heller said that he does review bank statements and financial reports before they are put on the Finance Committee agenda. He did not find anything out of the ordinary. He recommended approval for SouthTech Academy Items C-1 through C-3 and for SouthTech Preparatory Academy, they recommend approval for Items PC-1 through PC-3. Mr. Heller asked the Board to notice the Summary Reports, enrollment numbers are 3% ahead of budget for SouthTech Academy, and 23% ahead in our budget for SouthTech Preparatory.
Ms. Heinz asked what Shmoop was and Mr. Boggess responded that Shmoop is the technology aid for ELA that was introduced this year, rather than doing Achieve 3000 and other tutorial-type programs. Ms. Heinz also asked what Sunshine Education was and Mr. Boggess said they contracted with Sunshine Education charter tours to take the STA students on their very first college experience, and the students went to five universities.
- 8A. *Superintendent's Report:* Mr. Kidd teleconferenced in to the Board meeting. He said that his surgery was scheduled for Thursday. Mr. Kidd said he believes he is ready to get something to his hands on the lease agreement within the next couple of weeks. Mr. Kidd spoke with Dr. Fennoy and has also spoke with Dr. Avossa, and he believes he has laid a good foundation with them in that he would not just take anything because he wants this done right, since we have to live with it for fifteen years. Mr. Kidd asked that Item A-4 be pulled for discussion, so that he could speak to it. Mr. Notter said that the other item Mr. Kidd is talking about is Item A-3, when he spoke to the two gentlemen, he encompassed Item A-3, which is to provide Mr. Kidd the authorization to be the chief negotiator for the leases. Item A-4 was for having the state to intervene for mediation. Mr. Kidd said that Item A-3 can go as a consent agenda item, and since Mr. Notter is the one being appointed to write the letter to the state, Mr. Kidd needs to make the recommendation on that one and he wants to make some comments on it, so it also needs to be pulled.
Mr. Kidd will be interactive when he needs to as the items come up, as he has an overview.
- 8B. *Deputy Superintendent/Acting Principal's Report – STA/STPA/Adult Ed Program:* Mr. Boggess said that the very first college tour for STA students speaks volumes to what we are doing as far as college and career preparation. We have always done a great job with career preparation, but need to put a focus on what opportunities are out there for our kids. Mr. Boggess proceeded to relay stories about two of the students who went on the tour, showing the importance of the experience for the students. Both STA and STPA will be at the South Florida Fairgrounds tonight for the Showcase of Schools. Nearly 10,000 people will come to the

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event, which is sponsored by the School District. This year, the top tier leadership/Superintendent/Board decided they were no going to include any charter schools, except for SouthTech and Inlet Grove, which are the two conversion charters, and which would have excluded SouthTech Prep, so both schools are there. Right now, we have bus FTE going on and we are working at full capacity. The team is firing on all cylinders. We gotten back LEA status from the state award grants and Title II, and from Perkins. We are working with the Superintendent as he works through his health in those pieces, and he is in constant communication with us.

8C. *Principal's Report: See 8B.*

8D. *Middle School Principal:* Mrs. Handy said that they had completed FTE on Friday and they are in compliance. We have 530 students enrolled, having brought in six new students on Thursday. We have now hired all the needed teachers. The Annual Charter School Review by the District will be on Thursday at Prep. She said she is very confident that they will do well, as they are in compliance with all the requirements.

8E. *Committee Reports:* The SISC for both STA and STPA met last week and their items are on the agenda.

9. *Public Comments on Agenda Items* – Five (5 Minutes Maximum Each Person)

SouthTech Academy – None.

SouthTech Preparatory Academy – None.

10. *Introduction of Consent Agenda for SouthTech Academy* – Mr. Boggess introduced the Consent Agenda, except for Item A-3, which was introduced by Mr. Notter:

Old Business

None.

Administrative Items

A-1 I recommend that the Board approve the donations for the period from August 10, 2017 to October 17, 2017.

A-2 I recommend that the Board approve Policy 1.02 Governing Board revisions to reflect the election results of the Officers and Directors at the Annual Meeting.

A-3 The SouthTech Charter Academy, Inc. Governing Board hereby authorizes James R. "Jim" Kidd, Superintendent of SouthTech Schools, to represent said Board in the negotiation and execution of a mutually acceptable agreement with the School Board of Palm Beach County, allowing relocation of SouthTech Charter Academy, Inc. a Conversion Charter School, from the existing location at [1300 SW 30th Avenue, Boynton Beach, FL 33426](#) to another District-owned facility currently named Odyssey Middle School, located at [6161 Woolbright Rd, Boynton Beach, FL 33437](#).
(Recommended by James Notter, Board Chair)

A-4 I recommend that the Board authorize the SouthTech Charter Academy, Inc. Board Chair to request that DOE Charter Schools Director Adam Emerson schedule mediation between SouthTech Charter Academy, Inc. and School District of Palm Beach County to resolve outstanding issues.

Personnel Items

None.

Financial Items

C-1 I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending August 31, 2017 as required by the Sponsor.

C-2 I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending August 31, 2017 as required by the Sponsor.

C-3 I recommend that the Board approve and ratify the monthly financial statements for month ending August 31, 2017 as required by the Sponsor.

Emergency Items

None.

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11. *Poll Board for Items to be Pulled for Comment or Questions:* **Mr. Notter pulled Item A-4. Ms. Heinz pulled Item A-3.**
12. *Approval of SouthTech Academy Consent Agenda with exception of the items pulled:*
Motion: Mrs. Nicolini Second: Ms. Heinz
All in favor. Motion carries.
13. *Approval of Each Pulled Item (Item-by-Item):*

Item A-3 The SouthTech Charter Academy, Inc. Governing Board hereby authorizes James R. "Jim" Kidd, Superintendent of SouthTech Schools, to represent said Board in the negotiation and execution of a mutually acceptable agreement with the School Board of Palm Beach County, allowing relocation of SouthTech Charter Academy, Inc. a Conversion Charter School, from the existing location at [1300 SW 30th Avenue, Boynton Beach, FL 33426](#) to another District-owned facility currently named Odyssey Middle School, located at [6161 Woolbright Rd, Boynton Beach, FL 33437](#). **(Recommended by James Notter, Board Chair)**

Motion: Mr. Heller Second: Mr. Bloom

Ms. Heinz said she did not want a lease that would ever resemble the kind of lease we had for SouthTech Prep. She would hope that we could get the guidance of a strong real estate attorney. Perhaps Mr. Kesten would like to help us. Ms. Heinz said she wants to be sure that we have the tenant improvements and everything that we really need. If it turns out to be like a lease agreement, she would like it to be totally on our side in terms of what is needed. The tenant improvements are going to be massive, so they should be priced out and clear, the best that we can with a very competent real estate attorney. Mr. Kidd told Ms. Heinz that all that Item A-3 is about is a question about our interest in entering into an agreement, as long as a mutually agreeable leasing arrangement could be negotiated. This is an expression of interest. Mr. Notter said that Mr. Kidd had many thoughts from a process standpoint, going back to the leasing of the SouthTech Prep facility. Mr. Notter said that Mr. Kidd would bring that to the Board at a later meeting. Mr. Kidd said that the way the District is talking about presenting something to us would be a very different negotiation situation to what we had with Prep because of time constraints. The Board will be involved in this every step of the way. He will have a Preliminary Planning meeting with Chair Notter, the Deputy Superintendent and Mr. Kidd as far as the thought tank on it, and then he would like to form two committees, one that will work with the negotiating committee. He feels we need to spend money on the attorney now since we are going into a 15-year lease. We need top-notch people in there to negotiate the lease itself with all the considerations. Before he brings anything back to the Board for consideration, probably at the next Board meeting, if there is anything needed, we will probably have to have an emergency meeting. Ms. Heinz said that when they were discussing this with Superintendent Avossa, he was very clear on there was going to be a dollar amount that we would dedicate to this, and when we give you that dollar amount, that is the end of the story. She said the reason she is pushing this is because she wants to get early-on tenant improvements priced out. If we ask for a dollar amount, we have a pretty good sense what the cost will be for things that will need to happen. Ms. Heinz feels this is very critical. If it is going to cost three million and he is offering two million, we need to push hard for three. Mr. Kidd said we cannot really do anything until we see the lease. He does not know if it will be for STA or for STA and the Success Center, which we talked about, or if they want to make accommodations for Prep over there. If they do, all of those will be different. One will be a start-up, one will be a conversion charter and you really cannot plan until you see it.

All in favor. Motion carries.

Item A-4 I recommend that the Board authorize the SouthTech Charter Academy, Inc. Board Chair to request that DOE Charter Schools Director Adam Emerson schedule mediation between SouthTech Charter Academy, Inc. and School District of Palm Beach County to resolve outstanding issues.

Motion: Mr. Bloom Second: Mr. Heller

Mr. Kidd said that he discussed Item A-4 with Mr. Notter and with Mr. Boggess thoroughly and they jointly agree that we need to get some of the issues resolved that we have been working on for a year and a half, and that were agreed on once before going into the negotiating session. We are going into a 15-year lease (he was not sure if Prep would be 10 or 15), so it will be a lease and three charters, because of Success Center, and issues need to be

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resolved. He did let Mr. Pegg know about the letter and that we were serious about getting things resolved and let him know verbally that we did not want mediation, but resolution, so we knew where we stood on some of the new things. Mr. Kidd proceeded to tell of his communication with the District, telling them it was the principle of not following the charter agreement. Mr. Kidd wanted the item tabled until the next Board meeting and he would let the District know. If it cannot be resolved, the letter would go to the state. Mr. Notter said that if we defer it to the next Board meeting, from a timeline standpoint, we have already two weeks that we cannot do anything about. Mr. Notter said he has a polite issue that we are going to put it off, since Mr. Kidd would be having surgery on Thursday. Mr. Bloom made the suggestion that, instead of just completely tabling the item, we alter this item so that it appoints a committee and authorizes them to provide Board authorization for mediation, if needed, and then that committee decision could be ratified at the following Board meeting. He said that in this way, we could save time. Mr. Kidd could still tell the District that the issue has been tabled temporarily, but in the event we need a trigger, we can do it quickly by calling together the committee. Mr. Kidd asked Barbara to get the wording texted to him, so he could send it to Avossa. Mr. Notter said that Mr. Bloom would scribe it out and Item A-4 would be tabled, and that they would go on with the meeting, and come back to the item.

Mr. Notter requested a motion to table Item A-4 until Mr. Bloom is ready for it to come back to the floor.

Motion: Mrs. Nicolini Second: Mrs. Ernst

14. *Public Comments on non-Agenda Items: None.*

15. *Introduction of Consent Agenda for SouthTech Preparatory Academy* – Mr. Boggess introduced the Consent Agenda:

Old Business

None.

Administrative Items

PA-1 I recommend that the Board approve Policy 1.02 Governing Board revisions to reflect the election results of the Officers and Directors at the Annual Meeting.

Personnel Items

PB-1 None.

Financial Items

PC-1 I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending August 31, 2017 as required by the Sponsor.

PC-2 I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending August 31, 2017 as required by the Sponsor.

PC-3 I recommend that the Board approve and ratify the monthly financial statements for month ending August 31, 2017 as required by the Sponsor.

Emergency Items

None.

Mrs. Ernst asked Mr. Heller if there is anything unusual or out of the ordinary, especially when it comes to items that have been written out of the bank account. Mr. Heller said there was nothing out of the ordinary.

16. *Poll Board for Items to be Pulled for Comment or Questions: None.*

17. *Approval of SouthTech Preparatory Academy Consent Agenda:*

Motion: Mrs. Baize Second: Mrs. Ernst

All in favor. Motion carries.

18. *Approval of Each Pulled Item (Item-by-Item): None.*

19. *Public Comments on non-Agenda Items: None.*

20. *Introduction of Consent Agenda for SouthTech Success Center:*

Administrative Items

SCA-1 I recommend that the Board approve Policy 1.02 Governing Board revisions to reflect the election results of the Officers and Directors at the Annual Meeting.

**SOUTHTECH CHARTER ACADEMY, INC.
SOUTHTECH PREPARATORY ACADEMY, INC.
SOUTHTECH SUCCESS CENTER, INC. FOUNDING BOARD**

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21. *Poll Board for Items to be Pulled for Comment or Question:*

Mrs. Nicolini asked when the Success Center would be opening as people were asking about it. Mr. Kidd said based on negotiations, the opening may be postponed. It will possibly be opening in 2019.

22. *Approval of SouthTech Success Center Founding Board Consent Agenda:*

Motion: Ms. Heinz Second: Mrs. Nicolini

All in favor. Motion carries.

23. *Approval of Each Pulled Item (Item-by-Item): None.*

24. *Public Comments on non-Agenda Items: None.*

25. *Governing Board in the Capacity of School Advisory Council (SAC) for:*

South Tech Academy: -

School Improvement Steering Committee (SISC) Report – STA SISC – Mr. Feldman, Chairperson; Mrs. Baize, Alternate Chairperson; Suzanne Nicolini, Alternate Chairperson.

Mr. Feldman said that they went over the School Improvement Plan and the Parent and Family Engagement Plan at the October 12, 2017 meeting.

Mr. Boggess said that what the goal of the STA School Improvement Plan is to effectively deliver relevant instruction to meet the needs of all learners. In both ELA and Math, we are at 44%, and at minimum, our goal is to be at 50% proficiency this school year. This will include everything from tutorial activities, incentives, we have coaches in both ELA and Math, and we brought in AmeriCore, who are working with our low-level 1 and 2 students.

Introduction of the SouthTech Academy SAC Consent Agenda – Mr. Feldman, Chairperson –

Item D-1 I recommend that the School Advisory Council (SAC) approve the 2017-2018 Title I Parent and Family Engagement Plan (PFEP) as recommended by the School Improvement Steering Committee.

Item D-2 I recommend that the School Advisory Council (SAC) approve the 2017-2018 School Improvement Plan (SIP), as recommended by the School Improvement Steering Committee.

26. *Poll SAC for Items to be Pulled from the SAC Consent Agenda for Comment or Questions: None.*

27. *Approval of SAC Consent Agenda Except for Items Pulled:*

Motion: Mrs. Baize Second: Mr. Bloom

All in favor. Motion carries.

28. *Approval of Each Pulled Item (Item-by-Item) – Introduction by Chairperson:*

29. **Governing Board in Capacity of School Advisory Council (SAC) for:**

South Tech Preparatory Academy

School Improvement Steering Committee (SISC) Report – Ms. Heinz, Chairperson

Mrs. Heinz said they had a meeting on October 12. Unfortunately, we still have issues of timing and trying to get more parents to attend. It was an exceptionally well-done agenda with a very detailed School Improvement Plan. She said she would leave to Principal Handy regarding where we are compared to other schools and grading. They have many activities going on, including Parent Night and Book Fair. We addressed the Showcase at the Fairgrounds where they will be recruiting more students. Ms. Heinz brought up something that she asked Mrs. Handy to review, that being the Verbal Abuse Program, because Middle School can be a torturous time with kids. Mrs. Handy said that you would probably get more parents there if you fed them, and they are always looking at ways to get donations for that. On the School Improvement Plan, Mrs. Handy said there were two main goals: One is Parent Engagement because we believe that the more the parents are

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involved, the more successful the children are. We can see by the attendance at the SISC meetings, the parents are not very active, so they are working on that. The other is to continue with the data-driven instruction and rigorous lessons going on in the classroom.

Introduction of the SouthTech Preparatory Academy SAC Consent Agenda - Ms. Heinz, Chairperson

Item PD-1 I recommend that the School Advisory Council (SAC) approve the 2017-2018 Title I Parent and Family Engagement Plan (PFEP) as recommended by the School Improvement Steering Committee.

Item PD-2 I recommend that the School Advisory Council (SAC) approve the 2017-2018 School Improvement Plan (SIP), as recommended by the School Improvement Steering Committee.

30. *Poll SAC for Items to be Pulled from the SAC Consent Agenda for Comment or Questions – None*

31. *Approval of SAC Consent Agenda Except for Items Pulled:*

Motion: Ms. Heinz Second: Mrs. Ernst

All in favor. Motion carries.

32. *Approval of Each Pulled Item (Item-by Item) – Introduction by Chairperson: None.*

33. *Board Comments:*

Ms. Heinz wished Mr. Kidd a speedy recovery and that she appreciates his leadership. She said that she also appreciates Mr. Boggess being here.

Mrs. Nicolini apologized for her absence the last two months, due to her commitment to the bowling team. Five of our students are participating at other schools, Boynton Beach and Santaluces. The Boynton Beach team is currently in second place. Mrs. Nicolini also pointed out the hanging piñatas. We had the Hispanic Month celebration, where students made posters. She asked the Board to please take the time to look at the ones remaining.

Mr. Feldman thanked Mr. Heller for taking the time to review all the financials.

Mrs. Ernst said she dittoed everything that was said.

Mr. Dunson did likewise.

Mr. Heller said another ditto and a special ditto for the recovery of Mr. Kidd after his surgery.

Mr. Bloom joined on that and said he hopes to see Mr. Kidd back soon.

Mrs. Baize wished the best to Mr. Kidd.

Mr. Notter also dittoed everything said, wishing Mr. Kidd well. He also asked Barbara and Mr. Boggess to double-check on Mrs. Kidd to know about any needs she and the family may have.

Mr. Notter asked for a motion to bring to the floor the tabled Item A-4.

Motion: Mrs. Nicolini Second: Ms. Heinz

Mr. Bloom's proposed amended motion:

Item A-4 The Board authorizes the formation of a temporary committee to meet and authorize the Superintendent to request that DOE Charter Schools Director Adam Emerson schedule mediation between SouthTech Charter Academy, Inc. and School District of Palm Beach County to resolve outstanding issues, in the event that it becomes necessary. The aforementioned authorization, if any, shall be ratified by the Board at the next Board meeting as a consent agenda item.

Mr. Kidd asked that someone text the amended motion to him, which was done.

Mr. Notter named the Authorization Committee with Chair Jim Notter, Suzanne Nicolini and Russ Feldman.

Mr. Kidd understood that if the issues were not resolved by the next Board meeting, they would request mediation.

Mr. Bloom said it is an authorization, but through the committee.

Motion to approve as amended: Mr. Bloom Second: Ms. Heinz

All in favor. Motion carries.

34. *Motion to Adjourn:*

Mrs. Baize motioned to adjourn at 7:15pm until the Regular Board meeting on November 9, 2017.

Minutes Prepared by: _____ Approved by: _____
Barbara J. Fraga James F. Notter, Chair

SOUTHTECH CHARTER ACADEMY, INC.
CONSENT AGENDA
November 9, 2017

Old Business

None.

Administrative Items

- A-1** I recommend that the Board approve the donations for the period from October 17, 2016 to November 9, 2017.
- A-2** I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Personnel Items

- B-1** I recommend that the Board approve the Personnel actions for the previous month.
- B-2** I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.
- B-3** I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.
- B-4** I recommend that the Board approve the purchase of holiday gift cards for SouthTech employees. **(Recommended by Mr. Notter, Board Chair)**

Financial Items

- C-1** I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.
- C-2** I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending September 30, 2017 as required by the Sponsor.
- C-3** I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 as required by the Sponsor.
- C-4** I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Academy.
- C-5** I recommend that the Board approve the Gerber Life Insurance Company Blanket Accident Medical Basic Insurance for SouthTech Academy students.

Emergency Items

None.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
A-1**

Motion:

I recommend that the Board approve the donations for the period from October 17, 2017 to November 9, 2017.

Summary Information:

In following Board Policies 6.104 and 6.1041, these donations are brought forth for Board approval.

Attachments: Donations

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item varies depending on the various items donated.

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
Ted & Peggy	Wright		9/22/2017	\$100.00

Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
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Marketable Donations

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
Carl and Carol	Hammons		10/10/2017	\$100.00

Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
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Marketable Donations

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
Jackie and Kaye	Hyde		10/9/2017	\$100.00

Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
-------------------	------------------	-----------------	-------------	----------------------

Marketable Donations

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
-------------------	------------------	-----------------	-------------	----------------------

Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
Nickolaus	Dent	Fleet Lease Inc	10/2/17	20 PC Monitors

Marketable Donations

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
-------------------	------------------	-----------------	-------------	----------------------

Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
Russell and Jur	Hodgeman		10/16/2017	1997 Ford 2 Door ID#1FAL6243VH147293

Marketable Donations

South Tech Academy Donations For The Governing Board

Donations

Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
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Non-Cash

<u>First Name</u>	<u>Last Name</u>	<u>Business</u>	<u>Date</u>	<u>Contributions</u>
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Thomas	Ressmann	Volkswagen Academy Group of America	10/10/2017
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4.0 Chrysler V-6 Engine; 3.2 Chrysler V6 Engine; Chrysler Automatic Transaxle; Audi Automatic Transaxle; Audi 4 Cylinder Engine. Also Various loose engine parts (fuel pump, final drive, intake manifold, fuel injectors, ignition coils, exhaust pipes, special tools, etc)

Motion:

I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Summary Information:

In compliance with the Florida Department of Education, Office of Equal Education Opportunity (OEEO), Policy 2.022 has been revised. FY18 Non-Discrimination Statements will be on all brochures, letterhead and posters as outlined in the attached policy.

Attachments: Policy 2.022 Nondiscrimination Policy Draft
FY18 Nondiscrimination Statement

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

NON DISCRIMINATION POLICY

1. South Tech Charter Academy, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "South Tech Charter Academy, Inc. prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities. For questions contact 561-369-7003."
3. The Nondiscrimination statement shall be included in all major publications beginning November 15, 2008 in the same language as the rest of the document.
4. A copy of South Tech Charter Academy, Inc. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. South Tech Charter Academy, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the name, location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring South Tech Charter Academy, Inc. into compliance with the FDOE, Office of Equity and Access (OEA) requirements. Bulletin #P 12985-CAO/QA, 10/23/08

Reference: Palm Beach School District Policy

History: New: 11/06/08; 3/11/2010;

FY18 SouthTech Schools Non-Discrimination Statement

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

Posters: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

NON DISCRIMINATION POLICY

1. South Tech Charter Academy, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.
3. The Nondiscrimination statement shall be included in all major publications beginning November 1, 2017 as follows:

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

Posters: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

4. A copy of South Tech Charter Academy, Inc. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. South Tech Charter Academy, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring South Tech Charter Academy, Inc. into compliance with the FDOE, Office of Equal Educational Opportunity (OEEO) requirements. Bulletin #PD 18-106 DSCOS, 10/10/17

Reference: Palm Beach School District Policy

History: New: 11/06/08; 3/11/2010; 11/09/17

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
B-1**

Motion:

I recommend that the Board approve the Personnel actions for the previous month.

Summary Information:

This item covers Personnel actions for the previous month, including any resignations, terminations, and new hires.

Attachments: Personnel Actions List

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item is indicated on the individual contracts of new hires.

**SOUTH TECH ACADEMY
PERSONNEL ACTIONS
November 2017**

<u>Personnel Action</u>	<u>Employee Name</u>	<u>Position</u>	<u>Effective Date</u>
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New Hires/ Transfers

New Hire:

Susan Perl	Language Arts	10/21/17
Janice Konigsberg	Language Arts	10/30/17

Resignations/Terminations

NONE

Retirement/Leave of Absence

NONE

Motion:

I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.

Summary Information:

SouthTech school employees on leave from the School District are provided health insurance through the District carrier at the expense of SouthTech. School employees not on leave from the District are provided health insurance through a plan that must be quoted annually. The cost of that plan can vary considerably from year to year according to the insurance carrier's quoting metrics. Florida Blue, our current carrier quoted a 4% cost increase. Our insurance agent bid out to other insurance companies and the quotes were not competitive. After analyzing cost, quality and conditions of coverage it was apparent that the Florida Blue was still the highest quality plan.

Attachments: Florida Blue Benefits Overview

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item is approximately \$17,830.

SOUTH TECH CHARTER ACADEMY

Current

Revised Composite

Benefit Overview	
Plan Designs	
Calendar Year Deductible (CYD)	
Deductible (Individual)	In-Network
Deductible (Family Aggregate)	In-Network
(Individual/Family)	Out-of-Network
Coinsurance	
	In-Network
	Out-of-Network
Out of Pocket Maximum (In-Network/Out-of-Network)	
	Individual
	Family
Office Services	
	In-Network Family Physician
	In-Network Providers
	Out-of-Network Providers
	In-Network e-Office Visit
Provider Services at Hospital & ER	
	In and Out of Network
Hospital Services	
	Inpatient In-Network
	Inpatient Out-of-Network
	Outpatient In-Network
	Outpatient Out-of-Network
Emergency Room Services	
	In-Network
	Out-of-Network
Preventive Health	
	Mammograms
	Well Child
	Adult Wellness In-Network
	Adult Wellness Out-of-Network
Prescription Drug Copays:	
	Deductible
	Generic
	Brand
	Non-formulary
	Self-Administered Injectables
Mail Order Prescriptions (90 Day Supply)	
	Lifetime Maximum
	ENROLLMENT
	03769
	05772
	60
	Single
	Employee + Spouse
	Employee + Child(ren)
	Employee + Family
	Total Participation
	Estimated Monthly Premium:
	Total Estimated Annual Premium :
	% Increase by Plan:
	Total % Increase:

Florida Blue		
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$500	\$2,000	\$500
\$1,500	\$6,000	\$1,000
\$1,500/\$4,500	\$6,000/\$18,000	Not Covered
80%	80%	90%
50%	50%	N/A
\$3,000/\$6,000	\$5,500/\$11,000	\$3,500
\$6,000/\$12,000	\$11,000/\$22,000	\$7,000
\$25 Copay	\$35 Copay	\$25 Copay
\$60 Copay	\$65 Copay	\$45 Copay
DED+ 50% Coinsurance	DED+ 50% Coinsurance	Not Covered
\$10 Copay	\$10 Copay	\$10 Copay
\$100 Copayment	In-Network DED+Coinsurance	\$0 In-Network
Option 1&2 - DED+Coinsurance	Option 1&2 - \$100 PAD + DED + Coinsurance	\$325/day - \$1,625 Max
DED + Coinsurance	\$500 PAD + DED + Coinsurance	Not Covered
Option 1/2 -- Therapies \$45 Copay/\$60 Copay/Option 1&2 -- All Other Services DED+Coinsurance	Option 1/2 -- Therapies \$65 Copay/\$80 Copay Option 1&2 -- All Other Services DED+Coinsurance	Therapy \$65 Copay All Other Services \$275 Copay
DED+Coinsurance	DED+Coinsurance	Not Covered
\$300 Copay	\$300 Copay	\$100 Copay
\$300 Copay	\$300 Copay	\$100 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
COINSURANCE	COINSURANCE	Not Covered
\$0	\$0	\$0
\$10	\$10	\$10
\$60	\$60	\$60
\$100	\$100	\$100
See Medication Guide	See Medication Guide	See Medication Guide
\$25/\$150/\$250	\$25/\$150/\$250	\$25/\$150/\$250
N/A	N/A	UNLIMITED
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$641.21	\$568.36	\$518.01
\$1,526.06	\$1,352.70	\$1,232.87
\$1,179.81	\$1,045.78	\$953.14
\$2,000.54	\$1,773.29	\$1,616.19
\$17,645.94	\$7,490.99	\$37,234.57
	\$748,458.00	
	N/A	
	N/A	

Florida Blue		
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$500	\$2,000	\$500
\$1,500	\$6,000	\$1,000
\$1,500/\$4,500	\$6,000/\$18,000	Not Covered
80%	80%	90%
50%	50%	N/A
\$3,000/\$6,000	\$5,500/\$11,000	\$3,500
\$6,000/\$12,000	\$11,000/\$22,000	\$7,000
\$25 Copay	\$35 Copay	\$25 Copay
\$60 Copay	\$65 Copay	\$45 Copay
DED+ 50% Coinsurance	DED+ 50% Coinsurance	Not Covered
\$10 Copay	\$10 Copay	\$10 Copay
\$100 Copayment	In-Network DED+Coinsurance	\$0 In-Network
Option 1&2 - DED+Coinsurance	Option 1&2 - \$100 PAD + DED + Coinsurance	\$325/day - \$1,625 Max
DED + Coinsurance	\$500 PAD + DED + Coinsurance	Not Covered
Option 1/2 -- Therapies \$45 Copay/\$60 Copay/Option 1&2 -- All Other Services DED+Coinsurance	Option 1/2 -- Therapies \$65 Copay/\$80 Copay Option 1&2 -- All Other Services DED+Coinsurance	Therapy \$65 Copay All Other Services \$275 Copay
DED+Coinsurance	DED+Coinsurance	Not Covered
\$300 Copay	\$300 Copay	\$100 Copay
\$300 Copay	\$300 Copay	\$100 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
COINSURANCE	COINSURANCE	Not Covered
\$0	\$0	\$0
\$10	\$10	\$10
\$60	\$60	\$60
\$100	\$100	\$100
See Medication Guide	See Medication Guide	See Medication Guide
\$25/\$150/\$250	\$25/\$150/\$250	\$25/\$150/\$250
N/A	N/A	UNLIMITED
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$663.84	\$588.43	\$536.30
\$1,579.93	\$1,400.46	\$1,276.39
\$1,221.46	\$1,082.70	\$986.79
\$2,071.16	\$1,835.88	\$1,673.24
\$18,268.83	\$7,755.43	\$38,548.95
	\$774,878.63	
3.5%	3.5%	3.8%
	3.5%	

This is an overview of benefits ONLY. Please refer to the detailed benefit summaries for more information. In the event of a discrepancy the contract or detailed benefit summary will prevail.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
B-3**

Motion:

I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.

Summary Information:

The life, dental and vision insurances are with the company Guardian and the short and long-term disability insurance is with Lincoln Financial.

Attachments: Renewal Information

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item to the school. The employee pays for these insurances.

Renewal prepared for: South Tech Charter Academy, Inc., STCHARTER on 09/29/2017

Currently South Tech Charter Academy, Inc. has the following in-force coverages:

Coverage	Policy Number	Anniversary Date
Short Term Disability	000010211347 00000	12/01/2017
Long Term Disability	000010211346 00000	12/01/2017

The following coverages are renewing with renewal rates effective 12/01/2017:

Coverage/ Rate basis	Policy number	Billed lives ¹	Volume ¹	Current rate	Renewal rate	Current monthly premium ¹	Renewal monthly premium ¹	Monthly premium change	Next anniversary date
Short Term Disability per \$10 of benefit	000010211347 00000	32	16,892	Age Band Shown Below	Age Band Shown Below	Based On Employee Demographics	Based On Employee Demographics	Based On Employee Demographics	12/01/2018
Long Term Disability per \$100 of salary	000010211346 00000	36	138,929	Age Band Shown Below	Age Band Shown Below	Based On Employee Demographics	Based On Employee Demographics	Based On Employee Demographics	12/01/2018
Renewal Premium								\$0.00	

¹ Billed Lives, Volume and Premium change regularly as employees are hired, terminated or have a life event. The numbers in this letter are accurate as of the printing of this letter.

Short Term Disability 000010211347 00000

Age band	Current rate	Renewal rate
0 - 24	\$0.420	\$0.420
25 - 29	\$0.420	\$0.420
30 - 34	\$0.390	\$0.390
35 - 39	\$0.360	\$0.360
40 - 44	\$0.340	\$0.340
45 - 49	\$0.350	\$0.350
50 - 54	\$0.390	\$0.390
55 - 59	\$0.470	\$0.470
60 - 64	\$0.560	\$0.560
65 - 69	\$0.640	\$0.640
70 - 99	\$0.760	\$0.760

Long Term Disability 000010211346 00000

Age band	Current rate	Renewal rate
0 - 29	\$0.150	\$0.150
30 - 34	\$0.240	\$0.240
35 - 39	\$0.400	\$0.400
40 - 44	\$0.610	\$0.610
45 - 49	\$0.860	\$0.860
50 - 54	\$1.110	\$1.110
55 - 59	\$1.410	\$1.410
60 - 64	\$1.180	\$1.180
65 - 69	\$0.930	\$0.930
70 - 74	\$0.810	\$0.810
75 - 99	\$0.810	\$0.810

Renewal Premiums At-a-Glance

EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
Basic Life	\$4,203	\$4,203
AD&D	\$467	\$467
TOTAL	\$4,670	\$4,670

KEY POINTS OF INFORMATION REGARDING PLAN PRICING

Premiums shown above reflect a multi-line discount. If you do not wish to renew all lines of coverage, please contact us for revised pricing.

Product-specific rates shown in this package have been determined based on a number of factors, including:

- Employee age and gender
- Group location
- Changes in group size
- Claims experience (when applicable)

EMPLOYEE-PAID VOLUNTARY COVERAGE		
Coverage	Current Annual	Renewal Annual
Voluntary Dental	\$25,383	\$25,383
Managed Dental Care	\$7,185	\$7,185
Voluntary Vision	\$7,122	\$7,122
Voluntary Life	\$8,327	\$8,327
Voluntary AD&D	\$1,119	\$1,119

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
B-4**

Motion:

I recommend that the Board approve the purchase of holiday gift cards for SouthTech employees.

Summary Information:

In the past, the Board has approved purchasing holiday gift cards for all SouthTech Academy employees and other contracted personnel, who work at the school location. For the past two years, full-time employees have received \$100 and part-time employees received \$25. This year, a few 30-hour employees will receive \$50.

Attachments: None.

Presented By:

Jim Notter, Board Chairperson

Financial Impact:

The financial impact for this item is \$10,525.
The FY18 proposed cost in the budget is \$10,000.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
C-1**

Motion:

I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.

Summary Information:

The Charter school is required to submit to the Sponsor district several financial documents on an ongoing basis. Monthly bank reconciliations are one such requirement.

The Charter school maintains several accounts in order to maximize the earnings potential of the funding provided while maintaining liquidity to meet day-to-day operations. Review of these accounts takes place on a daily basis by the Charter business staff. Monthly reconciliations are performed as good accounting practice and published here to fulfill Sponsor requirements.

Attachments: Reconciliation Spreadsheets and Bank Statements

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact related to this item.

2:34 PM

10/16/17

South Tech Charter Academy, Inc
Reconciliation Summary
1111 - South Tech Operating 2973, Period Ending 09/30/2017

	<u>Sep 30, 17</u>
Beginning Balance	165,009.31
Cleared Transactions	
Checks and Payments - 114 items	-696,000.18
Deposits and Credits - 19 items	1,060,245.30
Total Cleared Transactions	364,245.12
Cleared Balance	529,254.43
Uncleared Transactions	
Checks and Payments - 38 items	-74,678.36
Deposits and Credits - 1 item	825.00
Total Uncleared Transactions	-73,853.36
Register Balance as of 09/30/2017	455,401.07
New Transactions	
Checks and Payments - 87 items	-565,845.80
Deposits and Credits - 9 items	707,984.15
Total New Transactions	142,138.35
Ending Balance	597,539.42

South Tech Charter Academy, Inc
Reconciliation Detail
1111 - South Tech Operating 2973, Period Ending 09/30/2017

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						165,009.31
Cleared Transactions						
Checks and Payments - 114 Items						
Bill Pmt -Check	06/08/2017	4566	Pollack & Rosen, P....	X	-100.00	-100.00
Bill Pmt -Check	07/24/2017	4655	Martinez, Eddie	X	-313.66	-413.66
Bill Pmt -Check	08/21/2017	4733	Capital Contractors	X	-12,390.00	-12,803.66
Bill Pmt -Check	08/21/2017	4730	806 Technologies, I...	X	-2,350.00	-15,153.66
Bill Pmt -Check	08/21/2017	4742	Quill	X	-885.86	-16,039.52
Bill Pmt -Check	08/21/2017	4737	Harry K Wong Publi...	X	-177.16	-16,216.68
Bill Pmt -Check	08/25/2017	4752	Bio Corp	X	-1,618.99	-17,835.67
Bill Pmt -Check	08/25/2017	4761	Study Edge	X	-1,400.00	-19,235.67
Bill Pmt -Check	08/25/2017	4759	Nasco	X	-1,379.26	-20,614.93
Bill Pmt -Check	08/25/2017	4750	All Metro Health Care	X	-348.00	-20,962.93
Bill Pmt -Check	08/25/2017	4751	AT&T	X	-241.14	-21,204.07
Bill Pmt -Check	08/25/2017	4753	Carolina Biological ...	X	-150.58	-21,354.65
Bill Pmt -Check	08/25/2017	4760	Pelaez, Ruthy	X	-88.84	-21,443.49
General Journal	08/31/2017	1264	Florida Retirement ...	X	-53,344.42	-74,787.91
Bill Pmt -Check	08/31/2017	4767	Centerstate Bank of...	X	-6,520.40	-81,308.31
Bill Pmt -Check	08/31/2017	4763	Academic Planner ...	X	-3,221.40	-84,529.71
Bill Pmt -Check	08/31/2017	4769	City of Boynton Bea...	X	-2,971.78	-87,501.49
Bill Pmt -Check	08/31/2017	4778	Moore Medical, LLC	X	-2,768.38	-90,269.87
Bill Pmt -Check	08/31/2017	4776	LearnKey	X	-2,650.00	-92,919.87
Bill Pmt -Check	08/31/2017	4773	GovConnection, Inc	X	-2,490.80	-95,410.67
General Journal	08/31/2017	1263	Valic	X	-1,775.00	-97,185.67
General Journal	08/31/2017	1262	Valic	X	-1,575.00	-98,760.67
Bill Pmt -Check	08/31/2017	4768	Certification Partner...	X	-1,431.00	-100,191.67
Bill Pmt -Check	08/31/2017	4780	Pocket Nurse	X	-1,199.89	-101,391.56
Bill Pmt -Check	08/31/2017	4764	All Metro Health Care	X	-1,102.00	-102,493.56
Bill Pmt -Check	08/31/2017	4784	Staples Advantage	X	-1,096.26	-103,589.82
Bill Pmt -Check	08/31/2017	4789	Wards Science	X	-1,015.57	-104,605.39
Bill Pmt -Check	08/31/2017	4770	Conney Safety	X	-421.13	-105,026.52
Bill Pmt -Check	08/31/2017	4782	Sam's Club Direct	X	-366.16	-105,392.68
Bill Pmt -Check	08/31/2017	4771	Dharma TradingCo.	X	-329.90	-105,722.58
Bill Pmt -Check	08/31/2017	4766	Blick Art Materials	X	-318.47	-106,041.05
Bill Pmt -Check	08/31/2017	4765	Alvah m Squibb Inc	X	-311.50	-106,352.55
Bill Pmt -Check	08/31/2017	4790	TMobile	X	-268.80	-106,621.35
Bill Pmt -Check	08/31/2017	4783	School Speciality	X	-259.92	-106,881.27
Bill Pmt -Check	08/31/2017	4788	Valdez, Miguel	X	-225.00	-107,106.27
Bill Pmt -Check	08/31/2017	4781	Quill	X	-221.07	-107,327.34
Bill Pmt -Check	08/31/2017	4779	NAPA Auto Parts	X	-199.98	-107,527.32
Bill Pmt -Check	08/31/2017	4774	Harbor Freight Tools	X	-187.14	-107,714.46
Bill Pmt -Check	08/31/2017	4785	Stericycle	X	-116.80	-107,831.26
Bill Pmt -Check	08/31/2017	4777	Messmer, Eric	X	-112.18	-107,943.44
Bill Pmt -Check	08/31/2017	4772	FedEx	X	-67.11	-108,010.55
Bill Pmt -Check	08/31/2017	4775	J & R Printing & Gr...	X	-65.00	-108,075.55
Bill Pmt -Check	08/31/2017	4787	UPS	X	-29.67	-108,105.22
General Journal	08/31/2017	1261	Payroll	X	-28.50	-108,133.72
General Journal	09/01/2017	1283		X	-7,329.88	-115,463.60
Check	09/01/2017	Debit	Merchant Service Fee	X	-294.57	-115,758.17
General Journal	09/01/2017	1284	Valic	X	-200.00	-115,958.17
Check	09/01/2017	Debit	FDGL	X	-35.28	-115,993.45
Check	09/01/2017	Debit	Authnet Gateway	X	-27.50	-116,020.95
Bill Pmt -Check	09/06/2017	4792	Blue Cross Blue Shi...	X	-51,278.63	-167,299.58
Bill Pmt -Check	09/06/2017	4799	Palm Beach County...	X	-12,884.40	-180,183.98
Bill Pmt -Check	09/06/2017	4794	GIS Benefits	X	-4,209.21	-184,393.19
Bill Pmt -Check	09/06/2017	4805	Voya	X	-2,550.00	-186,943.19
Bill Pmt -Check	09/06/2017	4798	Moustafa, Mary	X	-1,566.00	-188,509.19
Bill Pmt -Check	09/06/2017	4797	Met Life	X	-1,329.28	-189,838.47
Bill Pmt -Check	09/06/2017	4791	Ambassador Printin...	X	-884.80	-190,723.27
Bill Pmt -Check	09/06/2017	4795	Life Insurance Com...	X	-716.64	-191,439.91
Bill Pmt -Check	09/06/2017	4800	PHEAA	X	-568.98	-192,008.89
Bill Pmt -Check	09/06/2017	4796	Managed Care Con...	X	-445.50	-192,454.39
Bill Pmt -Check	09/08/2017	4793	Fidelity Investments	X	-400.00	-192,854.39
Bill Pmt -Check	09/06/2017	4803	Texas Guaranteed ...	X	-152.65	-193,007.04
Bill Pmt -Check	09/06/2017	4801	Pollack & Rosen, P....	X	-100.00	-193,107.04
Bill Pmt -Check	09/06/2017	4804	Total Compliance N...	X	-90.00	-193,197.04
Bill Pmt -Check	09/06/2017	4802	State Of Florida Dis...	X	-70.70	-193,267.74
General Journal	09/15/2017	1265	Payroll	X	-168,171.56	-361,439.30

South Tech Charter Academy, Inc Reconciliation Detail

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Type	Date	Num	Name	Clr	Amount	Balance
General Journal	09/15/2017	1265	Payroll	X	-57,845.97	-419,285.27
General Journal	09/15/2017	1265	Payroll	X	-257.70	-419,542.97
General Journal	09/15/2017	1265	Payroll	X	-173.26	-419,716.23
Check	09/18/2017	Debit	FDGL	X	-10.20	-419,726.43
General Journal	09/19/2017	1266		X	-8.48	-419,734.91
Bill Pmt -Check	09/22/2017	4816	FPL	X	-23,572.73	-443,307.64
Bill Pmt -Check	09/22/2017	4810	Capital Contractors	X	-12,390.00	-455,697.64
Bill Pmt -Check	09/22/2017	4821	Palm Tran	X	-7,250.00	-462,947.64
Bill Pmt -Check	09/22/2017	4819	Literacy Coalition of...	X	-6,100.00	-469,047.64
Bill Pmt -Check	09/22/2017	4814	FJ Vodolo & Associ...	X	-4,468.75	-473,516.39
Bill Pmt -Check	09/22/2017	4806	Alann Corporation	X	-3,000.00	-476,516.39
Bill Pmt -Check	09/22/2017	4812	Dex Imaging	X	-1,724.67	-478,241.06
Bill Pmt -Check	09/22/2017	4818	Jason H. Klein, CPA	X	-1,400.00	-479,641.06
Bill Pmt -Check	09/22/2017	4817	Great American Fi...	X	-1,297.98	-480,939.04
Bill Pmt -Check	09/22/2017	4807	All Metro Health Care	X	-1,015.00	-481,954.04
Bill Pmt -Check	09/22/2017	4823	Spectrum Public Re...	X	-1,000.00	-482,954.04
Bill Pmt -Check	09/22/2017	4815	FI Consortium of Pu...	X	-500.00	-483,454.04
Bill Pmt -Check	09/22/2017	4809	Arnold Law Firm	X	-456.00	-483,910.04
Bill Pmt -Check	09/22/2017	4808	Amerigas	X	-381.29	-484,291.33
Bill Pmt -Check	09/22/2017	4811	Charter School Ser...	X	-325.00	-484,616.33
Bill Pmt -Check	09/22/2017	4820	NexAir, LLC	X	-138.78	-484,755.11
Bill Pmt -Check	09/22/2017	4827	The Wag Group	X	-90.00	-484,845.11
Bill Pmt -Check	09/22/2017	4824	Torcivia, Donfon, G...	X	-61.13	-484,906.24
Bill Pmt -Check	09/25/2017	4852	Merrigan, Christina	X	-270.00	-485,176.24
Bill Pmt -Check	09/25/2017	4850	McCuen, Shaun	X	-270.00	-485,446.24
Bill Pmt -Check	09/25/2017	4843	Hyett, Crystal	X	-270.00	-485,716.24
Bill Pmt -Check	09/25/2017	4841	Hess-Shamdasani, ...	X	-270.00	-485,986.24
Bill Pmt -Check	09/25/2017	4840	Hagood, Sandi	X	-270.00	-486,256.24
Bill Pmt -Check	09/25/2017	4839	Gallagher, Lesann	X	-270.00	-486,526.24
Bill Pmt -Check	09/25/2017	4837	Ellison, Carolee	X	-270.00	-486,796.24
Bill Pmt -Check	09/25/2017	4836	Ehring-Sikorski, Jes...	X	-270.00	-487,066.24
Bill Pmt -Check	09/25/2017	4834	D' Ambrosio, Chris	X	-270.00	-487,336.24
Bill Pmt -Check	09/25/2017	4833	Carstarphen, Mary	X	-270.00	-487,606.24
Bill Pmt -Check	09/25/2017	4832	Brown, Timothy	X	-270.00	-487,876.24
Bill Pmt -Check	09/25/2017	4831	Brown, Michelle	X	-270.00	-488,146.24
Bill Pmt -Check	09/25/2017	4864	Rincon, Emma	X	-270.00	-488,416.24
Bill Pmt -Check	09/25/2017	4855	Moustafa, Mary	X	-270.00	-488,686.24
Bill Pmt -Check	09/25/2017	4867	Sikorski, David	X	-270.00	-488,956.24
Bill Pmt -Check	09/25/2017	4868	Simon, Sean	X	-270.00	-489,226.24
Bill Pmt -Check	09/25/2017	4869	Spindler, Kiersten	X	-270.00	-489,496.24
Bill Pmt -Check	09/25/2017	4875	Torres-Blanc, Luz V...	X	-270.00	-489,766.24
Bill Pmt -Check	09/25/2017	4862	Pray, Jan	X	-270.00	-490,036.24
Bill Pmt -Check	09/25/2017	4857	O'Neil, Suzanne	X	-270.00	-490,306.24
Bill Pmt -Check	09/25/2017	4880	Pancione, Robert	X	-270.00	-490,576.24
Bill Pmt -Check	09/25/2017	4859	Palardis, Jon	X	-270.00	-490,846.24
General Journal	09/29/2017	1276	Payroll	X	-151,885.13	-642,731.37
General Journal	09/29/2017	1276	Payroll	X	-53,024.36	-695,755.73
General Journal	09/29/2017	1276	Payroll	X	-238.20	-695,993.93
Check	09/30/2017			X	-6.25	-696,000.18
Total Checks and Payments					-696,000.18	-696,000.18
Deposits and Credits - 19 Items						
Deposit	08/30/2017			X	130.00	130.00
Deposit	08/31/2017			X	365.00	495.00
General Journal	08/31/2017	1261	Payroll	X	144,794.34	145,289.34
General Journal	08/31/2017	1261	Payroll	X	191,929.66	337,219.00
General Journal	09/01/2017	1283		X	7,329.88	344,548.88
Deposit	09/05/2017			X	2,115.00	346,663.88
Deposit	09/08/2017			X	688,481.00	1,035,144.88
Deposit	09/21/2017			X	90.00	1,035,234.88
Bill Pmt -Check	09/22/2017	4825	US Postal Service	X	0.00	1,035,234.88
General Journal	09/22/2017	1269		X	313.66	1,035,548.54
Deposit	09/22/2017			X	495.00	1,036,043.54
Deposit	09/22/2017			X	14,310.00	1,050,353.54
Bill Pmt -Check	09/25/2017	4848	Markevich, Kristen	X	0.00	1,050,353.54
Deposit	09/28/2017			X	9,795.00	1,060,148.54
Deposit	09/30/2017			X	96.76	1,060,245.30
Bill Pmt -Check	10/03/2017	4898	NCS Pearson Inc	X	0.00	1,060,245.30

South Tech Charter Academy, Inc
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Type	Date	Num	Name	Ctr	Amount	Balance
Bill Pmt -Check	10/06/2017	4924	Moore Medical, LLC	X	0.00	1,060,245.30
Bill Pmt -Check	10/06/2017	4942	Verizon Wireless	X	0.00	1,060,245.30
Check	10/12/2017		American Express -...	X	0.00	1,060,245.30
Total Deposits and Credits					1,060,245.30	1,060,245.30
Total Cleared Transactions					364,245.12	364,245.12
Cleared Balance					364,245.12	529,254.43
Uncleared Transactions						
Checks and Payments - 38 items						
General Journal	07/19/2017	1247	Clover Check Acce...		-13.03	-13.03
Bill Pmt -Check	09/22/2017	4822	Powell Landscaping...		-1,200.00	-1,213.03
Bill Pmt -Check	09/22/2017	4826	Verizon Wireless		-808.51	-2,021.54
Bill Pmt -Check	09/22/2017	4813	F. Mandley & Asso...		-562.50	-2,584.04
Bill Pmt -Check	09/25/2017	4863	Reid, Karen		-270.00	-2,854.04
Bill Pmt -Check	09/25/2017	4854	Moran, Lynn		-270.00	-3,124.04
Bill Pmt -Check	09/25/2017	4865	Royce, Jennifer		-270.00	-3,394.04
Bill Pmt -Check	09/25/2017	4866	Sanders, Donna		-270.00	-3,664.04
Bill Pmt -Check	09/25/2017	4881	Markevich, Kristen		-270.00	-3,934.04
Bill Pmt -Check	09/25/2017	4880	Mandel, Julie		-270.00	-4,204.04
Bill Pmt -Check	09/25/2017	4879	Wolfe, Monica		-270.00	-4,474.04
Bill Pmt -Check	09/25/2017	4878	White, Christopher		-270.00	-4,744.04
Bill Pmt -Check	09/25/2017	4853	Moore, Nancy		-270.00	-5,014.04
Bill Pmt -Check	09/25/2017	4877	Walters, Edward		-270.00	-5,284.04
Bill Pmt -Check	09/25/2017	4876	Trumble-Thomas T...		-270.00	-5,554.04
Bill Pmt -Check	09/25/2017	4874	Thaw, Tanya		-270.00	-5,824.04
Bill Pmt -Check	09/25/2017	4873	Terry, William		-270.00	-6,094.04
Bill Pmt -Check	09/25/2017	4872	Tanner, Walter		-270.00	-6,364.04
Bill Pmt -Check	09/25/2017	4851	Mendenhall, Nicole		-270.00	-6,634.04
Bill Pmt -Check	09/25/2017	4871	Sylvia, Beverly Ryan		-270.00	-6,904.04
Bill Pmt -Check	09/25/2017	4870	Sweeney, Cathy		-270.00	-7,174.04
Bill Pmt -Check	09/25/2017	4858	Pace, Aparecida Is...		-270.00	-7,444.04
Bill Pmt -Check	09/25/2017	4828	Ari, Gyorgy		-270.00	-7,714.04
Bill Pmt -Check	09/25/2017	4829	Berkhelmer, Linda		-270.00	-7,984.04
Bill Pmt -Check	09/25/2017	4830	Breault, Jonelle		-270.00	-8,254.04
Bill Pmt -Check	09/25/2017	4835	Edgar, Teresa		-270.00	-8,524.04
Bill Pmt -Check	09/25/2017	4838	Franco, Jennifer		-270.00	-8,794.04
Bill Pmt -Check	09/25/2017	4842	Hess, Jacqueline		-270.00	-9,064.04
Bill Pmt -Check	09/25/2017	4844	Jackola, Ryan		-270.00	-9,334.04
Bill Pmt -Check	09/25/2017	4849	Martinez, Eddie		-270.00	-9,604.04
Bill Pmt -Check	09/25/2017	4845	Jean - Philippe, Ste...		-270.00	-9,874.04
Bill Pmt -Check	09/25/2017	4846	Kiehl, Jean Claude		-270.00	-10,144.04
Bill Pmt -Check	09/25/2017	4856	Murray, Earl		-270.00	-10,414.04
Bill Pmt -Check	09/25/2017	4861	Penn, Joanne K		-270.00	-10,684.04
Bill Pmt -Check	09/25/2017	4847	Knight, Robert		-270.00	-10,954.04
General Journal	09/29/2017	1281	Florida Retirement ...		-60,174.32	-71,128.36
General Journal	09/29/2017	1277	Valic		-1,775.00	-72,903.36
General Journal	09/29/2017	1278	Valic		-1,775.00	-74,678.36
Total Checks and Payments					-74,678.36	-74,678.36
Deposits and Credits - 1 item						
Deposit	09/29/2017				825.00	825.00
Total Deposits and Credits					825.00	825.00
Total Uncleared Transactions					-73,853.36	-73,853.36
Register Balance as of 09/30/2017					290,391.76	455,401.07

South Tech Charter Academy, Inc
Reconciliation Detail
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Type	Date	Num	Name	Clr	Amount	Balance
New Transactions						
Checks and Payments - 87 Items						
Bill Pmt -Check	10/03/2017	4901	NHA		-24,220.00	-24,220.00
Bill Pmt -Check	10/03/2017	4883	Apple Inc		-11,033.80	-35,253.80
Bill Pmt -Check	10/03/2017	4897	MPS		-9,504.38	-44,758.18
Bill Pmt -Check	10/03/2017	4902	Pearson Education		-3,760.89	-48,519.07
Bill Pmt -Check	10/03/2017	4888	City of Boynton Bea...		-2,851.67	-51,370.74
Bill Pmt -Check	10/03/2017	4889	Clean Supply		-2,428.20	-53,798.94
Bill Pmt -Check	10/03/2017	4895	Kendall Hunt		-1,964.90	-55,763.84
Bill Pmt -Check	10/03/2017	4891	Dex Imaging		-1,592.63	-57,356.47
Bill Pmt -Check	10/03/2017	4882	All Metro Health Care		-1,421.00	-58,777.47
Bill Pmt -Check	10/03/2017	4887	Certification Partner...		-1,302.00	-60,079.47
Bill Pmt -Check	10/03/2017	4894	JourneyED		-974.35	-61,053.82
Bill Pmt -Check	10/03/2017	4900	Neofunds by Neopost		-400.00	-61,453.82
Bill Pmt -Check	10/03/2017	4896	Martinez, Eddie		-313.66	-61,767.48
Bill Pmt -Check	10/03/2017	4885	Banyan Printing		-283.89	-62,051.37
Bill Pmt -Check	10/03/2017	4906	Wright, Landis		-275.00	-62,326.37
Bill Pmt -Check	10/03/2017	4892	Embroid Me		-270.00	-62,596.37
Bill Pmt -Check	10/03/2017	4905	TMobile		-268.80	-62,865.17
Bill Pmt -Check	10/03/2017	4884	AT&T		-241.18	-63,106.35
Bill Pmt -Check	10/03/2017	4890	Clement, Martine		-163.67	-63,270.02
Bill Pmt -Check	10/03/2017	4903	Stericycle		-116.80	-63,386.82
Bill Pmt -Check	10/03/2017	4804	Sun Sentinel		-92.85	-63,479.77
Bill Pmt -Check	10/03/2017	4893	Fernandez, Maria		-67.34	-63,547.11
Bill Pmt -Check	10/03/2017	4886	Bio Corp		-50.80	-63,597.91
Bill Pmt -Check	10/03/2017	4899	Nelcy, Sandra		-30.00	-63,627.91
Bill Pmt -Check	10/08/2017	4910	Blue Cross Blue Shi...		-49,580.81	-113,208.72
Bill Pmt -Check	10/08/2017	4918	ICW Group		-13,620.00	-126,828.72
Bill Pmt -Check	10/08/2017	4929	Palm Beach County...		-12,633.40	-139,462.12
Bill Pmt -Check	10/08/2017	4935	Spesch Rehab Serv...		-10,521.00	-149,983.12
Bill Pmt -Check	10/08/2017	4925	NCS Pearson Inc		-8,347.68	-158,330.80
Bill Pmt -Check	10/08/2017	4926	Newsela		-6,300.00	-164,630.80
Bill Pmt -Check	10/08/2017	4916	FI Consortium of Pu...		-6,050.00	-170,680.80
Bill Pmt -Check	10/08/2017	4917	GIS Benefits		-4,644.04	-175,324.84
Bill Pmt -Check	10/08/2017	4913	Electude USA LLC		-4,000.00	-179,324.84
Bill Pmt -Check	10/08/2017	4943	Voya		-2,550.00	-181,874.84
Bill Pmt -Check	10/08/2017	4922	Met Life		-1,329.28	-183,204.12
Bill Pmt -Check	10/08/2017	4936	Staples Advantage		-1,261.46	-184,465.58
Bill Pmt -Check	10/08/2017	4928	Palm Beach County...		-1,000.00	-185,465.58
Bill Pmt -Check	10/08/2017	4934	Spectrum Public Re...		-1,000.00	-186,465.58
Bill Pmt -Check	10/08/2017	4945	Moore Medical, LLC		-997.35	-187,462.93
Bill Pmt -Check	10/08/2017	4907	All Metro Health Care		-812.00	-188,274.93
Bill Pmt -Check	10/08/2017	4920	Life Insurance Com...		-766.64	-189,041.57
Bill Pmt -Check	10/08/2017	4923	Mobile Fingerprints		-740.00	-189,781.57
Bill Pmt -Check	10/08/2017	4930	PHEAA		-571.10	-190,352.67
Bill Pmt -Check	10/08/2017	4909	Arnold Law Firm		-567.00	-190,919.67
Bill Pmt -Check	10/08/2017	4933	Shred-It USA		-550.80	-191,470.47
Bill Pmt -Check	10/08/2017	4947	Verizon Wireless		-522.58	-191,993.05
Bill Pmt -Check	10/08/2017	4908	American Backflow		-508.60	-192,501.65
Bill Pmt -Check	10/08/2017	4912	EAI Education		-433.98	-192,935.63
Bill Pmt -Check	10/08/2017	4946	Staples Advantage		-417.06	-193,352.69
Bill Pmt -Check	10/08/2017	4927	Office Depot		-403.92	-193,756.61
Bill Pmt -Check	10/08/2017	4915	Fidelity Investments		-400.00	-194,156.61
Bill Pmt -Check	10/08/2017	4914	F. Mandley & Asso...		-375.00	-194,531.61
Bill Pmt -Check	10/08/2017	4911	Charter School Ser...		-325.00	-194,856.61
Bill Pmt -Check	10/08/2017	4932	Quill		-259.34	-195,115.95
Bill Pmt -Check	10/08/2017	4919	J.M.B. Repairs, Inc		-225.50	-195,341.45
Bill Pmt -Check	10/08/2017	4938	Stevens Instrument ...		-223.00	-195,564.45
Bill Pmt -Check	10/08/2017	4939	Texas Guaranteed ...		-152.65	-195,717.10
Bill Pmt -Check	10/08/2017	4941	Total Compliance N...		-120.00	-195,837.10
Bill Pmt -Check	10/08/2017	4931	Pollack & Rosen, P...		-100.00	-195,937.10
Bill Pmt -Check	10/08/2017	4940	The Wag Group		-90.00	-196,027.10
Bill Pmt -Check	10/08/2017	4937	State Of Florida Dis...		-70.70	-196,097.80
Bill Pmt -Check	10/08/2017	4944	American Express ...		-61.90	-196,159.70
Bill Pmt -Check	10/08/2017	4921	McInerney, Kathryn		-44.97	-196,204.67
Bill Pmt -Check	10/13/2017	4948	A & S Transportation		-95,758.70	-291,963.37
Bill Pmt -Check	10/13/2017	4954	FPL		-21,446.64	-313,410.01
Bill Pmt -Check	10/13/2017	4950	American Express -...		-9,759.39	-323,169.40

South Tech Charter Academy, Inc
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Type	Date	Num	Name	Clr	Amount	Balance
Bill Pmt -Check	10/13/2017	4961	Pemco & Co, LLC		-6,520.40	-329,689.80
Bill Pmt -Check	10/13/2017	4958	McCullough, Keefe		-5,975.00	-335,664.80
Bill Pmt -Check	10/13/2017	4962	Powell Landscaping...		-3,000.00	-338,664.80
Bill Pmt -Check	10/13/2017	4949	ABC Institute		-1,500.00	-340,164.80
Bill Pmt -Check	10/13/2017	4953	FJ Vodolo & Associ...		-812.50	-340,977.30
Bill Pmt -Check	10/13/2017	4967	Verizon Wireless		-625.93	-341,603.23
Bill Pmt -Check	10/13/2017	4964	Staples Advantage		-529.55	-342,132.78
Bill Pmt -Check	10/13/2017	4951	American Floor Mats		-436.89	-342,569.67
Bill Pmt -Check	10/13/2017	4957	Martinez, Eddie		-270.00	-342,839.67
Bill Pmt -Check	10/13/2017	4963	S/P2		-249.00	-343,088.67
Bill Pmt -Check	10/13/2017	4966	Valdez, Miguel		-225.00	-343,313.67
Bill Pmt -Check	10/13/2017	4955	Harbor Freight Tools		-207.93	-343,521.60
Bill Pmt -Check	10/13/2017	4960	NexAir, LLC		-207.05	-343,728.65
Bill Pmt -Check	10/13/2017	4956	Home Depot		-188.69	-343,917.34
Bill Pmt -Check	10/13/2017	4965	Sun Sentinel		-137.25	-344,054.59
Bill Pmt -Check	10/13/2017	4952	Embroid Me		-30.00	-344,084.59
Bill Pmt -Check	10/13/2017	4959	Messmer, Eric		-24.95	-344,109.54
General Journal	10/16/2017	1282	Payroll		-164,516.39	-508,625.93
General Journal	10/16/2017	1282	Payroll		-56,685.43	-565,311.36
General Journal	10/16/2017	1282	Payroll		-269.40	-565,580.76
General Journal	10/16/2017	1282	Payroll		-265.04	-565,845.80
Total Checks and Payments					-665,845.80	-565,845.80
Deposits and Credits - 9 Items						
Deposit	10/03/2017				9,611.50	9,611.50
Deposit	10/04/2017				1,733.50	11,345.00
Deposit	10/05/2017				330.00	11,675.00
Deposit	10/09/2017				1,125.00	12,800.00
Deposit	10/10/2017				165.00	12,965.00
Deposit	10/10/2017				205.00	13,170.00
Deposit	10/10/2017				689,214.15	702,384.16
Deposit	10/11/2017				575.00	702,959.16
Deposit	10/16/2017				5,025.00	707,984.16
Total Deposits and Credits					707,984.15	707,984.15
Total New Transactions					142,138.35	142,138.35
Ending Balance					432,530.11	597,539.42

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: **September 30, 2017**

Account Number: *****2973



>000537 7967703 0001 008229 30Z
 SOUTH TECH CHARTER ACADEMY INC
 OPERATING ACCOUNT
 1300 SW 30TH AVE
 BOYNTON BEACH FL 33426-9018

Customer Service Information

-  Client Care: 877-779-BANK (2265)
-  Web Site: www.bankunited.com
-  Bank Address: BankUnited
 P.O. Box 521599
 Miami, FL 33152-1599



Customer Message Center

Speed. Your BankUnited Visa® Debit Card is one of the most convenient ways to pay. It helps speed you through checkout and there's no need to carry cash, write a check or stop at the ATM.

PUBLIC FUNDS INTEREST CHECKING Account ***2973**

Account Summary

Statement Balance as of 08/31/2017			\$165,009.31
Plus	12	Deposits and Other Credits	\$1,059,930.88
Less	118	Withdrawals, Checks, and Other Debits	\$695,776.27
Less		Service Charge	\$6.25
Plus		Interest Paid	\$96.76
Statement Balance as of 09/30/2017			\$529,254.43

Interest Summary

Beginning Interest Rate	0.15%
Interest Paid this Statement Period	\$96.76
Interest Paid Year to Date	\$641.02

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/01/2017	5BCW10TN SOUTH T REVERSAL TAX IMPOUND		\$144,794.34	\$309,803.65
09/01/2017	5BCW10TN SOUTH T REVERSAL		\$199,259.54	\$509,063.19

Statement Date: September 30, 2017

Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
	DD IMPOUND			
09/01/2017	MERCHANT BANKCD DEPOSIT 498232636882		\$130.00	\$509,193.19
	SOUTH TECH CHARTER ACA			
09/01/2017	CHECK #4730	\$2,350.00		\$506,843.19
09/01/2017	CHECK #4750	\$348.00		\$506,495.19
09/01/2017	CHECK #4751	\$241.14		\$506,254.05
09/01/2017	CHECK #4753	\$150.58		\$506,103.47
09/01/2017	CHECK #4759	\$1,379.26		\$504,724.21
09/01/2017	FDGL LEASE PYMT	\$35.28		\$504,688.93
	SOUTH TECHNICAL CHART			
09/01/2017	5BCW10TN SOUTH T IMPOUND DD IMPOUND	\$7,329.88		\$497,359.05
09/01/2017	5BCW10TN SOUTH T IMPOUND BILLING IMPOUND	\$28.50		\$497,330.55
09/05/2017	MERCHANT BANKCD DEPOSIT 498232636882		\$365.00	\$497,695.55
	SOUTH TECH CHARTER ACA			
09/05/2017	CHECK #4566	\$100.00		\$497,595.55
09/05/2017	CHECK #4733	\$12,390.00		\$485,205.55
09/05/2017	CHECK #4742	\$885.86		\$484,319.69
09/05/2017	CHECK #4761	\$1,400.00		\$482,919.69
09/05/2017	AUTHNET GATEWAY BILLING 98111568	\$10.00		\$482,909.69
	SOUTH TECH ACADEMY			
09/05/2017	AUTHNET GATEWAY BILLING 98213130	\$17.50		\$482,892.19
	SOUTH TECH ACADEMY			
09/05/2017	MERCHANT BANKCD INTERCHNG 498232636882	\$73.35		\$482,818.84
	SOUTH TECH CHARTER ACA			
09/05/2017	MERCHANT BANKCD INTERCHNG 498242150882	\$97.54		\$482,721.30
	SOUTH TECH CHARTER ACA			
09/05/2017	MERCHANT BANKCD DISCOUNT	\$26.16		\$482,695.14

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017

Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
	498232636882 SOUTH TECH CHARTER ACA			
09/05/2017	MERCHANT BANKCD DISCOUNT 498242150882 SOUTH TECH CHARTER ACA	\$22.96		\$482,672.18
09/05/2017	MERCHANT BANKCD FEE 498232636882 SOUTH TECH CHARTER ACA	\$39.71		\$482,632.47
09/05/2017	MERCHANT BANKCD FEE 498242150882 SOUTH TECH CHARTER ACA	\$34.85		\$482,597.62
09/06/2017	CHECK #4777	\$112.18		\$482,485.44
09/06/2017	FLA DEPT REVENUE CRC 000000000060304 SOUTH TECH CHARTER ACA	\$53,344.42		\$429,141.02
09/06/2017	VALIC EREMIT PRM 66804 TSA	\$1,775.00		\$427,366.02
09/06/2017	VALIC EREMIT PRM 66804 TSA	\$1,775.00		\$425,591.02
09/07/2017	MERCHANT BANKCD DEPOSIT 498232636882 SOUTH TECH CHARTER ACA		\$2,115.00	\$427,706.02
09/07/2017	CHECK #4737	\$177.16		\$427,528.86
09/07/2017	CHECK #4760	\$88.84		\$427,440.02
09/07/2017	CHECK #4779	\$199.98		\$427,240.04
09/08/2017	PalmBeachSchools DIRECT PAY SOUTH TECH CHARTER ACA		\$688,481.00	\$1,115,721.04
09/08/2017	CHECK #4752	\$1,618.99		\$1,114,102.05
09/08/2017	CHECK #4768	\$1,431.00		\$1,112,671.05
09/08/2017	CHECK #4774	\$187.14		\$1,112,483.91
09/08/2017	CHECK #4775	\$65.00		\$1,112,418.91
09/08/2017	CHECK #4780	\$1,199.89		\$1,111,219.02
09/08/2017	CHECK #4784	\$1,096.26		\$1,110,122.76

Statement Date: September 30, 2017

Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/08/2017	CHECK #4789	\$1,015.57		\$1,109,107.19
09/08/2017	CHECK #4791	\$884.80		\$1,108,222.39
09/11/2017	CHECK #4764	\$1,102.00		\$1,107,120.39
09/11/2017	CHECK #4769	\$2,971.78		\$1,104,148.61
09/11/2017	CHECK #4771	\$329.90		\$1,103,818.71
09/11/2017	CHECK #4773	\$2,490.80		\$1,101,327.91
09/11/2017	CHECK #4782	\$366.16		\$1,100,961.75
09/11/2017	CHECK #4785	\$116.80		\$1,100,844.95
09/12/2017	CHECK #4790	\$268.80		\$1,100,576.15
09/13/2017	CHECK #4763	\$3,221.40		\$1,097,354.75
09/13/2017	CHECK #4787	\$29.67		\$1,097,325.08
09/14/2017	CHECK #4772	\$67.11		\$1,097,257.97
09/14/2017	5BCW10TN SOUTH T IMPOUND DD IMPOUND	\$168,171.56		\$929,086.41
09/14/2017	5BCW10TN SOUTH T IMPOUND BILLING IMPOUND	\$257.70		\$928,828.71
09/14/2017	5BCW10TN SOUTH T IMPOUND TRUST IMPOUND	\$173.26		\$928,655.45
09/14/2017	5BCW10TN SOUTH T IMPOUND TAX IMPOUND	\$57,845.97		\$870,809.48
09/15/2017	CHECK #4765	\$311.50		\$870,497.98
09/18/2017	STATE OF FLORIDA PAYMENTS 193881980139739 SOUTH TECH CHART		\$36.00	\$870,533.98
09/18/2017	STATE OF FLORIDA PAYMENTS 193881980139743 SOUTH TECH CHART		\$60.00	\$870,593.98
09/18/2017	CHECK #4766	\$318.47		\$870,275.51
09/18/2017	CHECK #4770	\$421.13		\$869,854.38
09/18/2017	CHECK #4778	\$2,768.38		\$867,086.00
09/18/2017	CHECK #4783	\$259.92		\$866,826.08
09/18/2017	CHECK #4788	\$225.00		\$866,601.08
09/18/2017	FDGL ANNUAL FEE SOUTH TECHNICAL CHART	\$10.20		\$866,590.88
09/19/2017	WEB TFR TO 000119002965	\$96.00		\$866,494.88

Statement Date: September 30, 2017

Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
	WEB RF#105208002044			
09/19/2017	CHECK #4781	\$221.07		\$866,273.81
09/20/2017	CHECK #4798	\$1,566.00		\$864,707.81
09/20/2017	Telecheck INV092017D 0380181342	\$8.48		\$864,699.33
	SOUTH TECH ACADEMY			
09/21/2017	STATE OF FLORIDA PAYMENTS 193881980148014		\$90.00	\$864,789.33
	SOUTH TECH CHART			
09/21/2017	CHECK #4799	\$12,884.40		\$851,904.93
09/22/2017	PalmBeachSchools DIRECT PAY SOUTH TECH CHARTER ACA		\$14,310.00	\$866,214.93
09/25/2017	MERCHANT BANKCD DEPOSIT 498242150882		\$495.00	\$866,709.93
	SOUTH TECH CHARTER ACA			
09/25/2017	CHECK #4776	\$2,650.00		\$864,059.93
09/25/2017	CHECK #4804	\$90.00		\$863,969.93
09/26/2017	CHECK #4767	\$6,520.40		\$857,449.53
09/26/2017	CHECK #4793	\$400.00		\$857,049.53
09/26/2017	CHECK #4795	\$716.64		\$856,332.89
09/26/2017	CHECK #4796	\$445.50		\$855,887.39
09/26/2017	CHECK #4797	\$1,329.28		\$854,558.11
09/26/2017	CHECK #4800	\$568.98		\$853,989.13
09/26/2017	CHECK #4802	\$70.70		\$853,918.43
09/26/2017	CHECK #4805	\$2,550.00		\$851,368.43
09/26/2017	CHECK #4812	\$1,724.67		\$849,643.76
09/26/2017	CHECK #4814	\$4,468.75		\$845,175.01
09/26/2017	CHECK #4816	\$23,572.73		\$821,602.28
09/26/2017	CHECK #4818	\$1,400.00		\$820,202.28
09/26/2017	CHECK #4819	\$6,100.00		\$814,102.28
09/26/2017	CHECK #4823	\$1,000.00		\$813,102.28
09/26/2017	CHECK #4827	\$90.00		\$813,012.28
09/26/2017	CHECK #4831	\$270.00		\$812,742.28
09/26/2017	CHECK #4843	\$270.00		\$812,472.28
09/27/2017	CHECK #4801	\$100.00		\$812,372.28

Statement Date: September 30, 2017

Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/27/2017	CHECK #4803	\$152.65		\$812,219.63
09/27/2017	CHECK #4806	\$3,000.00		\$809,219.63
09/27/2017	CHECK #4809	\$456.00		\$808,763.63
09/27/2017	CHECK #4810	\$12,390.00		\$796,373.63
09/27/2017	CHECK #4811	\$325.00		\$796,048.63
09/27/2017	CHECK #4815	\$500.00		\$795,548.63
09/27/2017	CHECK #4820	\$138.78		\$795,409.85
09/27/2017	CHECK #4837	\$270.00		\$795,139.85
09/27/2017	CHECK #4840	\$270.00		\$794,869.85
09/27/2017	CHECK #4841	\$270.00		\$794,599.85
09/27/2017	CHECK #4852	\$270.00		\$794,329.85
09/27/2017	CHECK #4859	\$270.00		\$794,059.85
09/27/2017	CHECK #4864	\$270.00		\$793,789.85
09/27/2017	CHECK #4867	\$270.00		\$793,519.85
09/28/2017	Customer Deposit		\$9,795.00	\$803,314.85
09/28/2017	CHECK #4792	\$51,278.63		\$752,036.22
09/28/2017	CHECK #4794	\$4,209.21		\$747,827.01
09/28/2017	CHECK #4808	\$381.29		\$747,445.72
09/28/2017	CHECK #4817	\$1,297.98		\$746,147.74
09/28/2017	CHECK #4824	\$61.13		\$746,086.61
09/28/2017	CHECK #4832	\$270.00		\$745,816.61
09/28/2017	CHECK #4833	\$270.00		\$745,546.61
09/28/2017	CHECK #4834	\$270.00		\$745,276.61
09/28/2017	CHECK #4836	\$270.00		\$745,006.61
09/28/2017	CHECK #4839	\$270.00		\$744,736.61
09/28/2017	CHECK #4850	\$270.00		\$744,466.61
09/28/2017	CHECK #4857	\$270.00		\$744,196.61
09/28/2017	CHECK #4868	\$270.00		\$743,926.61
09/28/2017	CHECK #4869	\$270.00		\$743,656.61
09/28/2017	CHECK #4875	\$270.00		\$743,386.61
09/28/2017	5BCW10TN SOUTH T IMPOUND BILLING IMPOUND	\$238.20		\$743,148.41
09/28/2017	5BCW10TN SOUTH T IMPOUND DD IMPOUND	\$151,885.13		\$591,263.28
09/28/2017	5BCW10TN SOUTH T IMPOUND	\$53,024.36		\$538,238.92

Statement Date: September 30, 2017
 Account Number: *****2973

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
	TAX IMPOUND			
09/29/2017	CHECK #4807	\$1,015.00		\$537,223.92
09/29/2017	CHECK #4821	\$7,250.00		\$529,973.92
09/29/2017	CHECK #4855	\$270.00		\$529,703.92
09/29/2017	CHECK #4860	\$270.00		\$529,433.92
09/29/2017	CHECK #4862	\$270.00		\$529,163.92
09/29/2017	Interest Paid		\$96.76	\$529,260.68
09/29/2017	Service Charge	\$6.25		\$529,254.43

Check Transactions

<i>Check #</i>	<i>Date</i>	<i>Amount</i>	<i>Check #</i>	<i>Date</i>	<i>Amount</i>	<i>Check #</i>	<i>Date</i>	<i>Amount</i>
4566	09/05	\$100.00	4774	09/08	\$187.14	4798	09/20	\$1,566.00
4730*	09/01	\$2,350.00	4775	09/08	\$65.00	4799	09/21	\$12,884.40
4733*	09/05	\$12,390.00	4776	09/25	\$2,650.00	4800	09/26	\$568.98
4737*	09/07	\$177.16	4777	09/06	\$112.18	4801	09/27	\$100.00
4742*	09/05	\$885.86	4778	09/18	\$2,768.38	4802	09/26	\$70.70
4750*	09/01	\$348.00	4779	09/07	\$199.98	4803	09/27	\$152.65
4751	09/01	\$241.14	4780	09/08	\$1,199.89	4804	09/25	\$90.00
4752	09/08	\$1,618.99	4781	09/19	\$221.07	4805	09/26	\$2,550.00
4753	09/01	\$150.58	4782	09/11	\$366.16	4806	09/27	\$3,000.00
4759*	09/01	\$1,379.26	4783	09/18	\$259.92	4807	09/29	\$1,015.00
4760	09/07	\$88.84	4784	09/08	\$1,096.26	4808	09/28	\$381.29
4761	09/05	\$1,400.00	4785	09/11	\$116.80	4809	09/27	\$456.00
4763*	09/13	\$3,221.40	4787*	09/13	\$29.67	4810	09/27	\$12,390.00
4764	09/11	\$1,102.00	4788	09/18	\$225.00	4811	09/27	\$325.00
4765	09/15	\$311.50	4789	09/08	\$1,015.57	4812	09/26	\$1,724.67
4766	09/18	\$318.47	4790	09/12	\$268.80	4814*	09/26	\$4,468.75
4767	09/26	\$6,520.40	4791	09/08	\$884.80	4815	09/27	\$500.00
4768	09/08	\$1,431.00	4792	09/28	\$51,278.63	4816	09/26	\$23,572.73
4769	09/11	\$2,971.78	4793	09/26	\$400.00	4817	09/28	\$1,297.98
4770	09/18	\$421.13	4794	09/28	\$4,209.21	4818	09/26	\$1,400.00
4771	09/11	\$329.90	4795	09/26	\$716.64	4819	09/26	\$6,100.00
4772	09/14	\$67.11	4796	09/26	\$445.50	4820	09/27	\$138.78
4773	09/11	\$2,490.80	4797	09/26	\$1,329.28	4821	09/29	\$7,250.00

Statement Date: September 30, 2017

Account Number: *****2973

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
4823*	09/26	\$1,000.00	4839*	09/28	\$270.00	4860	09/29	\$270.00
4824	09/28	\$61.13	4840	09/27	\$270.00	4862*	09/29	\$270.00
4827*	09/26	\$90.00	4841	09/27	\$270.00	4864*	09/27	\$270.00
4831*	09/26	\$270.00	4843*	09/26	\$270.00	4867*	09/27	\$270.00
4832	09/28	\$270.00	4850*	09/28	\$270.00	4868	09/28	\$270.00
4833	09/28	\$270.00	4852*	09/27	\$270.00	4869	09/28	\$270.00
4834	09/28	\$270.00	4855*	09/29	\$270.00	4875*	09/28	\$270.00
4836*	09/28	\$270.00	4857*	09/28	\$270.00			
4837	09/27	\$270.00	4859*	09/27	\$270.00			

Items denoted with an "*" indicate processed checks out of sequence.

Rates by Date

Date	Rate
08/31	0.15%

Balances by Date

Date	Balance	Date	Balance	Date	Balance	Date	Balance
08/31	\$165,009.31	09/11	\$1,100,844.95	09/19	\$866,273.81	09/27	\$793,519.85
09/01	\$497,330.55	09/12	\$1,100,576.15	09/20	\$864,699.33	09/28	\$538,238.92
09/05	\$482,597.62	09/13	\$1,097,325.08	09/21	\$851,904.93	09/29	\$529,254.43
09/06	\$425,591.02	09/14	\$870,809.48	09/22	\$866,214.93		
09/07	\$427,240.04	09/15	\$870,497.98	09/25	\$863,969.93		
09/08	\$1,108,222.39	09/18	\$866,590.88	09/26	\$812,472.28		

Other Balances

Minimum Balance this Statement Period	\$165,009.31
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P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017

Account Number: ***2973**



Your BankUnited Visa® Debit Card is accepted at millions of locations worldwide – at places like department stores, grocery stores, restaurants and gas stations. You can even use your BankUnited Visa® Debit Card for online shopping and to pay your bills.

Statement Date: September 30, 2017

Account Number: ***2973**

If your account does not balance please check the following carefully:

Have you entered the amount of each check in your checkbook register?

Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?

Have you checked all additions and subtractions in your checkbook register?

Have you carried the correct balance forward when starting a new page in your checkbook register?

**IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT:
PLEASE CALL (TOLL FREE) 1-877-779-BANK (2265) OR WRITE US AT:**

BankUnited Operations / EFT Error
7815 NW 148th ST, Miami Lakes, FL 33016

For Consumer Customers Only

Please contact us if you think your statement is wrong or if you need additional information about a transaction. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

You may be required to put your request in writing. We will investigate your complaint and will correct any error promptly.

For Electronic Funds Transfers, if we take more than 10 business days to investigate and correct the error, (20 business days if you are a new customer for electronic funds transfers occurring during the first 30 days after the first deposit is made to your account), we will recredit your consumer account for the amount you think is in error (plus interest if your account earns interest), so that you will have the use of the money during the time it takes us to complete our investigation.

For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.



11:08 AM

10/17/17

South Tech Charter Academy, Inc
Reconciliation Summary
1112 · South Tech Internal 2965, Period Ending 09/30/2017

	<u>Sep 30, 17</u>
Beginning Balance	233,898.48
Cleared Transactions	
Checks and Payments - 21 Items	-38,733.48
Deposits and Credits - 14 Items	28,747.17
Total Cleared Transactions	<u>-9,986.31</u>
Cleared Balance	<u>223,912.17</u>
Uncleared Transactions	
Checks and Payments - 1 Item	-131.18
Total Uncleared Transactions	<u>-131.18</u>
Register Balance as of 09/30/2017	<u>223,780.99</u>
New Transactions	
Checks and Payments - 26 Items	-7,563.86
Deposits and Credits - 3 Items	13,729.66
Total New Transactions	<u>6,165.80</u>
Ending Balance	<u>229,946.79</u>

South Tech Charter Academy, Inc
Reconciliation Detail
1112 · South Tech Internal 2965, Period Ending 09/30/2017

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						233,898.48
Cleared Transactions						
Checks and Payments - 21 Items						
Bill Pmt -Check	04/07/2017	1938	Pinales, Eric Augus...	X	-10.00	-10.00
Bill Pmt -Check	05/01/2017	1975	Keleou, Frank	X	-10.00	-20.00
Deposit	08/02/2017			X	-36.00	-56.00
Bill Pmt -Check	08/21/2017	2065	Sonshine Education...	X	-5,400.00	-5,456.00
Check	08/21/2017			X	-2,178.34	-7,634.34
Bill Pmt -Check	08/25/2017	2067	Embroid Me	X	-12,853.00	-20,487.34
Bill Pmt -Check	08/31/2017	2072	Moran, Lynn	X	-2,352.04	-22,839.38
Bill Pmt -Check	08/31/2017	2074	Richman, Laurence B	X	-1,000.00	-23,839.38
Bill Pmt -Check	08/31/2017	2070	Dade Paper & Bag ...	X	-704.35	-24,543.73
Bill Pmt -Check	08/31/2017	2076	Sysco SouthEast Fl...	X	-517.91	-25,061.64
Bill Pmt -Check	08/31/2017	2069	Brilliant Supply	X	-511.79	-25,573.43
Bill Pmt -Check	08/31/2017	2075	Sysco SouthEast Fl...	X	-301.72	-25,875.15
Bill Pmt -Check	08/31/2017	2071	Hyett, Crystal	X	-150.00	-26,025.15
Bill Pmt -Check	08/31/2017	2073	Paramount Refresh...	X	-132.85	-26,158.00
Check	09/05/2017	Debit	Merchant Bank CD ...	X	-311.27	-26,469.27
Bill Pmt -Check	09/22/2017	2081	Sonshine Education...	X	-11,475.00	-37,944.27
Bill Pmt -Check	09/22/2017	2080	Publix Super Marke...	X	-174.31	-38,118.58
Bill Pmt -Check	09/22/2017	2079	Hadley, Tracy	X	-140.00	-38,258.58
General Journal	09/27/2017	1280	Guidance - 35010	X	-235.00	-38,493.58
General Journal	09/29/2017	1275	NSF	X	-239.00	-38,732.58
Check	09/30/2017			X	-0.90	-38,733.48
Total Checks and Payments					-38,733.48	-38,733.48
Deposits and Credits - 14 Items						
Deposit	09/01/2017			X	208.00	208.00
Deposit	09/05/2017			X	55.00	263.00
Deposit	09/05/2017			X	66.00	329.00
Deposit	09/18/2017			X	96.00	425.00
Deposit	09/19/2017			X	9,593.61	10,018.61
Deposit	09/22/2017			X	1,659.10	11,677.71
Deposit	09/22/2017			X	7,814.93	19,492.64
Deposit	09/27/2017			X	5,049.00	24,541.64
Deposit	09/29/2017			X	1,944.30	26,485.94
General Journal	09/30/2017	1285		X	10.00	26,495.94
General Journal	09/30/2017	1285		X	10.00	26,505.94
Deposit	09/30/2017			X	26.89	26,532.83
General Journal	09/30/2017	1286		X	36.00	26,568.83
General Journal	09/30/2017	1287		X	2,178.34	28,747.17
Total Deposits and Credits					28,747.17	28,747.17
Total Cleared Transactions					-9,986.31	-9,986.31
Cleared Balance					-9,986.31	223,912.17
Uncleared Transactions						
Checks and Payments - 1 Item						
Bill Pmt -Check	09/22/2017	2078	GFS Gordon Food ...		-131.18	-131.18
Total Checks and Payments					-131.18	-131.18
Total Uncleared Transactions					-131.18	-131.18
Register Balance as of 09/30/2017					-10,117.49	223,780.99

South Tech Charter Academy, Inc
Reconciliation Detail
1112 · South Tech Internal 2965, Period Ending 09/30/2017

Type	Date	Num	Name	Clr	Amount	Balance
New Transactions						
Checks and Payments - 26 Items						
Bill Pmt -Check	10/03/2017	2088	Sysco SouthEast Fl...		-719.25	-719.25
Bill Pmt -Check	10/03/2017	2083	Burmax Company, I...		-674.61	-1,393.86
Bill Pmt -Check	10/03/2017	2085	GFS Gordon Food ...		-588.40	-1,982.26
Bill Pmt -Check	10/03/2017	2087	Sonshine Education...		-562.00	-2,544.26
Bill Pmt -Check	10/03/2017	2086	Jassenoff, Laurie		-325.00	-2,869.26
Bill Pmt -Check	10/03/2017	2084	Fraga, Barbara		-272.71	-3,141.97
Bill Pmt -Check	10/03/2017	2082	Bonet, R.		-50.00	-3,191.97
Bill Pmt -Check	10/06/2017	2093	Sweetwater		-1,042.94	-4,234.91
Bill Pmt -Check	10/06/2017	2090	GFS Gordon Food ...		-357.02	-4,591.93
Bill Pmt -Check	10/06/2017	2089	Boynton Beach - La...		-295.00	-4,886.93
Bill Pmt -Check	10/06/2017	2092	Sam's Club Direct		-248.15	-5,135.08
Bill Pmt -Check	10/06/2017	2091	Salas, Roman		-35.97	-5,171.05
Bill Pmt -Check	10/13/2017	2105	Sysco SouthEast Fl...		-565.77	-5,736.82
Bill Pmt -Check	10/13/2017	2099	GFS Gordon Food ...		-391.34	-6,128.16
Bill Pmt -Check	10/13/2017	2108	American Express -...		-289.75	-6,417.91
Bill Pmt -Check	10/13/2017	2095	American Express -...		-168.00	-6,585.91
Bill Pmt -Check	10/13/2017	2101	Palardis, Jon		-155.40	-6,741.31
Bill Pmt -Check	10/13/2017	2100	Mexicana Inc		-150.00	-6,891.31
Bill Pmt -Check	10/13/2017	2102	Paramount Refresh...		-133.25	-7,024.56
Bill Pmt -Check	10/13/2017	2097	American Express ...		-125.47	-7,150.03
Bill Pmt -Check	10/13/2017	2104	Publix Super Marke...		-87.99	-7,238.02
Bill Pmt -Check	10/13/2017	2098	Bennett Auto Supply		-80.37	-7,318.39
Bill Pmt -Check	10/13/2017	2103	Popmex Inc		-80.00	-7,398.39
Bill Pmt -Check	10/13/2017	2094	American Express -...		-79.47	-7,477.86
Bill Pmt -Check	10/13/2017	2107	Vidal, Alberto		-50.00	-7,527.86
Bill Pmt -Check	10/13/2017	2106	Tollefson, Stacy		-36.00	-7,563.86
Total Checks and Payments					-7,563.86	-7,563.86
Deposits and Credits - 3 items						
Deposit	10/06/2017				7,342.01	7,342.01
Deposit	10/11/2017				2,613.00	9,955.01
Deposit	10/13/2017				3,774.65	13,729.66
Total Deposits and Credits					13,729.66	13,729.66
Total New Transactions					6,165.80	6,165.80
Ending Balance					-3,951.69	229,946.79

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017

Account Number: *****2965



>002938 7967697 0001 006229 10Z
 SOUTH TECH CHARTER ACADEMY INC
 INTERNAL ACCOUNT
 1300 SW 30TH AVE
 BOYNTON BEACH FL 33426-9018

Customer Service Information

-  Client Care: 877-779-BANK (2265)
-  Web Site: www.bankunited.com
-  Bank Address: BankUnited
 P.O. Box 521599
 Miami, FL 33152-1599

Customer Message Center



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PUBLIC FUNDS INTEREST CHECKING Account ***2965**

Account Summary

Statement Balance as of 08/31/2017			\$233,898.48
Plus	8	Deposits and Other Credits	\$26,485.94 ✓
Less	20	Withdrawals, Checks, and Other Debits	\$36,498.24 ✓
Less		Service Charge	\$0.90
Plus		Interest Paid	\$26.89
Statement Balance as of 09/30/2017			\$223,912.17

Interest Summary

Beginning Interest Rate	0.15%
Interest Paid this Statement Period	\$26.89
Interest Paid Year to Date	\$214.32

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
09/01/2017	PRIORITY CHECK #2071	\$150.00		\$233,748.48
09/01/2017	CHECK #2065	\$5,400.00		\$228,348.48
09/05/2017	MERCHANT BANKCD DEPOSIT		\$208.00	\$228,556.48

Statement Date: September 30, 2017

Account Number: *****2965

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
	498232637880 SOUTH TECH CHRTR ACAD			
09/05/2017	CHECK #2067	\$12,853.00		\$215,703.48
09/05/2017	CHECK #2072	\$2,352.04		\$213,351.44
09/05/2017	MERCHANT BANKCD INTERCHNG 498232637880 SOUTH TECH CHRTR ACAD	\$181.88		\$213,169.56
09/05/2017	MERCHANT BANKCD DISCOUNT 498232637880 SOUTH TECH CHRTR ACAD	\$51.69		\$213,117.87
09/05/2017	MERCHANT BANKCD FEE 498232637880 SOUTH TECH CHRTR ACAD	\$77.70		\$213,040.17
09/06/2017	MERCHANT BANKCD DEPOSIT 498232637880 SOUTH TECH CHRTR ACAD		\$121.00	\$213,161.17
09/07/2017	CHECK #2069	\$511.79		\$212,649.38
09/07/2017	CHECK #2075	\$301.72		\$212,347.66
09/07/2017	CHECK #2076	\$517.91		\$211,829.75
09/08/2017	CHECK #2073	\$132.85		\$211,696.90
09/15/2017	CHECK #2070	\$704.35		\$210,992.55
09/19/2017	WEB TFR FR 000119002973 105208002044 WEB RF#105208002044		\$96.00	\$211,088.55
09/19/2017	Customer Deposit		\$9,593.61	\$220,682.16
09/20/2017	CHECK #2074	\$1,000.00		\$219,682.16
09/21/2017	CHARGEBACK ITEM	\$229.00		\$219,453.16
09/21/2017	CHARGEBACK FEE	\$10.00		\$219,443.16
09/22/2017	Customer Deposit		\$1,659.10	\$221,102.26
09/22/2017	Customer Deposit		\$7,814.93	\$228,917.19
09/26/2017	CHECK #2079	\$140.00		\$228,777.19
09/26/2017	CHECK #2081	\$11,475.00		\$217,302.19
09/27/2017	Customer Deposit		\$5,049.00	\$222,351.19
09/27/2017	CHARGEBACK ITEM	\$225.00		\$222,126.19
09/27/2017	CHARGEBACK FEE	\$10.00		\$222,116.19

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017

Account Number: *****2965

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
09/28/2017	CHECK #2080	\$174.31		\$221,941.88
09/29/2017	Customer Deposit		\$1,944.30	\$223,886.18
09/29/2017	Interest Paid		\$26.89	\$223,913.07
09/29/2017	Service Charge	\$0.90		\$223,912.17

Check Transactions

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
2065	09/01	\$5,400.00	2072	09/05	\$2,352.04	2079*	09/26	\$140.00
2067*	09/05	\$12,853.00	2073	09/08	\$132.85	2080	09/28	\$174.31
2069*	09/07	\$511.79	2074	09/20	\$1,000.00	2081	09/26	\$11,475.00
2070	09/15	\$704.35	2075	09/07	\$301.72			
2071	09/01	\$150.00	2076	09/07	\$517.91			

Items denoted with an "*" indicate processed checks out of sequence.

Rates by Date

Date	Rate
08/31	0.15%

Balances by Date

Date	Balance	Date	Balance	Date	Balance	Date	Balance
08/31	\$233,898.48	09/07	\$211,829.75	09/20	\$219,682.16	09/27	\$222,116.19
09/01	\$228,348.48	09/08	\$211,696.90	09/21	\$219,443.16	09/28	\$221,941.88
09/05	\$213,040.17	09/15	\$210,992.55	09/22	\$228,917.19	09/29	\$223,912.17
09/06	\$213,161.17	09/19	\$220,682.16	09/26	\$217,302.19		

Other Balances

Minimum Balance this Statement Period	\$210,992.55
---------------------------------------	--------------

Statement Date: September 30, 2017

Account Number: *****2965



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If your account does not balance please check the following carefully:

- Have you entered the amount of each check in your checkbook register?
- Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?
- Have you checked all additions and subtractions in your checkbook register?
- Have you carried the correct balance forward when starting a new page in your checkbook register?

**IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT:
PLEASE CALL (TOLL FREE) 1-877-779-BANK (2265) OR WRITE US AT:**

BankUnited Operations / EFT Error
7815 NW 148th ST, Miami Lakes, FL 33016

For Consumer Customers Only

Please contact us if you think your statement is wrong or if you need additional information about a transaction. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

You may be required to put your request in writing. We will investigate your complaint and will correct any error promptly.

For Electronic Funds Transfers, if we take more than 10 business days to investigate and correct the error, (20 business days if you are a new customer for electronic funds transfers occurring during the first 30 days after the first deposit is made to your account), we will recredit your consumer account for the amount you think is in error (plus interest if your account earns interest), so that you will have the use of the money during the time it takes us to complete our investigation.

For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.



South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2065
8/21/2017

PAY TO THE ORDER OF: SonShine Educational Tours \$5,400.00

Five Thousand Four Hundred and 00/100 DOLLARS

SonShine Educational Tours
5401 University Drive Suite 201
Coral Springs, FL 33067

MEMO: Tour ID 17780; 54 Students, 5 Teachers

002065 42670905944 0119002965*

#2065 09/01/17 \$5,400.00

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2067
8/25/2017

PAY TO THE ORDER OF: Embroid Me \$12,853.00

Twelve Thousand Eight Hundred Fifty Three and 00/100 DOLLARS

Embroid Me
398-105 N Congress Ave
Boynton Beach, FL 33429

MEMO:

002067 42670905944 0119002965*

#2067 09/05/17 \$12,853.00

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2069
8/31/2017

PAY TO THE ORDER OF: Brilliant Supply \$511.79

Five Hundred Eleven and 79/100 DOLLARS

Brilliant Supply
1255 SW 4th Ave
Delray Beach, FL 33444

MEMO:

002069 42670905944 0119002965*

#2069 09/07/17 \$511.79

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2070
8/28/2017

PAY TO THE ORDER OF: Dede Paper & Bag Co. \$704.35

Seven Hundred Four and 35/100 DOLLARS

Dede Paper & Bag Co.
PO Box 223603
Miami, FL 33161

MEMO:

002070 42670905944 0119002965*

#2070 09/15/17 \$704.35

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2071
8/21/2017

PAY TO THE ORDER OF: Hyatt, Crystal \$150.00

One Hundred Fifty and 00/100 DOLLARS

Crystal Hyatt

MEMO:

002071 42670905944 0119002965*

#2071 09/01/17 \$150.00

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2072
8/31/2017

PAY TO THE ORDER OF: Moran, Lynn \$2,352.04

Two Thousand Three Hundred Fifty-Two and 04/100 DOLLARS

Lynn Moran

MEMO:

002072 42670905944 0119002965*

#2072 09/05/17 \$2,352.04

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2073
8/31/2017

PAY TO THE ORDER OF: Paramount Refreshment Solutions, Inc. \$132.85

One Hundred Thirty-Two and 85/100 DOLLARS

Paramount Refreshment Solutions, Inc.
1411 S.W. 31st Avenue
Pompano Beach, FL 33069

MEMO:

002073 42670905944 0119002965*

#2073 09/08/17 \$132.85

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33486
83-8089702

2074
8/31/2017

PAY TO THE ORDER OF: Richman, Laurence B. \$1,000.00

One Thousand and 00/100 DOLLARS

Richman, Laurence B.
31 Britany Ave
Delray Beach, FL 33445-2010

MEMO:

002074 42670905944 0119002965*

#2074 09/20/17 \$1,000.00

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33408
954092672

2075
8/31/2017

PAY TO THE ORDER OF: Sycoo SouthEast Florida \$301.72

Three Hundred One and 72/100 DOLLARS

Sycoo SouthEast Florida
1600 Martin Luther King Jr
Riviera Beach, FL 33404

VOID AFTER 120 DAYS
Signature: *Shawn R. Kelly*
Signature: *ABoggs*

002075 12670905944 0119002965*

#2075 09/07/17 \$301.72

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33408
954092672

2076
8/31/2017

PAY TO THE ORDER OF: Sycoo SouthEast Florida \$517.91

Five Hundred Seventeen and 91/100 DOLLARS

Sycoo SouthEast Florida
1600 Martin Luther King Jr
Riviera Beach, FL 33404

VOID AFTER 120 DAYS
Signature: *Shawn R. Kelly*
Signature: *ABoggs*

002076 12670905944 0119002965*

#2076 09/07/17 \$517.91

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33408
954092672

2079
9/22/2017

PAY TO THE ORDER OF: Hadley, Tracy \$140.00

One Hundred Forty and 00/100 DOLLARS

Tracy Hadley

VOID AFTER 120 DAYS
Signature: *Shawn R. Kelly*
Signature: *ABoggs*

002079 12670905944 0119002965*

#2079 09/26/17 \$140.00

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33408
954092672

2080
9/22/2017

PAY TO THE ORDER OF: Publix Super Markets, Inc \$174.31

One Hundred Seventy-Four and 31/100 DOLLARS

Publix Super Markets, Inc
PO Box 32009
Lakeland, FL 33802-2009

VOID AFTER 120 DAYS
Signature: *Shawn R. Kelly*
Signature: *ABoggs*

002080 12670905944 0119002965*

#2080 09/28/17 \$174.31

South Tech Academy - Internal
1300 SW 30th Avenue
Boynton Beach, FL 33426

BANKUNITED
224 N. CONGRESS AVE
BOYNTON BEACH, FL 33408
954092672

2081
9/22/2017

PAY TO THE ORDER OF: Sunshine Educational Tours \$11,475.00

Eleven Thousand Four Hundred Seventy-Five and 00/100 DOLLARS

Sunshine Educational Tours
5401 University Drive Suite 201
Coral Springs, FL 33067

VOID AFTER 120 DAYS
Signature: *Shawn R. Kelly*
Signature: *ABoggs*

002081 12670905944 0119002965*

#2081 09/26/17 \$11,475.00





BankUnited

We appreciate your business.

9:22 AM

10/16/17

South Tech Charter Academy, Inc
Reconciliation Summary
1113 · Money Market Account 2981, Period Ending 09/30/2017

	<u>Sep 30, 17</u>
Beginning Balance	1,064,954.59
Cleared Transactions	
Deposits and Credits - 1 Item	<u>349.25</u>
Total Cleared Transactions	<u>349.25</u>
Cleared Balance	<u>1,065,303.84</u>
Register Balance as of 09/30/2017	<u>1,065,303.84</u>
Ending Balance	1,065,303.84

9:22 AM

10/16/17

South Tech Charter Academy, Inc
Reconciliation Detail
1113 · Money Market Account 2981, Period Ending 09/30/2017

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Beginning Balance						1,064,954.59
Cleared Transactions						
Deposits and Credits - 1 Item						
Deposit	09/30/2017			X	349.25	349.25
Total Deposits and Credits					349.25	349.25
Total Cleared Transactions					349.25	349.25
Cleared Balance					349.25	1,065,303.84
Register Balance as of 09/30/2017					349.25	1,065,303.84
Ending Balance					349.25	1,065,303.84

P.O. Box 521599 Miami, FL 33152-1599




>005471 7966024 0001 008229 10Z
 SOUTH TECH CHARTER ACADEMY INC
 1300 SW 30TH AVE
 BOYNTON BEACH FL 33426-9018

Statement Date: September 30, 2017

Account Number: *****2981

Customer Service Information

-  Client Care: 877-779-BANK (2265)
-  Web Site: www.bankunited.com
-  Bank Address: BankUnited
 P.O. Box 521599
 Miami, FL 33152-1599



Customer Message Center

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PUBLIC FUNDS MONEY MARKET Account ***2981**

Account Summary

Statement Balance as of 08/31/2017		\$1,064,954.59
Plus	0 Deposits and Other Credits	\$0.00
Less	0 Withdrawals, Checks, and Other Debits	\$0.00
Less	Service Charge	\$0.00
Plus	Interest Paid	\$349.25
Statement Balance as of 09/30/2017		\$1,065,303.84

Interest Summary

Beginning Interest Rate	0.40%
Interest Period Days	30
Interest Annual Percentage Yield Earned this Statement Period (APYE)	0.40%
Interest Paid this Statement Period	\$349.25
Interest Paid Year to Date	\$3,173.92

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
09/29/2017	Interest Paid		\$349.25	\$1,065,303.84

Statement Date: September 30, 2017
Account Number: ***2981**

Rates By Date

Date	Rate
08/31	0.40%

Balances by Date

Date	Balance	Date	Balance
08/31	\$1,064,954.59	09/29	\$1,065,303.84

Other Balances

Minimum Balance this Statement Period \$1,064,954.59



Your BankUnited Visa® Debit Card is accepted at millions of locations worldwide – at places like department stores, grocery stores, restaurants and gas stations. You can even use your BankUnited Visa® Debit Card for online shopping and to pay your bills.

Statement Date: September 30, 2017

Account Number: *****2981

If your account does not balance please check the following carefully:

Have you entered the amount of each check in your checkbook register?

Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?

Have you checked all additions and subtractions in your checkbook register?

Have you carried the correct balance forward when starting a new page in your checkbook register?

**IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT:
PLEASE CALL (TOLL FREE) 1-877-779-BANK (2265) OR WRITE US AT:**BankUnited Operations / EFT Error
7815 NW 148th ST, Miami Lakes, FL 33016**For Consumer Customers Only**

Please contact us if you think your statement is wrong or if you need additional information about a transaction. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

You may be required to put your request in writing. We will investigate your complaint and will correct any error promptly.

For Electronic Funds Transfers, if we take more than 10 business days to investigate and correct the error, (20 business days if you are a new customer for electronic funds transfers occurring during the first 30 days after the first deposit is made to your account), we will recredit your consumer account for the amount you think is in error (plus interest if your account earns interest), so that you will have the use of the money during the time it takes us to complete our investigation.

For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.

**Member
FDIC**

Account Number: 1234567890
Statement Date: 12/31/2012

If you have any questions about this statement, please call us at 1-800-368-5272. We will be happy to help you. If you have any questions about this statement, please call us at 1-800-368-5272. We will be happy to help you.

PLEASE CALL US AT 1-800-368-5272 OR VISIT US AT www.bankunited.com FOR MORE INFORMATION.

BankUnited Customer Care
1234567890, Miami Lakes, FL 33014



BankUnited

We appreciate your business.

For Electronic Funds Transfer (EFT) transactions, we will take one business day to process your payment. For ACH transactions, we will take two business days to process your payment. For credit card transactions, we will take one business day to process your payment. For all other transactions, we will take one business day to process your payment. If you have any questions about this statement, please call us at 1-800-368-5272. We will be happy to help you.



Motion:

I recommend that the Board approve and ratify the Charter school monthly Disbursement Reports for the month ending September 30, 2017 as required by the Sponsor.

Summary Information:

The Charter school is required to provide several financial documents on an ongoing basis. Monthly records of disbursements are a requirement that must be provided by the President to the Board.

The Charter school maintains several accounts in order to maximize the earnings potential of the funding. Each school account is listed separately along with a disbursement record of activity. Disbursements are made by warrant, wire transfer, account transfer and use of direct debit card. Processing of disbursements takes place on a daily basis by the Charter business staff. All disbursements are reviewed and approved by the President. All warrants have two signatories.

Attachments: Disbursement Report

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact related to this item.

South Tech Charter Academy, Inc
Account QuickReport
As of September 30, 2017

Date	Num	Name	Amount
1111 - South Tech Operating 2973			
09/15/2017	1265	Payroll	-168,171.56
09/29/2017	1276	Payroll	-151,885.13
09/29/2017	1281	Florida Retirement System	-60,174.32
09/15/2017	1265	Payroll	-57,845.97
09/29/2017	1276	Payroll	-53,024.36
09/06/2017	4792	Blue Cross Blue Shield	-51,278.63
09/22/2017	4816	FPL	-23,572.73
09/06/2017	4799	Palm Beach County School Distr...	-12,884.40
09/22/2017	4810	Capital Contractors	-12,390.00
09/01/2017	1283	Payroll	-7,329.88
09/22/2017	4821	Palm Tran	-7,250.00
09/22/2017	4819	Literacy Coalition of Palm Beach...	-6,100.00
09/22/2017	4814	FJ Vodolo & Associates, LLC	-4,468.75
09/06/2017	4794	GIS Benefits	-4,209.21
09/22/2017	4806	Alann Corporation	-3,000.00
09/06/2017	4805	Voya	-2,550.00
09/29/2017	1277	Valic	-1,775.00
09/29/2017	1278	Valic	-1,775.00
09/22/2017	4812	Dex Imaging	-1,724.67
09/06/2017	4798	Moustafa, Mary	-1,566.00
09/22/2017	4818	Jason H. Klein, CPA	-1,400.00
09/06/2017	4797	Met Life	-1,329.28
09/22/2017	4817	Great American Financial Service	-1,297.98
09/22/2017	4822	Powell Landscaping & Design	-1,200.00
09/22/2017	4807	All Metro Health Care	-1,015.00
09/22/2017	4823	Spectrum Public Relations	-1,000.00
09/06/2017	4791	Ambassador Printing Company	-884.80
09/22/2017	4826	Verizon Wireless	-808.51
09/06/2017	4795	Life Insurance Company of the ...	-716.64
09/06/2017	4800	PHEAA	-568.98
09/22/2017	4813	F. Mandley & Associates	-562.50
09/22/2017	4815	FI Consortium of Public Charter ...	-500.00
09/22/2017	4809	Arnold Law Firm	-456.00
09/06/2017	4796	Managed Care Concepts	-445.50
09/06/2017	4793	Fidelity Investments	-400.00
09/22/2017	4808	Amerigas	-381.29
09/22/2017	4811	Charter School Services Corp	-325.00
09/01/2017	Debit	Merchant Service Fee	-294.57
09/25/2017	4828	Ari, Gyorgy	-270.00
09/25/2017	4829	Berkheimer, Linda	-270.00
09/25/2017	4830	Breault, Jonelle	-270.00
09/25/2017	4831	Brown, Michelle	-270.00
09/25/2017	4832	Brown, Timothy	-270.00
09/25/2017	4833	Carstarphen, Mary	-270.00
09/25/2017	4834	D' Ambrosio, Chris	-270.00
09/25/2017	4835	Edgar, Teresa	-270.00
09/25/2017	4836	Ehring-Sikorski, Jessica	-270.00
09/25/2017	4837	Ellison, Carolee	-270.00
09/25/2017	4838	Franco, Jennifer	-270.00
09/25/2017	4839	Gallagher, Leeann	-270.00
09/25/2017	4840	Hagood, Sandi	-270.00
09/25/2017	4841	Hess-Shamdasani, Meghan	-270.00
09/25/2017	4842	Hess, Jacqueline	-270.00
09/25/2017	4843	Hyett, Crystal	-270.00
09/25/2017	4844	Jackola, Ryan	-270.00
09/25/2017	4845	Jean - Philippe, Stephanie	-270.00
09/25/2017	4846	Kiehl, Jean Claude	-270.00
09/25/2017	4847	Knight, Robert	-270.00
09/25/2017	4849	Martinez, Eddie	-270.00
09/25/2017	4850	McCuen, Shaun	-270.00
09/25/2017	4851	Mendenhall, Nicole	-270.00
09/25/2017	4852	Merrigan, Christina	-270.00
09/25/2017	4853	Moore, Nancy	-270.00
09/25/2017	4854	Moran, Lynn	-270.00
09/25/2017	4855	Moustafa, Mary	-270.00
09/25/2017	4856	Murray, Earl	-270.00
09/25/2017	4857	O'Neil, Suzanne	-270.00

4:10 PM

10/19/17

Accrual Basis

South Tech Charter Academy, Inc
Account QuickReport
As of September 30, 2017

Date	Num	Name	Amount
09/25/2017	4858	Pace, Aparecida Isabel	-270.00
09/25/2017	4859	Palardis, Jon	-270.00
09/25/2017	4860	Pancione, Robert	-270.00
09/25/2017	4861	Penn, Joanne K	-270.00
09/25/2017	4862	Pray, Jan	-270.00
09/25/2017	4863	Reid, Karen	-270.00
09/25/2017	4864	Rincon, Emma	-270.00
09/25/2017	4865	Royce, Jennifer	-270.00
09/25/2017	4866	Sanders, Donna	-270.00
09/25/2017	4867	Sikorski, David	-270.00
09/25/2017	4868	Simon, Sean	-270.00
09/25/2017	4869	Spindler, Kiersten	-270.00
09/25/2017	4870	Sweeney, Cathy	-270.00
09/25/2017	4871	Sylvia, Beverly Ryan	-270.00
09/25/2017	4872	Tanner, Walter	-270.00
09/25/2017	4873	Terry, William	-270.00
09/25/2017	4874	Thaw, Tanya	-270.00
09/25/2017	4875	Torres-Blanc, Luz Victoria	-270.00
09/25/2017	4876	Trumble-Thomas Teresa	-270.00
09/25/2017	4877	Walters, Edward	-270.00
09/25/2017	4878	White, Christopher	-270.00
09/25/2017	4879	Wolfe, Monica	-270.00
09/25/2017	4880	Mandel, Julie	-270.00
09/25/2017	4881	Markevich, Kristen	-270.00
09/15/2017	1265	Payroll	-257.70
09/29/2017	1276	Payroll	-238.20
09/01/2017	1284	Valic	-200.00
09/15/2017	1265	Payroll	-173.26
09/06/2017	4803	Texas Guaranteed Student Loan...	-152.65
09/22/2017	4820	NexAir, LLC	-138.78
09/06/2017	4801	Pollack & Rosen, P.A.	-100.00
09/06/2017	4804	Total Compliance Network Inc	-90.00
09/22/2017	4827	The Wag Group	-90.00
09/06/2017	4802	State Of Florida Disbursement Unit	-70.70
09/22/2017	4824	Torcivia, Donion, Goddeau & An...	-61.13
09/01/2017	Debit	FDGL	-35.28
09/01/2017	Debit	Authnet Gateway	-27.50
09/18/2017	Debit	FDGL	-10.20
09/19/2017	1266		-8.48
09/30/2017			-6.25
09/22/2017	4825	US Postal Service	0.00
09/25/2017	4848	Markevich, Kristen	0.00
Total 1111 · South Tech Operating 2973			-662,531.79
1112 · South Tech Internal 2965			
09/22/2017	2081	Sonshine Educational Tours	-11,475.00
09/05/2017	Debit	Merchant Bank CD Fee	-311.27
09/29/2017	1275		-239.00
09/27/2017	1280	Guidance - 35010	-235.00
09/22/2017	2080	Publix Super Markets, Inc	-174.31
09/22/2017	2079	Hadley, Tracy	-140.00
09/22/2017	2078	GFS Gordon Food Services Miami	-131.18
09/30/2017			-0.90
Total 1112 · South Tech Internal 2965			-12,706.66
TOTAL			-675,238.45

Motion:

I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 required by the Sponsor.

Summary Information:

The State statutes and the Palm Beach County School District require charter schools to provide financial statements on a monthly basis in the format that School Districts are required to follow. This format is prescribed by the Governmental Accounting Standards Board (GASB).

The monthly statements include:

1. Statement of Revenues, Expenditures and Changes in Fund Balance Budget to Actual
2. The combined Statement of Revenues, Expenditures and Changes in Fund Balance
3. A Combined Balance Sheet – All Fund Types

Quarterly, a Statement of Net Assets is also required. This is provided in March, June, September and December.

Attachments: Monthly Financial Statements

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

Governmental Accounting Standards Board (GASB) Monthly Financial Form
South Tech Academy with MSID Number 1571
Palm Beach County, Florida
For the Month Ended September 30, 2017 and For the Year Ending June 30, 2018
September 30, 2017

	<u>Accounts</u>	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Debt Service</u>	<u>Capital Outlay</u>	<u>Total Governmental Funds</u>
ASSETS						
Cash and cash equivalents	1110	\$ 1,744,678	\$ -	\$ -	\$ -	\$ 1,744,678
Investments	1160	-				-
Grant receivables	1130					-
Other current assets	12XX	71,939				71,939
Deposits	1210					-
Due from other funds	1140	194,912				194,912
Other long-term assets	1400	214,648				214,648
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Assets		<u>\$ 2,226,177</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,226,177</u>
LIABILITIES AND FUND BALANCE						
Liabilities						
Accounts payable	2120	\$ 248,086	\$ -	\$ -	\$ -	\$ 248,086
Salaries, benefits, and payroll taxes payable	2110, 2170, 2330	388,478				388,478
Deferred revenue	2410					-
Notes/bonds payable	2180, 2250, 2310, 2320					-
Lease payable	2315					-
Other liabilities	21XX, 22XX, 23XX	184,736				184,736
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Liabilities		<u>821,300</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>821,300</u>
Fund Balance						
Nonspendable	2710	266,851				266,851
Restricted	2720					-
Committed	2730					-
Assigned	2740	190,252				190,252
Unassigned	2750	947,774				947,774
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Fund Balance		<u>1,404,877</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,404,877</u>
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL LIABILITIES AND FUND BALANCE		<u>\$ 2,226,177</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,226,177</u>

South Tech Academy with MSID Number (1571)
Palm Beach County, Florida
Statement of Revenue, Expenditures, and Changes in Fund Balance (Unaudited)
For the Month Ended September 30, 2017 and For the Year Ending June 30, 2018

	FTE Projected		FTE Actual		102% Percent of Projected					
	1,115		1,141				General Fund		Special Revenue	
	Account Number	Month/ Quarter Actual	YTD Actual	Annual Budget	% of YTD Actual to Annual Budget	Month/ Quarter Actual	YTD Actual	Annual Budget	% of YTD Actual to Annual Budget	
Revenues										
FEDERAL SOURCES										
	3100	\$ -	\$ -	\$ -	%	\$ -	\$ -	-	%	
	3200							612,529	0%	
STATE SOURCES										
	3310	565,713	1,629,672	6,526,603	25%					
	3397	29,316	48,689	117,548	41%					
	3355	91,527	263,869	1,043,131	25%					
	3361									
	33XX	45,055	137,998	967,700	14%					
LOCAL SOURCES										
	3430	473	1,407	1,407	100%					
	3413									
	34XX	26,068	85,332	225,000	38%			100,500	0%	
Total Revenues		758,152	2,166,967	8,881,389	24%	-	-	713,029	0%	
Expenditures										
Current Expenditures										
	5000	451,957	1,259,840	5,011,011	25%	10,905	32,746	524,600	6%	
	6000	48,290	148,716	836,097	18%	-	8,133	188,429	4%	
	7100	5,000	22,851	87,185	26%					
	7200	22,002	64,753	188,942	34%					
	7300	66,489	177,970	557,385	32%					
	7400									
	7500	10,899	32,709	147,900	22%					
	7600									
	7700	11,133	28,463	166,100	17%					
	7800	51,446	103,009	600,000	17%					
	7900	36,946	158,151	666,711	24%					
	8100	4,275	12,331	56,705	22%					
	8200	10,580	30,935	126,141	25%					
	9100	19,229	59,297	225,000	26%					
	9200									
Total Expenditures		738,246	2,099,025	8,669,177	24%	10,905	40,879	713,029	6%	
Excess (Deficiency) of Revenues Over Expenditures		19,906	67,942	212,212	32%	(10,905)	(40,879)	-		
Other Financing Sources (Uses)										
	3600									
	9700	(10,905)	(40,879)			10,905	40,879			
Total Other Financing Sources (Uses)		(10,905)	(40,879)	-		10,905	40,879	-		
Net Change in Fund Balances		9,001	27,063	212,212	13%	-	-			
		1,511,851	1,377,814	1,377,814	100%					
		(115,975)								
Fund Balances, Beginning as Restated		1,395,876	1,377,814	1,377,814	100%	-	-	-		
Fund Balances, Ending		\$ 1,404,877	\$ 1,404,877	\$ 1,590,026	88%	\$ -	\$ -	-	%	

Debt Service

Month/ Quarter	YTD Actual	Annual Budget	% of YTD Actual to Annual Budget
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\$ -	\$ -	\$ -	%
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\$ -	\$ -	\$ -	%
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Capital Outlay

Month/ Quarter	YTD Actual	Annual Budget	% of YTD Actual to Annual Budget
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\$ -	\$ -	\$ -	%
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\$ -	\$ -	\$ -	%
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Total Governmental Funds

Month/ Quarter	YTD Actual	Annual Budget	% of YTD Actual to Annual Budget
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-	-	-	%
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-	-	612,529	0%
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565,713	1,629,672	6,526,603	25%
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29,316	48,689	117,548	41%
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91,527	263,869	1,043,131	25%
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45,055	137,998	967,700	14%
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473	1,407	1,407	100%
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26,068	85,332	325,500	26%
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758,152	2,166,967	9,594,418	23%
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462,862	1,292,586	5,535,611	23%
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48,290	156,849	1,024,526	15%
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5,000	22,851	87,185	26%
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22,002	64,753	188,942	34%
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66,489	177,970	557,385	32%
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10,899	32,709	147,900	22%
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11,133	28,463	166,100	17%
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51,446	103,009	600,000	17%
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36,946	158,151	666,711	24%
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4,275	12,331	56,705	22%
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10,580	30,935	126,141	25%
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19,229	59,297	225,000	26%
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749,151	2,139,904	9,382,206	23%
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9,001	27,063	212,212	13%
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9,001	27,063	212,212	13%
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1,511,851	1,377,814	1,377,814	100%
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(115,975)	-	-	
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1,395,876	1,377,814	1,377,814	100%
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1,404,877	1,404,877	1,590,026	88%
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**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
C-4**

Motion:

I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Academy, Inc.

Summary Information:

Form 990 is used by tax-exempt organizations, non-exempt charitable trusts, and section 527 political organizations to provide the IRS with the information required by section 6033, and has been annually prepared by SouthTech Charter Academy, Inc..

Attachments: SouthTech Charter Academy, Inc. - Internal Revenue Service Form 990

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH TECH CHARTER ACADEMY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 S.W. 30TH AVENUE City or town, state or province, country, and ZIP or foreign postal code BOYNTON BEACH, FL 33426 F Name and address of principal officer: JAMES R. KIDD SAME AS C ABOVE	D Employer identification number 32-0089102 E Telephone number 561-369-7004 G Gross receipts \$ 9,693,177. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SOUTHTECHACADEMY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2003		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHARTER SCHOOL'S CORE MISSION IS TO GRADUATE STUDENTS PREPARED FOR WORK, HIGHER EDUCATION, 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 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 196 6 Total number of volunteers (estimate if necessary) 6 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">403,150.</td> <td style="text-align: right;">846,638.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">8,782,191.</td> <td style="text-align: right;">8,841,134.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">6,528.</td> <td style="text-align: right;">5,405.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">9,191,869.</td> <td style="text-align: right;">9,693,177.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	403,150.	846,638.	9 Program service revenue (Part VIII, line 2g)	8,782,191.	8,841,134.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,528.	5,405.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,191,869.	9,693,177.							
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Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">6,292,197.</td> <td style="text-align: right;">6,684,210.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">2,994,883.</td> <td style="text-align: right;">3,060,179.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">9,287,080.</td> <td style="text-align: right;">9,744,389.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-95,211.</td> <td style="text-align: right;">-51,212.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	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)	6,292,197.	6,684,210.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,994,883.	3,060,179.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,287,080.	9,744,389.	19 Revenue less expenses. Subtract line 18 from line 12	-95,211.	-51,212.	
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Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,839,876.</td> <td style="text-align: right;">2,869,232.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">698,740.</td> <td style="text-align: right;">779,308.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,141,136.</td> <td style="text-align: right;">2,089,924.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	2,839,876.	2,869,232.	21 Total liabilities (Part X, line 26)	698,740.	779,308.	22 Net assets or fund balances. Subtract line 21 from line 20	2,141,136.	2,089,924.													
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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 JAMES R. KIDD, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KENNETH G. SMITH	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01054280
	Firm's name ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S Firm's address ▶ 6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308	Firm's EIN ▶ 59-1363792 Phone no. 954-771-0896

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CHARTER SCHOOL'S CORE MISSION IS TO GRADUATE STUDENTS PREPARED FOR WORK, HIGHER EDUCATION, AND PRODUCTIVE CITIZENSHIP. RIGOROUS AND RELEVANT INSTRUCTION, MEETING INDIVIDUAL CAREER GOALS AND ENABLING STUDENTS TO BE SUCCESSFUL IN A DIVERSE AND CHANGING WORKFORCE IS USED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 8,277,629. including grants of \$) (Revenue \$ 8,841,134.) THE CHARTER SCHOOL'S MISSION IS TO PROVIDE EACH STUDENT WITH RIGOROUS AND RELEVANT INSTRUCTION, MEETING INDIVIDUAL CAREER GOALS, ENABLING STUDENTS TO BE SUCCESSFUL IN A DIVERSE AND CHANGING WORKFORCE, AND BENEFITING THE COMMUNITY THROUGH THE EFFORTS OF A HIGHLY SKILLED AND DEDICATED STAFF IN AN ENVIRONMENT UNIQUELY SUITED TO STUDENT SUCCESS THE SCHOOL SERVED AN AVERAGE OF 1,009 STUDENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,277,629.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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: SOUTH TECH CHARTER ACADEMY, INC. - 5613697004 1300 S.W. 30TH AVENUE, BOYNTON BEACH, FL 33426

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES NOTTER CHAIR	1.00	X		X				0.	0.	0.
(2) ARAM BLOOM VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DAN HELLER TREASURER	1.00	X		X				0.	0.	0.
(4) DONNA BAIZE SECRETARY	1.00	X		X				0.	0.	0.
(5) RUSSELL FELDMAN DIRECTOR	1.00	X						0.	0.	0.
(6) CARL MCKOY DIRECTOR	1.00	X						0.	0.	0.
(7) ROGER DUNSON DIRECTOR	1.00	X						0.	0.	0.
(8) NANCY ERNST DIRECTOR	1.00	X						0.	0.	0.
(9) SUZANNE NICOLINI DIRECTOR	1.00	X						0.	0.	0.
(10) DIANE HIENZ DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT KESTEN DIRECTOR	1.00	X						0.	0.	0.
(12) JAMES KIDD PRESIDENT/CEO	40.00	X		X				150,560.	0.	18,981.
(13) JAY BOGGESS PRINCIPAL	40.00			X				105,795.	0.	18,058.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							256,355.	0.	37,039.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							256,355.	0.	37,039.	

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 **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
A&S TOTAL TRANSPORTATION 649 FIFTH AVENUE, NAPLES, FL 34102	TRANSPORTATION	575,374.
AK BUILDING SERVICES, 6600 GEORGIA AVENUE, WEST PALM BEACH, FL 33405	BUILDING MAINT.	146,410.

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 **2**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	846,638.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		846,638.				
Program Service Revenue	2 a PROGRAM SERVICES	Business Code 611110	8,841,134.	8,841,134.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		8,841,134.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,405.			5,405.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		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	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			9,693,177.	8,841,134.	0.	5,405.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	299,557.	245,934.	53,623.	
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	4,905,640.	4,027,492.	878,148.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	347,726.	267,301.	80,425.	
9 Other employee benefits	512,223.	422,201.	90,022.	
10 Payroll taxes	619,064.	572,825.	46,239.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,698.		4,698.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	433,834.	351,134.	82,700.	
12 Advertising and promotion	17,616.	17,616.		
13 Office expenses	25,383.		25,383.	
14 Information technology	83,276.	83,276.		
15 Royalties				
16 Occupancy	323,378.	291,040.	32,338.	
17 Travel	44,951.	44,951.		
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	119,269.	119,269.		
23 Insurance	91,195.	86,522.	4,673.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICES & SUPP	1,045,227.	910,730.	134,497.	
b TRANSPORTATION	505,601.	505,601.		
c REPAIRS & MAINTENANCES	178,750.	178,750.		
d DUES & SUBSCRIPTIONS	125,846.	91,832.	34,014.	
e All other expenses	61,155.	61,155.		
25 Total functional expenses. Add lines 1 through 24e	9,744,389.	8,277,629.	1,466,760.	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,474,938.	1	1,377,493.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	125,710.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	187,400.	7	194,793.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	80,780.	9	139,084.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,774,174.		
	b Less: accumulated depreciation	10b 758,798.		
	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	62,467.	15	16,776.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,839,876.	16	2,869,232.	
Liabilities	17 Accounts payable and accrued expenses	409,938.	17	476,042.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	288,802.	25	303,266.
	26 Total liabilities. Add lines 17 through 25	698,740.	26	779,308.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	2,141,136.	32	2,089,924.
33 Total net assets or fund balances	2,141,136.	33	2,089,924.	
34 Total liabilities and net assets/fund balances	2,839,876.	34	2,869,232.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,693,177.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,744,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,212.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,141,136.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,089,924.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **SOUTH TECH CHARTER ACADEMY, INC.** Employer identification number **32-0089102**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Horizontal lines for supplemental information input.

DRAFT

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization SOUTH TECH CHARTER ACADEMY, INC. **Employer identification number** 32-0089102

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 (e.g., 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 8/17/06, 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?

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)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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 are a 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 programs
- 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 Temporarily restricted 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		941,650.	91,026.	850,624.
d Equipment		812,854.	654,236.	158,618.
e Other		19,670.	13,536.	6,134.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,015,376.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) COMPENSATED ABSENCES PAYABLE	303,266.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	303,266.

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 FIN 48 (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	11,189,077.
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	1,495,900.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,495,900.
3	Subtract line 2e from line 1	3	9,693,177.
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	9,693,177.

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	11,428,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,495,900.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	188,634.
e	Add lines 2a through 2d	2e	1,684,534.
3	Subtract line 2e from line 1	3	9,744,389.
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	9,744,389.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

DIFFERENCES OF EXPENSES THAT ARE NOT RECOGNIZED ON A TAX ACCOUNTING BASIS

DUE TO THE REQUIRED GOVERNMENT ACCOUNTING BASIS THE AUDIT

IS COMPLETED UPON.

188,634.

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

SOUTH TECH CHARTER ACADEMY, INC.

Employer identification number

32-0089102

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II

THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL THAT PUBLICIZES ITS POLICIES THROUGH VARIOUS FORMS OF ADVERTISING AS WELL AS BEING LISTED ON THE COUNTY WEB SITE.

- 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) 2016

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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

REVENUE ARE RECEIVED FROM FLORIDA DEPARTMENT OF EDUCATION UNDER THE FLORIDA EDUCATION FINANCE PROGRAM, AN IDEA START-UP GRANT, AND AN ADULTS WITH DISABILITIES GRANT THE AMOUNTS RECEIVED ARE BASED ON THE NUMBER OF WEIGHTED FULL-TIME EQUIVALENT STUDENTS REPORTED BY THE SCHOOL DURING THE SURVEY PERIOD.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH TECH CHARTER ACADEMY, INC.

Employer identification number

32-0089102

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

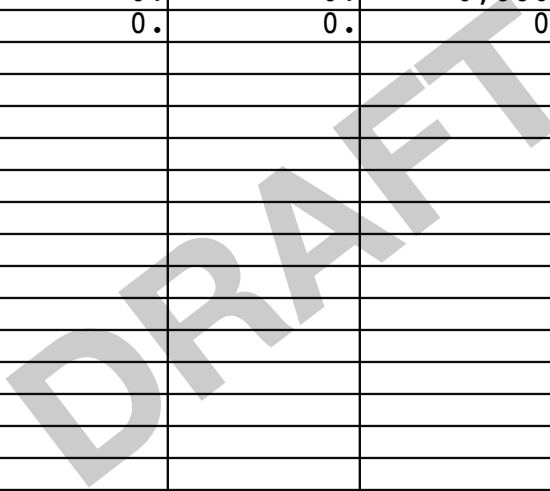
Schedule J (Form 990) 2016

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) JAMES KIDD PRESIDENT/CEO	(i)	150,560.	0.	0.	6,886.	12,095.	169,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SOUTH TECH CHARTER ACADEMY, INC.

Employer identification number

32-0089102

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PRODUCTIVE CITIZENSHIP. RIGOROUS AND RELEVANT INSTRUCTION, MEETING
INDIVIDUAL CAREER GOALS AND ENABLING STUDENTS TO BE SUCCESSFUL IN A
DIVERSE AND CHANGING WORKFORCE IS USED TO ACHIEVE THIS END. THE
EFFORTS OF A HIGHLY SKILLED AND DEDICATED STAFF IN AN ENVIRONMENT
UNIQUELY SUITED TO STUDENT SUCCESS HAS PRODUCED AN "B" SCHOOL GRADE AND
A 96 PERCENT GRADUATION RATE. STAFF INSTILLS IN STUDENTS A LOVE FOR
LEARNING AND AWARENESS OF THE NEED FOR LIFE-LONG LEARNING TO REMAIN
ABREAST OF WORKPLACE TECHNOLOGY AS PART OF THE TOTAL EDUCATIONAL
PROCESS. THE COMMUNITY ENJOYS THE INATE BENEFITS AFFORDED BY CHARTER
SCHOOL AS IT PRODUCES THE AVAILABILITY OF A HIGHLY SKILLED ENTRY-LEVEL
WORKFORCE AS WELL AS PROVIDING ONGOING ADULT TRAINING TO MAINTAIN
SKILLS CONCURRENT WITH INDUSTRY DEMANDS. THE SCHOOL SERVED AN AVERAGE
OF 1099 HIGH SCHOOL STUDENTS DURING THE FISCAL YEAR ENDED JUNE 30,
2017.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ACHIEVE THIS END. THE EFFORTS OF A HIGHLY SKILLED AND DEDICATED
STAFF IN AN ENVIRONMENT UNIQUELY SUITED TO STUDENT SUCCESS HAS PRODUCED
AN "A" SCHOOL GRADE AND A 96 PERCENT GRADUATION RATE. STAFF INSTILLS
IN STUDENTS A LOVE FOR LEARNING AND AWARENESS OF THE NEED FOR LIFE-LONG
LEARNING TO REMAIN ABREAST OF WORKPLACE TECHNOLOGY AS PART OF THE TOTAL
EDUCATIONAL PROCESS. THE COMMUNITY ENJOYS THE INATE BENEFITS AFFORDED
BY CHARTER SCHOOL AS IT PRODUCES THE AVAILABILITY OF A HIGHLY SKILLED
ENTRY-LEVEL WORKFORCE AS WELL AS PROVIDING ONGOING ADULT TRAINING TO
MAINTAIN SKILLS CONCURRENT WITH INDUSTRY DEMANDS. THE SCHOOL SERVED

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization SOUTH TECH CHARTER ACADEMY, INC.	Employer identification number 32-0089102
--	--

AN AVERAGE OF 1,106 HIGH SCHOOL STUDENTS DURING THE FISCAL YEAR ENDED
JUNE 30, 2016.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE, TREASURER, PRESIDENT AND BOOKKEEPER REVIEW THE FORM
990 PRIOR TO PRESENTATION TO THE BOARD OF DIRECTORS AND FILING THE TAX
RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO REPORT CONFLICTS OF INTEREST AS THEY BECOME
APPARENT.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR THE PRESIDENT AND ALL
SALARIES ARE COMPARED TO THE SCHOOL DISTRICT.

FORM 990, PART VI, SECTION C, LINE 18:
FORM 990 CAN BE VIEWED AT WWW.GUIDESTAR.ORG

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **SOUTH TECH CHARTER ACADEMY, INC.** Employer identification number **32-0089102**

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
SOUTH TECH PREPARATORY ACADEMY - 46-0598447 1300 S.W. 30TH AVENUE BOYNTON BEACH, FL 33426	CHARTER SCHOOL	FLORIDA	501(C)(3)	LINE 6			X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

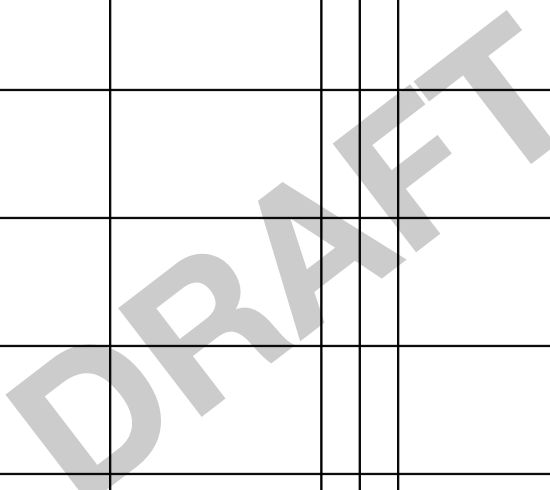
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTH TECH PREPARATORY ACADEMY	B	252,514.	CASH VALUE
(2) SOUTH TECH PREPARATORY ACADEMY	D	184,176.	CASH VALUE
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



632164 09-06-16

Part VII Supplemental Information.

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Charter Academy, Inc.**

**Agenda Item
C-5**

Motion:

I recommend that the Board approve the Gerber Life Insurance Company Blanket Accident Medical Basic Insurance for SouthTech Academy students.

Summary Information:

This request is for student insurance policy. The insurance is based on historical claims as well as the number of students covered.

Attachments: Quote from Gerber Life Insurance Company

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item is \$4,858.73.
There is a \$3,000 decrease from FY17 as it is only for 8 months.
The amount of \$4,858.73 is in the FY18 budget.

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue, White Plains, New York 10605

Blanket Accident Insurance Application

Name of Policyholder South Tech Charter Academy Inc. dba South Tech Academy (1571) Policy Number _____
(as it should appear on the Policy)

Mailing Address 1300 SW 30th Avenue Boynton Beach FL 33426
(City) (State) (Zip Code)

Insurance Contact Name Kathryn McInerney Title Business & Operations Director

Phone (561) 364 7926 Fax _____ Email Address kathryn.mcinerney@pbcharterschools.org

Policy Effective Date* 11/12/2017 Policy Expiration Date 7/1/2018
(*This will be the effective date if enrollment form and premium are received)

Covered Activities and Rates - All enrolled participants must be covered (page 4 of this application must be completed if covering additional schools not located at the Policyholder address above.). All students must be listed under either "Without Football" or "With Football".

Football Effective: _____ TO _____

Base Student Accident

Please select one box indicating the Covered Sports and select the grade level to be covered.

Plan	Base Student Accident Coverage	
Accident Medical Maximum Benefit	\$25,000	
Deductible	\$0	
Benefit Period	2 Years	
Covered Sports	<input checked="" type="checkbox"/> Without Football	<input type="checkbox"/> With Football
<input type="checkbox"/> Grades PreK-8	\$3.10	\$3.10
<input checked="" type="checkbox"/> Grades 9-12	\$6.85	\$18.00
<input type="checkbox"/> Before & Afterschool Day Care (PreK-12 Only) Term Premium	\$150.00	\$150.00
<input type="checkbox"/> Educational Summer Campers (not the entire summer)	\$2.65	\$2.65
<input type="checkbox"/> Day Care** (non-PreK-12)	\$2.75	\$2.75
<input checked="" type="checkbox"/> Volunteers** (rated on an Average Daily Attendance)	\$3.00	\$3.00
**If requesting coverage for Day Care and/or Volunteers only, please contact your agent and do not complete this application. Coverage will be made available under a separate program.		
Overnight Field Trip (7 consecutive nights or less)***	Included	Included
Minimum Premium	\$250.00	\$500.00

	Estimated Number of Students		Rate per Student		Total Premium for grade level
Grades Pre K – 8	_____	X	_____	=	_____
Grades 9 – 12	<u>1,100</u>	X	<u>pro-rated</u>	=	_____
Before & Afterschool Day Care (PreK-12 Only) Term Premium				=	_____
Educational Summer Campers	_____	X	_____	=	_____
**Day Care (non PreK-12)	_____	X	_____	=	_____
**Volunteers (Average Daily Attendance)	<u>30</u>	X	<u>pro-rated</u>	=	_____
Base Student Accident Minimum Premium or Total Premium Due (for the options selected above)****				=	<u>\$4,858.73</u>

****Minimum Premium or Total Premium Due is fully earned and nonrefundable on the effective date of coverage.

Catastrophic Student Accident

Policy Number N/A

Class 1: All students including interscholastic athletes, intramural sports participants, student coaches, student managers and student trainers.

Please select one box indicating the Covered Sports for the desired plan and select the grade level to be covered.

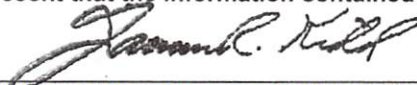
Plan	Catastrophic Medical and Catastrophic Cash Coverage			
	Accident Medical Maximum Benefit	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$6,000,000
Benefit Plan	\$600,000 Catastrophic Cash		\$600,000 Catastrophic Cash	
Benefit Period	10-Year		10-Year	
Covered Sports	<input type="checkbox"/> Without Football	<input type="checkbox"/> With Football	<input type="checkbox"/> Without Football	<input type="checkbox"/> With Football
<input type="checkbox"/> Grades PreK-8	\$1.00	\$1.20	\$1.10	\$1.25
<input type="checkbox"/> Grades 9-12	\$1.95	\$3.15	\$2.05	\$3.30
Minimum Premium	\$500.00	\$500.00	\$600.00	\$600.00

	Estimated Number of Students		Rate per Student	=	Total Premium for grade level
Grades PreK – 8	_____	X	_____	=	_____
Grades 9 – 12	_____	X	_____	=	_____
Catastrophic Student Accident Minimum Premium or Total Premium Due (for the options selected above)*****=					_____
*****Minimum Premium or Total Premium Due is fully earned and nonrefundable on the effective date of coverage.					
GRAND TOTAL PREMIUM (FOR ALL OPTIONS SELECTED)*****=					\$ 4,858.73

*****Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval prior to acceptance and binding.

***Overnight Field Trips – Overnight Field Trips of more than 7 consecutive nights may require additional premium. Please contact your agent for more details. Do you anticipate having Overnight Filed Trips of more than 7 consecutive nights in duration? Yes No

We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. We understand that insurance will be in force if this application is accepted by the Company, and the required premium is received by the Company when due. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.

X  X James R Kido X 10/27/17
 Signature of Official Authorized to Contract for the Policyholder Printed Name Date Signed

Make Check Payable and Remit to: **Special Markets Insurance Consultants, Inc.**
 1265 Main Street, Suite 202, Stevens Point, WI 54481

Local/Regional Licensed Agency	
Agency Name: <u>Egis Insurance & Risk Advisors</u>	Representative Name: <u>John Ehrlein</u>
Address: <u>150 East Palmetto Park Road, Suite 705</u>	City, State, Zip: <u>Boca Raton, FL 33432</u>
Phone Number: <u>(561) 529-4614</u>	Email Address: <u>mthomas@egisadvisors.com</u>
Signature: _____ (Licensed Agent)	Date: _____
	License Identification Number: <u>WI84905</u>

Fraud Statement

For residents of Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Names of schools and grades to be covered.

School Name

Grades

of Students

of Athletes

SOUTHTECH PREPARATORY ACADEMY
CONSENT AGENDA

SOUTHTECH PREPARATORY ACADEMY, INC.
CONSENT AGENDA
November 9, 2017

Old Business

None.

Administrative Items

PA-1 I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Personnel Items

PB-1 I recommend that the Board approve the Personnel actions for the previous month.

PB-2 I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.

PB-3 I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.

PB-4 I recommend that the Board approve the purchase of holiday gift cards for SouthTech Prep Academy employees. **(Recommended by Mr. Notter, Board Chair)**

Financial Items

PC-1 I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.

PC-2 I recommend that the Board approve and ratify the Charter school monthly Disbursement Report for month ending September 30, 2017 as required by the Sponsor.

PC-3 I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 as required by the Sponsor.

PC-4 I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Academy.

Emergency Items

None.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PA-1**

Motion:

I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Summary Information:

In compliance with the Florida Department of Education, Office of Equal Education Opportunity (OEEO), Policy 2.022 has been revised. FY18 Non-Discrimination Statements will be on all brochures, letterhead and posters as outlined in the attached policy.

Attachments: Policy 2.022 Nondiscrimination Policy Draft
FY18 Nondiscrimination Statement

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

NON DISCRIMINATION POLICY

1. South Tech Preparatory Academy, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "South Tech Preparatory Academy, Inc. prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities. For questions contact 561-369-7017".
3. The Nondiscrimination statement shall be included in all major publications beginning November 15, 2008 in the same language as the rest of the document.
4. A copy of South Tech Preparatory Academy, Inc. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. South Tech Preparatory Academy, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the name, location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring South Tech Preparatory Academy, Inc. into compliance with the FDOE, Office of Equity and Access (OEA) requirements. Bulletin #P 12985-CAO/QA, 10/23/08

Reference: Palm Beach School District Policy

History: New: 7/31/2012

FY18 SouthTech Schools Non-Discrimination Statement

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

Posters: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

NON DISCRIMINATION POLICY

1. South Tech Preparatory Academy, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.
3. The Nondiscrimination statement shall be included in all major publications beginning November 1, 2017 as follows:

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

Posters: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

4. A copy of South Tech Preparatory Academy, Inc. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. South Tech Preparatory Academy, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring South Tech Preparatory Academy, Inc. into compliance with the FDOE, Office of Equal Educational Opportunity (OEEO) requirements. Bulletin #PD 18-106 DSCOS, 10/10/17

Reference: Palm Beach School District Policy

History: New: New: 7/31/2012; 11/09/17

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PB-1**

Motion:

I recommend that the Board approve the Personnel actions for the previous month.

Summary Information:

This item covers Personnel actions for the previous month, including any resignations, terminations, and new hires.

Attachments: Personnel Actions List

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item is indicated on the individual contracts of new hires.

**SOUTH TECH PREPARATORY ACADEMY
PERSONNEL ACTIONS
November 2017**

<u>Personnel Action</u>	<u>Employee Name</u>	<u>Position</u>	<u>Effective Date</u>
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New Hires/ Transfers

New Hire:

	Luz Rangel	Custodian	10/5/17
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Resignations/Terminations

Termination:

	William Montano-Reyes	Custodian	10/8/17
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Retirement/Leave of Absence

NONE

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PB-2**

Motion:

I recommend that the Board authorize the Superintendent to approve the contract with Blue Cross Blue Shield for Health Insurance and sign all related documents.

Summary Information:

SouthTech Prep school employees on leave from the School District are provided health insurance through the District carrier at the expense of SouthTech. School employees not on leave from the District are provided health insurance through a plan that must be quoted annually. The cost of that plan can vary considerably from year to year according to the insurance carrier's quoting metrics. Florida Blue, our current carrier quoted a 4% cost increase. Our insurance agent bid out to other insurance companies and the quotes were not competitive. After analyzing cost, quality and conditions of coverage it was apparent that the Florida Blue was still the highest quality plan.

Attachments: Florida Blue Benefits Overview

Presented By:

Jim Kidd, Superintendent

Financial Impact:

The financial impact for this item is approximately \$8,188.

SOUTH TECH CHARTER ACADEMY

Current

Revised Composite

Benefit Overview	
Plan Designs	
Calendar Year Deductible (CYD)	
Deductible (Individual)	In-Network
Deductible (Family Aggregate)	In-Network
(Individual/Family)	Out-of-Network
Coinsurance	
	In-Network
	Out-of-Network
Out of Pocket Maximum (In-Network/Out-of-Network)	
	Individual
	Family
Office Services	
	In-Network Family Physician
	In-Network Providers
	Out-of-Network Providers
	In-Network e-Office Visit
Provider Services at Hospital & ER	
	In and Out of Network
Hospital Services	
	Inpatient In-Network
	Inpatient Out-of-Network
	Outpatient In-Network
	Outpatient Out-of-Network
Emergency Room Services	
	In-Network
	Out-of-Network
Preventive Health	
	Mammograms
	Well Child
	Adult Wellness In-Network
	Adult Wellness Out-of-Network
Prescription Drug Copays:	
	Deductible
	Generic
	Brand
	Non-formulary
	Self-Administered Injectables
Mail Order Prescriptions (90 Day Supply)	
	Lifetime Maximum
	ENROLLMENT
	03769
	05772
	60
	Single
	Employee + Spouse
	Employee + Child(ren)
	Employee + Family
	Total Participation
	Estimated Monthly Premium:
	Total Estimated Annual Premium :
	% Increase by Plan:
	Total % Increase:

Florida Blue		
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$500	\$2,000	\$500
\$1,500	\$6,000	\$1,000
\$1,500/\$4,500	\$6,000/\$18,000	Not Covered
80%	80%	90%
50%	50%	N/A
\$3,000/\$6,000	\$5,500/\$11,000	\$3,500
\$6,000/\$12,000	\$11,000/\$22,000	\$7,000
\$25 Copay	\$35 Copay	\$25 Copay
\$60 Copay	\$65 Copay	\$45 Copay
DED+ 50% Coinsurance	DED+ 50% Coinsurance	Not Covered
\$10 Copay	\$10 Copay	\$10 Copay
\$100 Copayment	In-Network DED+Coinsurance	\$0 In-Network
Option 1&2 - DED+Coinsurance	Option 1&2 - \$100 PAD + DED + Coinsurance	\$325/day - \$1,625 Max
DED + Coinsurance	\$500 PAD + DED + Coinsurance	Not Covered
Option 1/2 -- Therapies \$45 Copay/\$60 Copay	Option 1/2 -- Therapies \$65 Copay/\$80 Copay	Therapy \$65 Copay All Other Services \$275 Copay
Option 1&2 -- All Other Services DED+Coinsurance	Option 1/2 -- All Other Services DED+Coinsurance	Therapy \$65 Copay All Other Services \$275 Copay
DED+Coinsurance	DED+Coinsurance	Not Covered
\$300 Copay	\$300 Copay	\$100 Copay
\$300 Copay	\$300 Copay	\$100 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
COINSURANCE	COINSURANCE	Not Covered
\$0	\$0	\$0
\$10	\$10	\$10
\$60	\$60	\$60
\$100	\$100	\$100
See Medication Guide	See Medication Guide	See Medication Guide
\$25/\$150/\$250	\$25/\$150/\$250	\$25/\$150/\$250
N/A	N/A	UNLIMITED
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$641.21	\$568.36	\$518.01
\$1,526.06	\$1,352.70	\$1,232.87
\$1,179.81	\$1,045.78	\$953.14
\$2,000.54	\$1,773.29	\$1,616.19
\$17,645.94	\$7,490.99	\$37,234.57
	\$748,458.00	
	N/A	
	N/A	

Florida Blue		
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$500	\$2,000	\$500
\$1,500	\$6,000	\$1,000
\$1,500/\$4,500	\$6,000/\$18,000	Not Covered
80%	80%	90%
50%	50%	N/A
\$3,000/\$6,000	\$5,500/\$11,000	\$3,500
\$6,000/\$12,000	\$11,000/\$22,000	\$7,000
\$25 Copay	\$35 Copay	\$25 Copay
\$60 Copay	\$65 Copay	\$45 Copay
DED+ 50% Coinsurance	DED+ 50% Coinsurance	Not Covered
\$10 Copay	\$10 Copay	\$10 Copay
\$100 Copayment	In-Network DED+Coinsurance	\$0 In-Network
Option 1&2 - DED+Coinsurance	Option 1&2 - \$100 PAD + DED + Coinsurance	\$325/day - \$1,625 Max
DED + Coinsurance	\$500 PAD + DED + Coinsurance	Not Covered
Option 1/2 -- Therapies \$45 Copay/\$60 Copay	Option 1/2 -- Therapies \$65 Copay/\$80 Copay	Therapy \$65 Copay All Other Services \$275 Copay
Option 1&2 -- All Other Services DED+Coinsurance	Option 1/2 -- All Other Services DED+Coinsurance	Therapy \$65 Copay All Other Services \$275 Copay
DED+Coinsurance	DED+Coinsurance	Not Covered
\$300 Copay	\$300 Copay	\$100 Copay
\$300 Copay	\$300 Copay	\$100 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
\$0 Copay	\$0 Copay	\$0 Copay
COINSURANCE	COINSURANCE	Not Covered
\$0	\$0	\$0
\$10	\$10	\$10
\$60	\$60	\$60
\$100	\$100	\$100
See Medication Guide	See Medication Guide	See Medication Guide
\$25/\$150/\$250	\$25/\$150/\$250	\$25/\$150/\$250
N/A	N/A	UNLIMITED
BlueOptions HCR 03769	BlueOptions HCR 05772	BlueCare HMO 60
\$663.84	\$588.43	\$536.30
\$1,579.93	\$1,400.46	\$1,276.39
\$1,221.46	\$1,082.70	\$986.79
\$2,071.16	\$1,835.88	\$1,673.24
\$18,268.83	\$7,755.43	\$38,548.95
	\$774,878.63	
3.5%	3.5%	3.8%
	3.5%	

This is an overview of benefits ONLY. Please refer to the detailed benefit summaries for more information. In the event of a discrepancy the contract or detailed benefit summary will prevail.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PB-3**

Motion:

I recommend that the Board approve the insurances for life, dental, vision, and short and long-term disability offered to the employees, at no cost to the school.

Summary Information:

The life, dental and vision insurances are with the company Guardian and the short and long-term disability insurance is with Lincoln Financial.

Attachments: Renewal Information

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item to the school. The employee pays for these insurances.

Renewal prepared for: South Tech Charter Academy, Inc., STCHARTER on 09/29/2017

Currently South Tech Charter Academy, Inc. has the following in-force coverages:

Coverage	Policy Number	Anniversary Date
Short Term Disability	000010211347 00000	12/01/2017
Long Term Disability	000010211346 00000	12/01/2017

The following coverages are renewing with renewal rates effective 12/01/2017:

Coverage/ Rate basis	Policy number	Billed lives ¹	Volume ¹	Current rate	Renewal rate	Current monthly premium ¹	Renewal monthly premium ¹	Monthly premium change	Next anniversary date
Short Term Disability per \$10 of benefit	000010211347 00000	32	16,892	Age Band Shown Below	Age Band Shown Below	Based On Employee Demographics	Based On Employee Demographics	Based On Employee Demographics	12/01/2018
Long Term Disability per \$100 of salary	000010211346 00000	36	138,929	Age Band Shown Below	Age Band Shown Below	Based On Employee Demographics	Based On Employee Demographics	Based On Employee Demographics	12/01/2018
Renewal Premium								\$0.00	

¹ Billed Lives, Volume and Premium change regularly as employees are hired, terminated or have a life event. The numbers in this letter are accurate as of the printing of this letter.

Short Term Disability 000010211347 00000		
Age band	Current rate	Renewal rate
0 - 24	\$0.420	\$0.420
25 - 29	\$0.420	\$0.420
30 - 34	\$0.390	\$0.390
35 - 39	\$0.360	\$0.360
40 - 44	\$0.340	\$0.340
45 - 49	\$0.350	\$0.350
50 - 54	\$0.390	\$0.390
55 - 59	\$0.470	\$0.470
60 - 64	\$0.560	\$0.560
65 - 69	\$0.640	\$0.640
70 - 99	\$0.760	\$0.760

Long Term Disability 000010211346 00000

Age band	Current rate	Renewal rate
0 - 29	\$0.150	\$0.150
30 - 34	\$0.240	\$0.240
35 - 39	\$0.400	\$0.400
40 - 44	\$0.610	\$0.610
45 - 49	\$0.860	\$0.860
50 - 54	\$1.110	\$1.110
55 - 59	\$1.410	\$1.410
60 - 64	\$1.180	\$1.180
65 - 69	\$0.930	\$0.930
70 - 74	\$0.810	\$0.810
75 - 99	\$0.810	\$0.810

Renewal Premiums At-a-Glance

EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
Basic Life	\$4,203	\$4,203
AD&D	\$467	\$467
TOTAL	\$4,670	\$4,670

KEY POINTS OF INFORMATION REGARDING PLAN PRICING

Premiums shown above reflect a multi-line discount. If you do not wish to renew all lines of coverage, please contact us for revised pricing.

Product-specific rates shown in this package have been determined based on a number of factors, including:

- Employee age and gender
- Group location
- Changes in group size
- Claims experience (when applicable)

EMPLOYEE-PAID VOLUNTARY COVERAGE		
Coverage	Current Annual	Renewal Annual
Voluntary Dental	\$25,383	\$25,383
Managed Dental Care	\$7,185	\$7,185
Voluntary Vision	\$7,122	\$7,122
Voluntary Life	\$8,327	\$8,327
Voluntary AD&D	\$1,119	\$1,119

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PB-4**

Motion:

I recommend that the Board approve the purchase of holiday gift cards for SouthTech Prep Academy employees.

Summary Information:

In the past, the Board has approved purchasing holiday gift cards for all SouthTech Prep Academy employees and other contracted personnel, who work at the school location. For the past two years, full-time employees have received \$100, and part-time employees received \$25. This year, 30-hour employees will receive \$50.

Attachments: None.

Presented By:

Jim Notter, Board Chairperson

Financial Impact:

The financial impact for this item is \$4,075.
The FY18 proposed cost in the budget is \$4,050.

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PC-1**

Motion:

I recommend that the Board approve and ratify the monthly Charter school bank account reconciliation for month ending September 30, 2017 as required by the Sponsor.

Summary Information:

The Charter school is required to submit to the Sponsor district several financial documents on an ongoing basis. Monthly bank reconciliations are one such requirement.

The Charter school maintains several accounts in order to maximize the earnings potential of the funding provided while maintaining liquidity to meet day-to-day operations. Review of these accounts takes place on a daily basis by the Charter business staff. Monthly reconciliations are performed as good accounting practice and published here to fulfill Sponsor requirements.

Attachments: Reconciliation Spreadsheets and Bank Statements

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact related to this item.

South Tech Prep
Reconciliation Summary
1111 - South Tech Prep 9852918542, Period Ending 09/30/2017

	<u>Sep 30, 17</u>
Beginning Balance	368,559.43
Cleared Transactions	
Checks and Payments - 63 Items	-274,100.28
Deposits and Credits - 8 Items	318,191.17
Total Cleared Transactions	<u>44,090.89</u>
Cleared Balance	<u>412,650.32</u>
Uncleared Transactions	
Checks and Payments - 19 Items	-55,185.97
Total Uncleared Transactions	<u>-55,185.97</u>
Register Balance as of 09/30/2017	<u>357,464.35</u>
New Transactions	
Checks and Payments - 42 Items	-178,998.97
Deposits and Credits - 2 Items	300,456.78
Total New Transactions	<u>121,457.81</u>
Ending Balance	<u>478,922.16</u>

South Tech Prep Reconciliation Detail

1111 · South Tech Prep 9852918542, Period Ending 09/30/2017

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						368,559.43
Cleared Transactions						
Checks and Payments - 63 Items						
Bill Pmt -Check	08/21/2017	4398	Boynton Beach Fire...	X	-450.00	-450.00
Bill Pmt -Check	08/25/2017	4413	Christine Air Service	X	-2,037.00	-2,487.00
Bill Pmt -Check	08/25/2017	4425	Scholastic	X	-593.34	-3,080.34
Bill Pmt -Check	08/25/2017	4424	Raptor Technologies	X	-495.00	-3,575.34
Bill Pmt -Check	08/25/2017	4419	Great American Fin...	X	-303.18	-3,878.52
Bill Pmt -Check	08/25/2017	4418	Godby Safe & Lock	X	-155.15	-4,033.67
Bill Pmt -Check	08/25/2017	4415	Compass Group USA	X	-48.86	-4,082.53
Bill Pmt -Check	08/25/2017	4423	Pope, Carol	X	-15.47	-4,098.00
Bill Pmt -Check	08/31/2017	4426	1325 Gateway, LLC	X	-50,241.00	-54,339.00
Bill Pmt -Check	08/31/2017	4428	Apple Inc	X	-11,790.00	-66,129.00
Bill Pmt -Check	08/31/2017	4439	Maxis 360	X	-5,618.80	-71,747.80
Bill Pmt -Check	08/31/2017	4438	Mac To School	X	-2,794.00	-74,541.80
Bill Pmt -Check	08/31/2017	4427	2500 Quantum, LLC	X	-2,000.00	-76,541.80
Bill Pmt -Check	08/31/2017	4434	Explore Learning	X	-1,985.00	-78,506.80
Bill Pmt -Check	08/31/2017	4441	Staples Advantage	X	-1,144.91	-79,651.71
Bill Pmt -Check	08/31/2017	4429	Arbor Scientific	X	-1,079.69	-80,731.40
Bill Pmt -Check	08/31/2017	4437	Lego Education	X	-826.69	-81,558.09
Bill Pmt -Check	08/31/2017	4436	Jacks Electric	X	-795.00	-82,353.09
Bill Pmt -Check	08/31/2017	4431	Bulbs.com	X	-559.96	-83,986.05
Bill Pmt -Check	08/31/2017	4432	Comcast	X	-444.55	-83,357.60
Bill Pmt -Check	08/31/2017	4430	BookSource	X	-357.39	-83,714.99
Bill Pmt -Check	08/31/2017	4433	Dell Marketing L.P	X	-190.89	-83,905.88
Bill Pmt -Check	08/31/2017	4440	Ponton, Freddy	X	-60.48	-83,966.36
Bill Pmt -Check	09/01/2017	4442	Florida School Boo...	X	-7,465.04	-91,431.40
Bill Pmt -Check	09/08/2017	4445	Blue Cross/ Blue S...	X	-13,206.01	-104,637.41
Bill Pmt -Check	09/08/2017	4449	Palm Beach County...	X	-2,691.00	-107,328.41
Bill Pmt -Check	09/06/2017	4447	GIS Benefits	X	-1,778.86	-109,107.27
Bill Pmt -Check	09/06/2017	4443	Ambassador Printin...	X	-920.04	-110,027.31
Bill Pmt -Check	09/06/2017	4446	Coast Professional ...	X	-359.08	-110,386.39
Bill Pmt -Check	09/08/2017	4450	Total Compliance N...	X	-180.00	-110,566.39
Bill Pmt -Check	09/08/2017	4444	Armand	X	-125.00	-110,691.39
Bill Pmt -Check	09/08/2017	4448	Life Insurance Com...	X	-100.00	-110,791.39
Bill Pmt -Check	09/08/2017	4451	Verizon Wireless	X	-16.68	-110,808.07
General Journal	09/15/2017	280	Payroll	X	-56,586.66	-167,394.73
General Journal	09/15/2017	280	Payroll	X	-17,613.71	-185,008.44
General Journal	09/15/2017	280	Payroll	X	-412.81	-185,421.25
General Journal	09/15/2017	280	Payroll	X	-85.80	-185,507.05
Bill Pmt -Check	09/22/2017	4463	John Wiley & Sons	X	-3,157.18	-188,664.23
Bill Pmt -Check	09/22/2017	4486	NEELD Paper & Su...	X	-2,216.54	-190,880.77
Bill Pmt -Check	09/22/2017	4453	Academic Planner ...	X	-1,712.80	-192,593.57
Bill Pmt -Check	09/22/2017	4462	Jason H. Klein, CPA	X	-1,000.00	-193,593.57
Bill Pmt -Check	09/22/2017	4467	Spectrum Public Re...	X	-1,000.00	-194,593.57
Bill Pmt -Check	09/22/2017	4461	Jacks Electric	X	-807.50	-195,401.07
Bill Pmt -Check	09/22/2017	4459	FL Consortium of P...	X	-500.00	-195,901.07
Bill Pmt -Check	09/22/2017	4454	American Security ...	X	-495.00	-196,396.07
Bill Pmt -Check	09/22/2017	4456	City of Boynton Bea...	X	-455.47	-196,851.54
Bill Pmt -Check	09/22/2017	4465	Maxis 360	X	-356.25	-197,207.79
Bill Pmt -Check	09/22/2017	4457	Dex Imaging	X	-187.44	-197,395.23
Bill Pmt -Check	09/22/2017	4455	Charter School Ser...	X	-150.00	-197,545.23
Bill Pmt -Check	09/22/2017	4460	Handy, Nicole	X	-100.00	-197,645.23
Bill Pmt -Check	09/22/2017	4458	ESRN Communicati...	X	-42.00	-197,687.23
Bill Pmt -Check	09/25/2017	4482	Rehkamp, Connie	X	-270.00	-197,957.23
Bill Pmt -Check	09/25/2017	4478	McGill, Christopher	X	-270.00	-198,227.23
Bill Pmt -Check	09/25/2017	4477	Marzo, Alba	X	-270.00	-198,497.23
Bill Pmt -Check	09/25/2017	4470	Charson, Rachel	X	-270.00	-198,767.23
Bill Pmt -Check	09/25/2017	4471	Cotto, Scott	X	-270.00	-199,037.23
Bill Pmt -Check	09/25/2017	4473	Gill, Donna	X	-270.00	-199,307.23
Bill Pmt -Check	09/25/2017	4472	Epstein, Rhonda	X	-270.00	-199,577.23
General Journal	09/29/2017	284	Payroll	X	-56,809.81	-256,387.04
General Journal	09/29/2017	284	Payroll	X	-17,604.34	-273,991.38
General Journal	09/29/2017	284	Payroll	X	-85.80	-274,077.18
General Journal	09/29/2017	287	Payroll	X	-20.00	-274,097.18
Check	09/30/2017			X	-3.10	-274,100.28
Total Checks and Payments					-274,100.28	-274,100.28

South Tech Prep
Reconciliation Detail
1111 - South Tech Prep 9852918542, Period Ending 09/30/2017

Type	Date	Num	Name	Clr	Amount	Balance
Deposits and Credits - 8 Items						
Deposit	09/05/2017			X	19,032.00	19,032.00
Deposit	09/08/2017			X	289,764.78	308,796.78
Deposit	09/22/2017			X	5,940.00	314,736.78
General Journal	09/29/2017	287	Payroll	X	814.39	315,551.17
General Journal	09/29/2017	287	Payroll	X	2,580.06	318,131.23
Deposit	09/30/2017			X	59.94	318,191.17
Bill Pmt -Check	10/06/2017	4528	GovConnection Inc	X	0.00	318,191.17
Bill Pmt -Check	10/06/2017	4535	Sweetwater	X	0.00	318,191.17
Total Deposits and Credits					318,191.17	318,191.17
Total Cleared Transactions					44,090.89	44,090.89
Cleared Balance					44,090.89	412,650.32
Uncleared Transactions						
Checks and Payments - 19 Items						
Bill Pmt -Check	12/22/2016	4114	Low Voltage Security		-150.00	-150.00
Bill Pmt -Check	08/21/2017	4386	Armand		-125.00	-275.00
Bill Pmt -Check	09/22/2017	4452	1325 Gateway, LLC		-50,241.00	-50,516.00
Bill Pmt -Check	09/22/2017	4464	Konica Minolta Busi...		-819.97	-51,135.97
Bill Pmt -Check	09/25/2017	4468	Anselowitz, Betty		-270.00	-51,405.97
Bill Pmt -Check	09/25/2017	4469	Brown Nicole		-270.00	-51,675.97
Bill Pmt -Check	09/25/2017	4489	Zarro, Rentata		-270.00	-51,945.97
Bill Pmt -Check	09/25/2017	4488	Williams, Melissa		-270.00	-52,215.97
Bill Pmt -Check	09/25/2017	4487	Velasquez, Elias		-270.00	-52,485.97
Bill Pmt -Check	09/25/2017	4486	Thomas, Everett		-270.00	-52,755.97
Bill Pmt -Check	09/25/2017	4485	Stair, Branden		-270.00	-53,025.97
Bill Pmt -Check	09/25/2017	4484	Solomon, Alexandra		-270.00	-53,295.97
Bill Pmt -Check	09/25/2017	4481	Olivera, Camila		-270.00	-53,565.97
Bill Pmt -Check	09/25/2017	4480	Newman, Robert		-270.00	-53,835.97
Bill Pmt -Check	09/25/2017	4479	Memon, Barbara		-270.00	-54,105.97
Bill Pmt -Check	09/25/2017	4476	Landstrom, Scott Er...		-270.00	-54,375.97
Bill Pmt -Check	09/25/2017	4474	Glazier, Brittany		-270.00	-54,645.97
Bill Pmt -Check	09/25/2017	4475	Keston, Cynthia		-270.00	-54,915.97
Bill Pmt -Check	09/25/2017	4483	Shadid, Nafeesa		-270.00	-55,185.97
Total Checks and Payments					-55,185.97	-55,185.97
Total Uncleared Transactions					-55,185.97	-55,185.97
Register Balance as of 09/30/2017					-11,095.08	357,464.35
New Transactions						
Checks and Payments - 42 Items						
Bill Pmt -Check	10/06/2017	4518	Blue Cross/ Blue S...		-12,637.73	-12,637.73
Bill Pmt -Check	10/06/2017	4494	Florida School Boo...		-9,926.93	-22,564.66
Bill Pmt -Check	10/06/2017	4495	FPL		-4,430.35	-26,995.01
Bill Pmt -Check	10/06/2017	4526	Florida School Boo...		-3,845.03	-30,840.04
Bill Pmt -Check	10/06/2017	4539	American Express...		-3,591.95	-34,431.99
Bill Pmt -Check	10/06/2017	4501	Speech Rehab Serv...		-3,505.95	-37,937.94
Bill Pmt -Check	10/06/2017	4532	Palm Beach County...		-2,928.00	-40,865.94
Bill Pmt -Check	10/06/2017	4527	GIS Benefits		-2,049.60	-42,915.54
Bill Pmt -Check	10/06/2017	4520	Chalk.comEducatio...		-2,014.00	-44,929.54
Bill Pmt -Check	10/06/2017	4490	2500 Quantum, LLC		-2,000.00	-46,929.54
Bill Pmt -Check	10/06/2017	4538	GovConnection Inc		-1,691.19	-48,620.73
Bill Pmt -Check	10/06/2017	4498	Jacks Electric		-1,590.00	-50,210.73
Bill Pmt -Check	10/06/2017	4522	Citation Communic...		-1,175.00	-51,385.73
Bill Pmt -Check	10/06/2017	4533	Spectrum Public Re...		-1,000.00	-52,385.73
Bill Pmt -Check	10/06/2017	4499	NEELD Paper & Su...		-615.14	-53,000.87
Bill Pmt -Check	10/06/2017	4530	Mac To School		-558.00	-53,558.87
Bill Pmt -Check	10/06/2017	4524	Comcast		-431.69	-53,990.56
Bill Pmt -Check	10/06/2017	4523	Coast Professional ...		-359.08	-54,349.64
Bill Pmt -Check	10/06/2017	4497	Great American Fin...		-283.55	-54,633.19
Bill Pmt -Check	10/06/2017	4525	Computype		-263.39	-54,896.58
Bill Pmt -Check	10/06/2017	4491	Banyan Printing		-260.33	-55,156.91
Bill Pmt -Check	10/06/2017	4534	Staples Advantage		-259.28	-55,416.19
Bill Pmt -Check	10/06/2017	4536	Total Compliance N...		-240.00	-55,656.19
Bill Pmt -Check	10/06/2017	4519	Buckeye Plumbing ...		-205.00	-55,861.19

**South Tech Prep
Reconciliation Detail
1111 - South Tech Prep 9852918542, Period Ending 09/30/2017**

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Bill Pmt -Check	10/06/2017	4531	Maxis 360		-200.00	-56,061.19
Bill Pmt -Check	10/06/2017	4529	Life Insurance Com...		-200.00	-56,261.19
Bill Pmt -Check	10/06/2017	4521	Charter School Ser...		-150.00	-56,411.19
Bill Pmt -Check	10/06/2017	4492	Dex Imaging		-122.36	-56,533.55
Bill Pmt -Check	10/06/2017	4503	Verizon Wireless		-121.90	-56,655.45
Bill Pmt -Check	10/06/2017	4496	Godby Safe & Lock		-119.00	-56,774.45
Bill Pmt -Check	10/06/2017	4500	Ponton, Freddy		-48.85	-56,823.30
Bill Pmt -Check	10/06/2017	4493	ESRN Communicati...		-42.00	-56,865.30
Bill Pmt -Check	10/06/2017	4502	Sun Sentinel		-34.90	-56,900.20
Bill Pmt -Check	10/13/2017	4542	A & S Transportatio...		-43,022.02	-99,922.22
Bill Pmt -Check	10/13/2017	4547	Speech Rehab Serv...		-2,756.25	-102,678.47
Bill Pmt -Check	10/13/2017	4543	American Express-...		-1,391.39	-104,069.86
Bill Pmt -Check	10/13/2017	4545	Jan Cleaning and M...		-600.00	-104,669.86
Bill Pmt -Check	10/13/2017	4544	Bulbs.com		-559.96	-105,229.82
Bill Pmt -Check	10/13/2017	4546	NEELD Paper & Su...		-133.80	-105,363.62
General Journal	10/16/2017	286	Payroll		-56,176.90	-161,540.52
General Journal	10/16/2017	286	Payroll		-17,374.60	-178,915.12
General Journal	10/16/2017	286	Payroll		-83.85	-178,998.97
Total Checks and Payments					-178,998.97	-178,998.97
Deposits and Credits - 2 Items						
Deposit	10/10/2017				9,447.00	9,447.00
Deposit	10/10/2017				291,009.78	300,456.78
Total Deposits and Credits					300,456.78	300,456.78
Total New Transactions					121,457.81	121,457.81
Ending Balance					110,362.73	478,922.16




P.O. Box 521599 Miami, FL 33152-1599

>002026 7967712 0001 008229 20Z
 SOUTH TECH PREPARATORY ACADEMY, INC.
 OPERATING
 1300 SW 30TH AVENUE
 BOYNTON BEACH FL 33426

Statement Date: September 30, 2017

Account Number: *****8542

Customer Service Information

-  Client Care: 877-779-BANK (2265)
-  Web Site: www.bankunited.com
-  Bank Address: BankUnited
 P.O. Box 521599
 Miami, FL 33152-1599



Customer Message Center

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COMMUNITY INT BUSINESS CKG Account ***8542**

Account Summary

Statement Balance as of 08/31/2017			\$368,559.43
Plus	5	Deposits and Other Credits	\$318,131.23
Less	62	Withdrawals, Checks, and Other Debits	\$274,097.18
Less		Service Charge	\$3.10
Plus		Interest Paid	\$59.94
Statement Balance as of 09/30/2017			\$412,650.32

Interest Summary

Beginning Interest Rate	0.15%
Interest Paid this Statement Period	\$59.94
Interest Paid Year to Date	\$341.30

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
09/01/2017	CHECK #4415	\$48.86		\$368,510.57
09/01/2017	CHECK #4418	\$155.15		\$368,355.42
09/01/2017	CHECK #4419	\$303.18		\$368,052.24

Statement Date: September 30, 2017

Account Number: *****8542

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/05/2017	CHECK #4423	\$15.47		\$368,036.77
09/05/2017	CHECK #4425	\$593.34		\$367,443.43
09/07/2017	PalmBeachSchools DIRECT PAY SOUTH TECH PREPARATORY		\$19,032.00	\$386,475.43
09/07/2017	CHECK #4424	\$495.00		\$385,980.43
09/07/2017	CHECK #4436	\$795.00		\$385,185.43
09/08/2017	PalmBeachSchools DIRECT PAY SOUTH TECH PREPARATORY		\$289,764.78	\$674,950.21
09/08/2017	CHECK #4426	\$50,241.00		\$624,709.21
09/08/2017	CHECK #4427	\$2,000.00		\$622,709.21
09/08/2017	CHECK #4428	\$11,790.00		\$610,919.21
09/08/2017	CHECK #4441	\$1,144.91		\$609,774.30
09/08/2017	CHECK #4442	\$7,465.04		\$602,309.26
09/08/2017	CHECK #4443	\$920.04		\$601,389.22
09/11/2017	CHECK #4430	\$357.39		\$601,031.83
09/11/2017	CHECK #4431	\$559.96		\$600,471.87
09/11/2017	CHECK #4433	\$190.89		\$600,280.98
09/11/2017	CHECK #4434	\$1,965.00		\$598,315.98
09/13/2017	CHECK #4429	\$1,079.69		\$597,236.29
09/13/2017	CHECK #4439	\$5,618.80		\$591,617.49
09/14/2017	CHECK #4432	\$444.55		\$591,172.94
09/14/2017	5CDS13TN SOUTH T IMPOUND DD IMPOUND	\$56,586.66		\$534,586.28
09/14/2017	5CDS13TN SOUTH T IMPOUND BILLING IMPOUND	\$85.80		\$534,500.48
09/14/2017	5CDS13TN SOUTH T IMPOUND TRUST IMPOUND	\$412.81		\$534,087.67
09/14/2017	5CDS13TN SOUTH T IMPOUND TAX IMPOUND	\$17,613.71		\$516,473.96
09/15/2017	CHECK #4398	\$450.00		\$516,023.96
09/18/2017	CHECK #4413	\$2,037.00		\$513,986.96
09/18/2017	CHECK #4437	\$826.69		\$513,160.27
09/18/2017	CHECK #4440	\$60.48		\$513,099.79
09/19/2017	CHECK #4438	\$2,794.00		\$510,305.79
09/21/2017	CHECK #4449	\$2,691.00		\$507,614.79

Statement Date: September 30, 2017
Account Number: ***8542**

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/22/2017	PalmBeachSchools DIRECT PAY SOUTH TECH PREPARATORY		\$5,940.00	\$513,554.79
09/25/2017	CHECK #4466	\$2,216.54		\$511,338.25
09/25/2017	CHECK #4450	\$180.00		\$511,158.25
09/26/2017	CHECK #4444	\$125.00		\$511,033.25
09/26/2017	CHECK #4446	\$359.08		\$510,674.17
09/26/2017	CHECK #4448	\$100.00		\$510,574.17
09/26/2017	CHECK #4454	\$495.00		\$510,079.17
09/26/2017	CHECK #4457	\$187.44		\$509,891.73
09/26/2017	CHECK #4461	\$807.50		\$509,084.23
09/26/2017	CHECK #4462	\$1,000.00		\$508,084.23
09/26/2017	CHECK #4465	\$356.25		\$507,727.98
09/26/2017	CHECK #4467	\$1,000.00		\$506,727.98
09/27/2017	CHECK #4451	\$16.68		\$506,711.30
09/27/2017	CHECK #4453	\$1,712.80		\$504,998.50
09/27/2017	CHECK #4455	\$150.00		\$504,848.50
09/27/2017	CHECK #4459	\$500.00		\$504,348.50
09/27/2017	CHECK #4463	\$3,157.18		\$501,191.32
09/28/2017	CHECK #4445	\$13,206.01		\$487,985.31
09/28/2017	CHECK #4447	\$1,778.86		\$486,206.45
09/28/2017	CHECK #4456	\$455.47		\$485,750.98
09/28/2017	CHECK #4458	\$42.00		\$485,708.98
09/28/2017	CHECK #4460	\$100.00		\$485,608.98
09/28/2017	CHECK #4471	\$270.00		\$485,338.98
09/28/2017	CHECK #4472	\$270.00		\$485,068.98
09/28/2017	CHECK #4477	\$270.00		\$484,798.98
09/28/2017	CHECK #4478	\$270.00		\$484,528.98
09/28/2017	CHECK #4482	\$270.00		\$484,258.98
09/28/2017	5CDS13TN SOUTH T IMPOUND BILLING IMPOUND	\$85.80		\$484,173.18
09/28/2017	5CDS13TN SOUTH T IMPOUND TAX IMPOUND	\$17,604.34		\$466,568.84
09/28/2017	5CDS13TN SOUTH T IMPOUND DD IMPOUND	\$56,809.81		\$409,759.03
09/29/2017	5CDS13TN SOUTH T REVERSAL		\$814.39	\$410,573.42

Statement Date: September 30, 2017

Account Number: *****8542

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
	TAX IMPOUND			
09/29/2017	5CDS13TN SOUTH T REVERSAL		\$2,580.06	\$413,153.48
	DD IMPOUND			
09/29/2017	CHECK #4470	\$270.00		\$412,883.48
09/29/2017	CHECK #4473	\$270.00		\$412,613.48
09/29/2017	5CDS13TN SOUTH T IMPOUND	\$20.00		\$412,593.48
	BILLING IMPOUND			
09/29/2017	Interest Paid		\$59.94	\$412,653.42
09/29/2017	Service Charge	\$3.10		\$412,650.32

Check Transactions

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
4398	09/15	\$450.00	4437	09/18	\$826.69	4456	09/28	\$455.47
4413*	09/18	\$2,037.00	4438	09/19	\$2,794.00	4457	09/26	\$187.44
4415*	09/01	\$48.86	4439	09/13	\$5,618.80	4458	09/28	\$42.00
4418*	09/01	\$155.15	4440	09/18	\$60.48	4459	09/27	\$500.00
4419	09/01	\$303.18	4441	09/08	\$1,144.91	4460	09/28	\$100.00
4423*	09/05	\$15.47	4442	09/08	\$7,465.04	4461	09/26	\$807.50
4424	09/07	\$495.00	4443	09/08	\$920.04	4462	09/26	\$1,000.00
4425	09/05	\$593.34	4444	09/26	\$125.00	4463	09/27	\$3,157.18
4426	09/08	\$50,241.00	4445	09/28	\$13,206.01	4465*	09/26	\$356.25
4427	09/08	\$2,000.00	4446	09/26	\$359.08	4466	09/25	\$2,216.54
4428	09/08	\$11,790.00	4447	09/28	\$1,778.86	4467	09/26	\$1,000.00
4429	09/13	\$1,079.69	4448	09/26	\$100.00	4470*	09/29	\$270.00
4430	09/11	\$357.39	4449	09/21	\$2,691.00	4471	09/28	\$270.00
4431	09/11	\$559.96	4450	09/25	\$180.00	4472	09/28	\$270.00
4432	09/14	\$444.55	4451	09/27	\$16.68	4473	09/29	\$270.00
4433	09/11	\$190.89	4453*	09/27	\$1,712.80	4477*	09/28	\$270.00
4434	09/11	\$1,965.00	4454	09/26	\$495.00	4478	09/28	\$270.00
4436*	09/07	\$795.00	4455	09/27	\$150.00	4482*	09/28	\$270.00

Items denoted with an "*" indicate processed checks out of sequence.

Rates by Date

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017
 Account Number: *****8542


Date	Rate
08/31	0.15%

Balances by Date

Date	Balance	Date	Balance	Date	Balance	Date	Balance
08/31	\$368,559.43	09/11	\$598,315.98	09/19	\$510,305.79	09/27	\$501,191.32
09/01	\$368,052.24	09/13	\$591,617.49	09/21	\$507,614.79	09/28	\$409,759.03
09/05	\$367,443.43	09/14	\$516,473.96	09/22	\$513,554.79	09/29	\$412,650.32
09/07	\$385,185.43	09/15	\$516,023.96	09/25	\$511,158.25		
09/08	\$601,389.22	09/18	\$513,099.79	09/26	\$506,727.98		

Other Balances

Minimum Balance this Statement Period \$367,443.43



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Statement Date: September 30, 2017

Account Number: *****8542

If your account does not balance please check the following carefully:

Have you entered the amount of each check in your checkbook register?

Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?

Have you checked all additions and subtractions in your checkbook register?

Have you carried the correct balance forward when starting a new page in your checkbook register?

IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT:

PLEASE CALL (TOLL FREE) 1-877-779-BANK (2265) OR WRITE US AT:

BankUnited Operations / EFT Error
7815 NW 148th ST, Miami Lakes, FL 33016

For Consumer Customers Only

Please contact us if you think your statement is wrong or if you need additional information about a transaction. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

You may be required to put your request in writing. We will investigate your complaint and will correct any error promptly.

For Electronic Funds Transfers, if we take more than 10 business days to investigate and correct the error, (20 business days if you are a new customer for electronic funds transfers occurring during the first 30 days after the first deposit is made to your account), we will recredit your consumer account for the amount you think is in error (plus interest if your account earns interest), so that you will have the use of the money during the time it takes us to complete our investigation.

For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.



2:46 PM

10/16/17

South Tech Prep
Reconciliation Summary
1112 - South Tech Internal 8666, Period Ending 09/28/2017

	<u>Sep 28, 17</u>
Beginning Balance	88,577.89
Cleared Transactions	
Checks and Payments - 5 Items	-6,509.46
Deposits and Credits - 3 Items	2,611.32
Total Cleared Transactions	<u>-3,898.14</u>
Cleared Balance	<u>84,679.75</u>
Uncleared Transactions	
Checks and Payments - 1 item	-75.00
Total Uncleared Transactions	<u>-75.00</u>
Register Balance as of 09/28/2017	<u>84,604.75</u>
New Transactions	
Checks and Payments - 2 Items	-1,307.31
Deposits and Credits - 1 item	861.00
Total New Transactions	<u>-446.31</u>
Ending Balance	<u><u>84,158.44</u></u>

South Tech Prep
Reconciliation Detail
1112 - South Tech Internal 8666, Period Ending 09/28/2017

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						88,577.89
Cleared Transactions						
Checks and Payments - 5 Items						
Bill Pmt -Check	08/21/2017	200191	Rivera, Julia	X	-22.00	-22.00
Bill Pmt -Check	08/25/2017	200193	EmbroidMe	X	-6,419.75	-6,441.75
Bill Pmt -Check	08/25/2017	200194	Jimenez, Eva Lucia	X	-44.00	-6,485.75
Bill Pmt -Check	08/31/2017	200196	Sam's Club Direct	X	-23.66	-6,509.41
Check	09/30/2017			X	-0.05	-6,509.46
Total Checks and Payments					-6,509.46	-6,509.46
Deposits and Credits - 3 Items						
Deposit	09/19/2017			X	1,556.00	1,556.00
Deposit	09/27/2017			X	1,045.00	2,601.00
Deposit	09/30/2017			X	10.32	2,611.32
Total Deposits and Credits					2,611.32	2,611.32
Total Cleared Transactions					-3,898.14	-3,898.14
Cleared Balance					-3,898.14	84,679.75
Uncleared Transactions						
Checks and Payments - 1 Item						
Bill Pmt -Check	08/21/2017	200192	Dough Jo's Bakery		-75.00	-75.00
Total Checks and Payments					-75.00	-75.00
Total Uncleared Transactions					-75.00	-75.00
Register Balance as of 09/28/2017					-3,973.14	84,604.75
New Transactions						
Checks and Payments - 2 Items						
Bill Pmt -Check	10/06/2017	200197	Sweetwater		-1,154.20	-1,154.20
Check	10/13/2017	200199	American Express...		-153.11	-1,307.31
Total Checks and Payments					-1,307.31	-1,307.31
Deposits and Credits - 1 Item						
Deposit	10/06/2017				861.00	861.00
Total Deposits and Credits					861.00	861.00
Total New Transactions					-446.31	-446.31
Ending Balance					-4,419.45	84,158.44

P.O. Box 521599 Miami, FL 33152-1599


>001011 7967712 0001 008229 10Z
 SOUTH TECH PREPARATORY ACADEMY, INC.
 INTERNAL
 1300 SW 30TH AVENUE
 BOYNTON BEACH FL 33426

Statement Date: September 30, 2017

Account Number: *****8666

Customer Service Information

 Client Care: 877-779-BANK (2265)

 Web Site: www.bankunited.com

 Bank Address: BankUnited
 P.O. Box 521599
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Customer Message Center

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COMMUNITY INT BUSINESS CKG Account ***8666**
Account Summary

Statement Balance as of 08/31/2017		\$88,577.89
Plus	2 Deposits and Other Credits	\$2,601.00
Less	4 Withdrawals, Checks, and Other Debits	\$6,509.41
Less	Service Charge	\$0.05
Plus	Interest Paid	\$10.32
Statement Balance as of 09/30/2017		\$84,679.75

Interest Summary

Beginning Interest Rate	0.15%
Interest Paid this Statement Period	\$10.32
Interest Paid Year to Date	\$74.26

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/05/2017	CHECK #200191	\$22.00		\$88,555.89
09/05/2017	CHECK #200193	\$6,419.75		\$82,136.14
09/11/2017	CHECK #200196	\$23.66		\$82,112.48

Statement Date: September 30, 2017

Account Number: *****8666

Activity By Date

Date	Description	Withdrawals	Deposits	Balance
09/19/2017	Customer Deposit		\$1,556.00	\$83,668.48
09/19/2017	CHECK #200194	\$44.00		\$83,624.48
09/28/2017	Customer Deposit		\$1,045.00	\$84,669.48
09/29/2017	Interest Paid		\$10.32	\$84,679.80
09/29/2017	Service Charge	\$0.05		\$84,679.75

Check Transactions

Check #	Date	Amount	Check #	Date	Amount
200191	09/05	\$22.00	200194	09/19	\$44.00
200193*	09/05	\$6,419.75	200196*	09/11	\$23.66

Items denoted with an "*" indicate processed checks out of sequence.

Rates by Date

Date	Rate
08/31	0.15%

Balances by Date

Date	Balance	Date	Balance	Date	Balance
08/31	\$88,577.89	09/11	\$82,112.48	09/28	\$84,669.48
09/05	\$82,136.14	09/19	\$83,624.48	09/29	\$84,679.75

Other Balances

Minimum Balance this Statement Period	\$82,112.48
---------------------------------------	-------------

P.O. Box 521599 Miami, FL 33152-1599

Statement Date: September 30, 2017
Account Number: *****8666



Your BankUnited Visa® Debit Card is accepted at millions of locations worldwide – at places like department stores, grocery stores, restaurants and gas stations. You can even use your BankUnited Visa® Debit Card for online shopping and to pay your bills.



Statement Date: September 30, 2017

Account Number: *****8666

If your account does not balance please check the following carefully:

- Have you entered the amount of each check in your checkbook register?
- Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?
- Have you checked all additions and subtractions in your checkbook register?
- Have you carried the correct balance forward when starting a new page in your checkbook register?

**IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT:
PLEASE CALL (TOLL FREE) 1-877-779-BANK (2265) OR WRITE US AT:**

BankUnited Operations / EFT Error
7815 NW 148th ST, Miami Lakes, FL 33016

For Consumer Customers Only

Please contact us if you think your statement is wrong or if you need additional information about a transaction. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

You may be required to put your request in writing. We will investigate your complaint and will correct any error promptly.

For Electronic Funds Transfers, if we take more than 10 business days to investigate and correct the error, (20 business days if you are a new customer for electronic funds transfers occurring during the first 30 days after the first deposit is made to your account), we will recredit your consumer account for the amount you think is in error (plus interest if your account earns interest), so that you will have the use of the money during the time it takes us to complete our investigation.

For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.



2:37 PM

10/16/17

South Tech Prep
Reconciliation Summary
1113 - ST Prep MM 8690, Period Ending 09/30/2017

	<u>Sep 30, 17</u>
Beginning Balance	192,161.45
Cleared Transactions	
Deposits and Credits - 1 Item	<u>55.28</u>
Total Cleared Transactions	<u>55.28</u>
Cleared Balance	<u>192,216.73</u>
Register Balance as of 09/30/2017	<u>192,216.73</u>
Ending Balance	192,216.73

2:37 PM
10/16/17

South Tech Prep
Reconciliation Detail
1113 - ST Prep MM 8690, Period Ending 09/30/2017

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Beginning Balance						192,161.45
Cleared Transactions						
Deposits and Credits - 1 item						
Deposit	09/30/2017			X	55.28	55.28
Total Deposits and Credits					<u>55.28</u>	<u>55.28</u>
Total Cleared Transactions					<u>55.28</u>	<u>55.28</u>
Cleared Balance					<u>55.28</u>	<u>192,216.73</u>
Register Balance as of 09/30/2017					<u>55.28</u>	<u>192,216.73</u>
Ending Balance					<u>55.28</u>	<u>192,216.73</u>

P.O. Box 521599 Miami, FL 33152-1599

>003906 7966044 0001 008229 10Z
 SOUTH TECH PREPARATORY ACADEMY, INC.
 MONEY MARKET
 1300 SW 30TH AVENUE
 BOYNTON BEACH FL 33426

Statement Date: September 30, 2017

Account Number: *****8690

Customer Service Information

 Client Care: 877-779-BANK (2265)
 Web Site: www.bankunited.com
 Bank Address: BankUnited
 P.O. Box 521599
 Miami, FL 33152-1599

Customer Message Center


Speed. Your BankUnited Visa® Debit Card is one of the most convenient ways to pay. It helps speed you through checkout and there's no need to carry cash, write a check or stop at the ATM.

BUSINESS MONEY MARKET Account ***8690**
Account Summary

Statement Balance as of 08/31/2017			\$192,161.45
Plus	0	Deposits and Other Credits	\$0.00
Less	0	Withdrawals, Checks, and Other Debits	\$0.00
Less		Service Charge	\$0.00
Plus		Interest Paid	\$55.28
Statement Balance as of 09/30/2017			\$192,216.73

Interest Summary

Beginning Interest Rate	0.35%
Interest Paid this Statement Period	\$55.28
Interest Paid Year to Date	\$502.45

Activity By Date

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
09/29/2017	Interest Paid		\$55.28	\$192,216.73

Rates By Date

<i>Date</i>	<i>Rate</i>
08/31	0.35%

Statement Date: September 30, 2017
Account Number: *****8690

Balances by Date

Date	Balance	Date	Balance
08/31	\$192,161.45	09/29	\$192,216.73

Other Balances

Minimum Balance this Statement Period \$192,161.45



Your BankUnited Visa® Debit Card is accepted at millions of locations worldwide – at places like department stores, grocery stores, restaurants and gas stations. You can even use your BankUnited Visa® Debit Card for online shopping and to pay your bills.

Statement Date: September 30, 2017

Account Number: *****8690

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Are the amounts of your deposits and other additions entered in your checkbook register the same as those on this statement?

Have you checked all additions and subtractions in your checkbook register?

Have you carried the correct balance forward when starting a new page in your checkbook register?

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1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need further information.
3. Tell us the dollar amount of the suspected error.

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For Substitute Checks, if we take more than 10 business days to investigate and correct the error, we will recredit your consumer account for the amount of loss up to the lesser of \$2,500.00 (plus interest if your account earns interest) or the amount of the substitute check. If your account is new (30 days from the date your account was established), has been subject to repeated overdrafts, or we believe the claim is fraudulent, we may delay the availability of recredited funds until we determine the claim is valid or until the 45th day after the claim was submitted.

**Member
FDIC**



Account Number: 123456789
Statement Date: September 2011

BankUnited

1234567890 (Member Since 2008)

If you have any questions or concerns regarding this statement, please contact us at 1-800-368-5273. We are committed to providing you with the highest quality service and ensuring that your statement is accurate and up-to-date. If you have any questions or concerns regarding this statement, please contact us at 1-800-368-5273.

IN CASE OF QUESTIONS OR ERRORS ABOUT YOUR STATEMENT, PLEASE CALL TOLL FREE 1-800-368-5273 OR WRITE US AT:

BankUnited, Department of T.E.S.
12345 Main St., Suite 1000, Ft. Lauderdale, FL 33304



BankUnited

We appreciate your business.

For Customer Convenience Only
We are committed to providing you with the highest quality service and ensuring that your statement is accurate and up-to-date. If you have any questions or concerns regarding this statement, please contact us at 1-800-368-5273. We are committed to providing you with the highest quality service and ensuring that your statement is accurate and up-to-date. If you have any questions or concerns regarding this statement, please contact us at 1-800-368-5273.



BankUnited

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PC-2**

Motion:

I recommend that the Board approve and ratify the Charter school monthly Disbursement Reports for the month ending September 30, 2017 as required by the Sponsor.

Summary Information:

The Charter school is required to provide several financial documents on an ongoing basis. Monthly records of disbursements are a requirement that must be provided by the President to the Board.

The Charter school maintains several accounts in order to maximize the earnings potential of the funding. Each school account is listed separately along with a disbursement record of activity. Disbursements are made by warrant, wire transfer, account transfer and use of direct debit card. Processing of disbursements takes place on a daily basis by the Charter business staff. All disbursements are reviewed and approved by the President. All warrants have two signatories.

Attachments: Disbursement Report

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact related to this item.

South Tech Prep
Account QuickReport
 As of September 30, 2017

Date	Num	Name	Amount
1111 · South Tech Prep 9852918542			
09/29/2017	284	Payroll	-56,809.81
09/15/2017	280	Payroll	-56,586.66
09/22/2017	4452	1325 Gateway, LLC	-50,241.00
09/15/2017	280	Payroll	-17,613.71
09/29/2017	284	Payroll	-17,604.34
09/06/2017	4445	Blue Cross/ Blue Shield	-13,206.01
09/01/2017	4442	Florida School Book Deposito...	-7,465.04
09/22/2017	4463	John Wiley & Sons	-3,157.18
09/06/2017	4449	Palm Beach County School D...	-2,691.00
09/22/2017	4466	NEELD Paper & Supplies	-2,216.54
09/06/2017	4447	GIS Benefits	-1,778.86
09/22/2017	4453	Academic Planner Plus	-1,712.80
09/22/2017	4462	Jason H. Klein, CPA	-1,000.00
09/22/2017	4467	Spectrum Public Relations	-1,000.00
09/06/2017	4443	Ambassador Printing Company	-920.04
09/22/2017	4461	Jacks Electric	-807.50
09/22/2017	4464	Konica Minolta Business Solu...	-619.97
09/22/2017	4459	FL Consortium of Public Char...	-500.00
09/22/2017	4454	American Security & Fire Alar...	-495.00
09/22/2017	4456	City of Boynton Beach Utilitie...	-455.47
09/15/2017	280	Payroll	-412.81
09/06/2017	4446	Coast Professional Inc	-359.08
09/22/2017	4465	Maxis 360	-356.25
09/25/2017	4468	Anselowitz, Betty	-270.00
09/25/2017	4469	Brown Nicole	-270.00
09/25/2017	4470	Charson, Rachel	-270.00
09/25/2017	4471	Cotto, Scott	-270.00
09/25/2017	4472	Epstein, Rhonda	-270.00
09/25/2017	4473	Gill, Donna	-270.00
09/25/2017	4474	Glazier, Brittany	-270.00
09/25/2017	4475	Keston, Cynthia	-270.00
09/25/2017	4476	Landstrom, Scott Erich	-270.00
09/25/2017	4477	Marzo, Alba	-270.00
09/25/2017	4478	McGill, Christopher	-270.00
09/25/2017	4479	Memon, Barbara	-270.00
09/25/2017	4480	Newman, Robert	-270.00
09/25/2017	4481	Olivera, Camila	-270.00
09/25/2017	4482	Rehkamp, Connie	-270.00
09/25/2017	4483	Shadid, Nafeesa	-270.00
09/25/2017	4484	Solomon, Alexandra	-270.00
09/25/2017	4485	Stair, Branden	-270.00
09/25/2017	4486	Thomas, Everett	-270.00
09/25/2017	4487	Velasquez, Elias	-270.00
09/25/2017	4488	Williams, Melissa	-270.00
09/25/2017	4489	Zarro, Rentata	-270.00
09/22/2017	4457	Dex Imaging	-187.44
09/06/2017	4450	Total Compliance Network Inc	-180.00
09/22/2017	4455	Charter School Services Corp	-150.00
09/06/2017	4444	Armand	-125.00
09/06/2017	4448	Life Insurance Company of th...	-100.00
09/22/2017	4460	Handy, Nicole	-100.00
09/15/2017	280	Payroll	-85.80
09/29/2017	284	Payroll	-85.80
09/22/2017	4458	ESRN Communications LLC	-42.00
09/29/2017	287	Payroll	-20.00
09/06/2017	4451	Verizon Wireless	-16.68
09/30/2017			-3.10
09/20/2017		NEELD Paper & Supplies	0.00
Total 1111 · South Tech Prep 9852918542			-245,044.89
1112 · South Tech Internal 8666			
09/30/2017			-0.05
Total 1112 · South Tech Internal 8666			-0.05
TOTAL			-245,044.94

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PC-3**

Motion:

I recommend that the Board approve and ratify the monthly financial statements for month ending September 30, 2017 required by the Sponsor.

Summary Information:

The State statutes and the Palm Beach County School District require charter schools to provide financial statements on a monthly basis in the format that School Districts are required to follow. This format is prescribed by the Governmental Accounting Standards Board (GASB).

The monthly statements include:

1. Statement of Revenues, Expenditures and Changes in Fund Balance Budget to Actual
2. The combined Statement of Revenues, Expenditures and Changes in Fund Balance
3. A Combined Balance Sheet – All Fund Types

Quarterly, a Statement of Net Assets is also required. This is provided in March, June, September and December.

Attachments: Monthly Financial Statements

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

Governmental Accounting Standards Board (GASB) Monthly Financial Form
South Tech Prep Academy with MSID Number 3441
Palm Beach County, Florida
Balance Sheet (Unaudited)
September 30, 2017

ASSETS	<u>Accounts</u>	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Debt Service</u>	<u>Capital Outlay</u>	<u>Total Governmental Funds</u>
Cash and cash equivalents	1110	\$ 634,686	\$ -	\$ -	\$ -	\$ 634,686
Investments	1160	-				-
Grant receivables	1130					-
Other current assets	12XX	104,116				104,116
Deposits	1210					-
Due from other funds	1140	46,584				46,584
Other long-term assets	1400	158,664				158,664
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Assets		<u>\$ 944,050</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 944,050</u>
 LIABILITIES AND FUND BALANCE						
Liabilities						
Accounts payable	2120	\$ 61,113	\$ -	\$ -	\$ -	\$ 61,113
Salaries, benefits, and payroll taxes payable	2110, 2170, 2330	49,224				49,224
Deferred revenue	2410					-
Notes/bonds payable	2180, 2250, 2310, 2320					-
Lease payable	2315					-
Other liabilities	21XX, 22XX, 23XX	214,657				214,657
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Liabilities		<u>324,994</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>324,994</u>
Fund Balance						
Nonspendable	2710	104,116				104,116
Restricted	2720					-
Committed	2730					-
Assigned	2740	46,584				46,584
Unassigned	2750	468,356				468,356
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Fund Balance		<u>619,056</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>619,056</u>
TOTAL LIABILITIES AND FUND BALANCE		<u>\$ 944,050</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 944,050</u>

South Tech Prep Academy with MSID Number (3441)
Palm Beach County, Florida
Statement of Revenue, Expenditures, and Changes in Fund Balance (Unaudited)
For the Month Ended September 30, 2017 and For the Year Ending June 30, 2018

FTE Projected
FTE Actual

425
530
125% Percent of Projected

	Account Number	General Fund				Special Revenue			
		Month/ Quarter		Annual Budget	% of YTD Actual to Annual Budget	Month/ Quarter		Annual Budget	% of YTD Actual to Annual Budget
		Actual	YTD Actual			Actual	YTD Actual		
Revenues									
FEDERAL SOURCES									
Federal direct	3100	\$ -	\$ -	\$ -	%	\$ -	\$ -	-	%
Federal through state and local	3200							280,600	0%
STATE SOURCES									
FEFP	3310	261,729	741,450	2,880,106	26%				
Capital outlay	3397	19,032	19,032	428,000	4%				
Class size reduction	3355	41,078	118,122	458,465	26%				
School recognition	3361								
Other state revenue	33XX			10,250	0%				
LOCAL SOURCES									
Interest	3430	126	360	1,100	33%				
Local capital improvement tax	3413								
Other local revenue	34XX	2,601	45,478	73,000	62%				
Total Revenues		324,566	924,442	3,850,921	24%	-	-	280,600	0%
Expenditures									
Current Expenditures									
Instruction	5000	148,233	357,614	1,747,934	20%	2,756	35,559	182,260	20%
Instructional support services	6000	10,541	27,392	192,134	14%	-	4,000	98,340	4%
Board	7100	3,264	9,764	36,804	27%				
General administration	7200	12,850	38,455	157,051	24%				
School administration	7300	45,730	136,792	470,996	29%				
Facilities and acquisition	7400								
Fiscal services	7500	5,439	16,045	66,620	24%				
Food services	7600								
Central services	7700	5,883	17,237	61,171	28%				
Pupil transportation services	7800	19,856	43,022	400,000	11%				
Operation of plant	7900	62,360	196,477	557,200	35%				
Maintenance of plant	8100	4,563	11,962	30,865	39%				
Administrative technology services	8200	5,458	15,173	47,365	32%				
Community services	9100	30	9,417	68,000	14%				
Debt service	9200								
Total Expenditures		324,207	879,350	3,836,140	23%	2,756	39,559	280,600	14%
Excess (Deficiency) of Revenues Over Expenditures		359	45,092	14,781	305%	(2,756)	(39,559)	-	
Other Financing Sources (Uses)									
Transfers in	3600								
Transfers out	9700	(2,756)	(39,559)			2,756	39,559		
Total Other Financing Sources (Uses)		(2,756)	(39,559)	-		2,756	39,559	-	
Net Change in Fund Balances									
Fund balances, beginning		(2,397)	5,533	14,781	37%	-	-	-	
Adjustments to beginning fund balance		658,761	613,523	613,523	100%				
		(37,308)							
Fund Balances, Beginning as Restated		621,453	613,523	613,523	100%	-	-	-	
Fund Balances, Ending		\$ 619,056	\$ 619,056	628,304	99%	\$ -	\$ -	-	%

Debt Service

Capital Outlay

Total Governmental Funds

Month/ Quarter
Actual YTD Actual Annual Budget % of YTD Actual to Annual Budget

Month/ Quarter
Actual YTD Actual Annual Budget % of YTD Actual to Annual Budget

Month/
Quarter Actual YTD Actual Annual Budget % of YTD Actual to Annual Budget

\$ - \$ - \$ - %

\$ - \$ - \$ - %

- - - %

- - 280,600 0%

261,729 741,450 2,880,106 26%

19,032 19,032 428,000 4%

41,078 118,122 458,465 26%

- - -

- - 10,250 0%

126 360 1,100 33%

- - -

2,601 45,478 73,000 62%

324,566 924,442 4,131,521 22%

- - -

- - -

150,989 393,173 1,930,194 20%

10,541 31,392 290,474 11%

3,264 9,764 36,804 27%

12,850 38,455 157,051 24%

45,730 136,792 470,996 29%

- - -

5,439 16,045 66,620 24%

- - -

5,883 17,237 61,171 28%

19,856 43,022 400,000 11%

62,360 196,477 557,200 35%

4,563 11,962 30,865 39%

5,458 15,173 47,365 32%

30 9,417 68,000 14%

- - -

326,963 918,909 4,116,740 22%

(2,397) 5,533 14,781 37%

- - -

- - -

- - -

(2,397) 5,533 14,781 37%

658,761 613,523 613,523 100%

(37,308) - -

621,453 613,523 613,523 100%

\$ - \$ - \$ - %

\$ - \$ - \$ - %

\$ 619,056 \$ 619,056 \$ 628,304 99%

**Board Meeting
November 9, 2017**

**Governing Board of Directors
SouthTech Preparatory Academy, Inc.**

**Agenda Item
PC-4**

Motion:

I recommend that the Board approve the Internal Revenue Service Form 990 for SouthTech Preparatory Academy, Inc.

Summary Information:

Form 990 is used by tax-exempt organizations, non-exempt charitable trusts, and section 527 political organizations to provide the IRS with the information required by section 6033, and has been annually prepared by SouthTech Preparatory Academy, Inc..

Attachments: SouthTech Preparatory Academy, Inc. - Internal Revenue Service Form 990

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH TECH PREPARATORY ACADEMY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 S.W. 30TH AVENUE City or town, state or province, country, and ZIP or foreign postal code BOYNTON BEACH, FL 33426 F Name and address of principal officer: JAMES R. KIDD SAME AS C ABOVE	D Employer identification number 46-0598447 E Telephone number 561-369-7004 G Gross receipts \$ 3,814,783. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SOUTHTECHPREP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2012		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHARTER SCHOOL'S CORE MISSION IS TO PREPARE STUDENTS FOR TRANSITION TO SOUTHTECH ACADEMY 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 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 69 6 Total number of volunteers (estimate if necessary) 6 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">173,875.</td> <td style="text-align: right;">254,095.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">2,631,638.</td> <td style="text-align: right;">3,559,491.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,074.</td> <td style="text-align: right;">1,197.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,806,587.</td> <td style="text-align: right;">3,814,783.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	173,875.	254,095.	9 Program service revenue (Part VIII, line 2g)	2,631,638.	3,559,491.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,074.	1,197.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,806,587.	3,814,783.							
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Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">620,051.</td> <td style="text-align: right;">735,317.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">307,326.</td> <td style="text-align: right;">281,052.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">312,725.</td> <td style="text-align: right;">454,265.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	620,051.	735,317.	21 Total liabilities (Part X, line 26)	307,326.	281,052.	22 Net assets or fund balances. Subtract line 21 from line 20	312,725.	454,265.													
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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 JAMES R. KIDD, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KENNETH G. SMITH	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01054280
	Firm's name ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S Firm's address ▶ 6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308	Firm's EIN ▶ 59-1363792 Phone no. 954-771-0896

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CHARTER SCHOOL'S CORE MISSION IS TO PREPARE STUDENTS FOR TRANSITION TO SOUTHTECH ACADEMY CAREER ACADEMY PROGRAMS. EACH STUDENT IS PROVIDED RIGOROUS AND RELEVANT ACADEMIC INSTRUCTION AND EXPLORATORY CAREER EDUCATION OFFERINGS TO FACILITATE KNOWLEDGABLE DECISION-MAKING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 2,858,994. including grants of \$) (Revenue \$ 3,559,491.) THE CHARTER SCHOOL PROVIDES EACH STUDENT WITH RIGOROUS AND RELEVANT INSTRUCTION FOR GRADES SIX THROUGH EIGHT. THE SCHOOL SERVED AN AVERAGE OF 492 STUDENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,858,994.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Upon request [X] Other (explain in Schedule O) []
19 Describe in 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: SOUTH TECH PREPARATORY ACADEMY, INC. - 5613697004 1300 S.W. 30TH AVENUE, BOYNTON BEACH, FL 33426

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES NOTTER CHAIR	1.00	X		X				0.	0.	0.
(2) ARAM BLOOM VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DAN HELLER TREASURER	1.00	X		X				0.	0.	0.
(4) DONNA BAIZE SECRETARY	1.00	X		X				0.	0.	0.
(5) SUZANNE NICOLINI BOARD MEMBER	1.00	X						0.	0.	0.
(6) RUSSELL FELDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(7) CARL MCKOY BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROGER DUNSON BOARD MEMBER	1.00	X						0.	0.	0.
(9) NANCY ERNST BOARD MEMBER	1.00	X						0.	0.	0.
(10) ROBERT KESTEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) DIANE HEINZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) JAMES KIDD PRESIDENT/CEO	40.00	X		X				0.	150,560.	18,981.
(13) NICOLE HANDY PRINCIPAL	40.00			X				88,478.	0.	18,029.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							88,478.	150,560.	37,010.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							88,478.	150,560.	37,010.	

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 0

	Yes	No
3 Did the organization list any former officer, director, or 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
A&S TRANSPORTATION 649 FIFTH AVE, NAPLES, FL 34102	TRANSPORTATION	323,786.
1325 GATEWAY, LLC 1325 GATEWAY BLVD, BOYNTON BEACH, FL 33426	RENT	296,352.

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 2

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	254,095.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			254,095.				
Program Service Revenue	2 a PROGRAM SERVICES	Business Code	611110	3,559,491.	3,559,491.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,559,491.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,197.			1,197.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		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	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				3,814,783.	3,559,491.	0.	1,197.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,295.	69,125.	32,170.	
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	1,489,443.	1,016,410.	473,033.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,728.	61,988.	42,740.	
9 Other employee benefits	152,828.	111,698.	41,130.	
10 Payroll taxes	108,823.	76,023.	32,800.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	103,811.	61,354.	42,457.	
12 Advertising and promotion	17,774.	17,774.		
13 Office expenses	19,282.		19,282.	
14 Information technology	123,194.	123,194.		
15 Royalties				
16 Occupancy	445,827.	401,244.	44,583.	
17 Travel	2,273.	2,273.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2.	2.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,981.	23,981.		
23 Insurance	20,097.	17,876.	2,221.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION SERVICES	454,567.	454,567.		
b PROGRAM SERVICES AND SU	212,395.	212,395.		
c DUES AND SUBSCRIPTIONS	107,829.	23,996.	83,833.	
d REPAIRS AND MAINTENANCE	92,127.	92,127.		
e All other expenses	92,967.	92,967.		
25 Total functional expenses. Add lines 1 through 24e	3,673,243.	2,858,994.	814,249.	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	431,795.	1	424,893.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,410.	4	120,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,811.	9	74,370.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 147,032.		
	b Less: accumulated depreciation	10b 118,378.	10c	28,654.
	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	87,400.	15	87,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	620,051.	16	735,317.	
Liabilities	17 Accounts payable and accrued expenses	68,019.	17	76,364.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	239,307.	25	204,688.
	26 Total liabilities. Add lines 17 through 25	307,326.	26	281,052.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	312,725.	32	454,265.
33 Total net assets or fund balances	312,725.	33	454,265.	
34 Total liabilities and net assets/fund balances	620,051.	34	735,317.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,814,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,673,243.
3	Revenue less expenses. Subtract line 2 from line 1	3	141,540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	312,725.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	454,265.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SOUTH TECH PREPARATORY ACADEMY, INC.	Employer identification number 46-0598447
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		205,090.	243,508.	173,875.	254,095.	876,568.
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		205,090.	243,508.	173,875.	254,095.	876,568.
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.						876,568.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4		205,090.	243,508.	173,875.	254,095.	876,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		654.	480.	1,074.	1,197.	3,405.
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						879,973.
12 Gross receipts from related activities, etc. (see instructions)					12	7,966,750.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

Horizontal lines for supplemental information input.

DRAFT

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SOUTH TECH PREPARATORY ACADEMY, INC. **Employer identification number** 46-0598447

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 (e.g., 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 8/17/06, 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?

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)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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 are a 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 programs
- 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 Temporarily restricted 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		147,032.	118,378.	28,654.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,654.

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) DEPOSITS	87,400.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	87,400.

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) COMPENSATED ABSENCES PAYABLE	20,512.
(3) LOAN FROM RELATED PARTY	184,176.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	204,688.

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 FIN 48 (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	3,814,783.
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	3,814,783.
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	3,814,783.

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	3,729,433.
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	56,190.	
e	Add lines 2a through 2d		2e	56,190.
3	Subtract line 2e from line 1		3	3,673,243.
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	3,673,243.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

DIFFERENCES OF EXPENSES THAT ARE NOT RECOGNIZED ON A TAX ACCOUNTING BASIS

DUE TO THE REQUIRED GOVERNMENT ACCOUNTING BASIS THE AUDIT

IS COMPLETED UPON.

56,190.

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

SOUTH TECH PREPARATORY ACADEMY, INC.

Employer identification number

46-0598447

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy 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	X	
THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL THAT PUBLICIZES ITS POLICIES THROUGH VARIOUS FORMS OF MEDIA AS WELL AS BEING LISTED ON THE COUNTY WEB SITE.		
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2016

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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

REVENUE IS RECEIVED FROM FLORIDA DEPARTMENT OF EDUCATION UNDER THE FLORIDA EDUCATION FINANCE PROGRAM AND A START-UP GRANT. THE AMOUNTS RECEIVED ARE BASED ON THE NUMBER OF WEIGHTED FULL-TIME EQUIVALENT STUDENTS REPORTED BY THE SCHOOL DURING THE SURVEY PERIOD.

DRAFT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH TECH PREPARATORY ACADEMY, INC.

Employer identification number

46-0598447

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

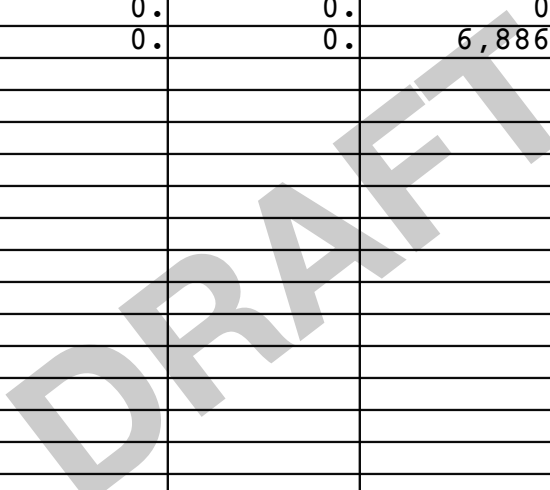
Schedule J (Form 990) 2016

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) JAMES KIDD PRESIDENT/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	150,560.	0.	0.	6,886.	12,095.	169,541.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SOUTH TECH PREPARATORY ACADEMY, INC.

Employer identification number

46-0598447

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAREER ACADEMY PROGRAMS. EACH STUDENT IS PROVIDED RIGOROUS AND

RELEVANT ACADEMIC INSTRUCTION AND EXPLORATORY CAREER EDUCATION

OFFERINGS TO FACILITATE KNOWLEDGABLE DECISION-MAKING ON POTENTIAL

CAREER OPTIONS. STUDENTS ARE PREPARED FOR A SMOOTH TRANSITION INTO

HIGH SCHOOL, WHICH THEY WILL ENTER ALREADY ACCLIMATED TO A SCHOOL

CULTURE AND DISCIPLINE WHICH HAS PROVEN TO BE EXTREMELY SUCCESSFUL IN

PRODUCING HIGH SCHOOL GRADUATES PREPARED FOR WORK, HIGHER EDUCATION,

AND PRODUCTIVE CITIZENSHIP. THE SCHOOL SERVED AN AVERAGE OF 492

STUDENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON POTENTIAL CAREER OPTIONS. STUDENTS ARE PREPARED FOR A SMOOTH

TRANSITION INTO HIGH SCHOOL, WHICH THEY WILL ENTER ALREADY ACCLIMATED

TO A SCHOOL CULTURE AND DISCIPLINE WHICH HAS PROVEN TO BE EXTREMELY

SUCCESSFUL IN PRODUCING HIGH SCHOOL GRADUATES PREPARED FOR WORK, HIGHER

EDUCATION, AND PRODUCTIVE CITIZENSHIP. THE SCHOOL SERVED AN AVERAGE

OF 492 STUDENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

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

THE FINANCE COMMITTEE, TREASURER, PRESIDENT AND BOOKKEEPER REVIEW THE FORM

990 PRIOR TO PRESENTATION TO THE BOARD OF DIRECTORS AND FILING THE TAX

RETURN.

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

BOARD MEMBERS ARE REQUIRED TO REPORT CONFLICTS OF INTEREST AS THEY BECOME

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization SOUTH TECH PREPARATORY ACADEMY, INC.	Employer identification number 46-0598447
--	--

APPARENT.

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

THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR THE PRESIDENT AND ALL SALARIES ARE COMPARED TO THE SCHOOL DISTRICT.

FORM 990, PART VI, SECTION C, LINE 18:

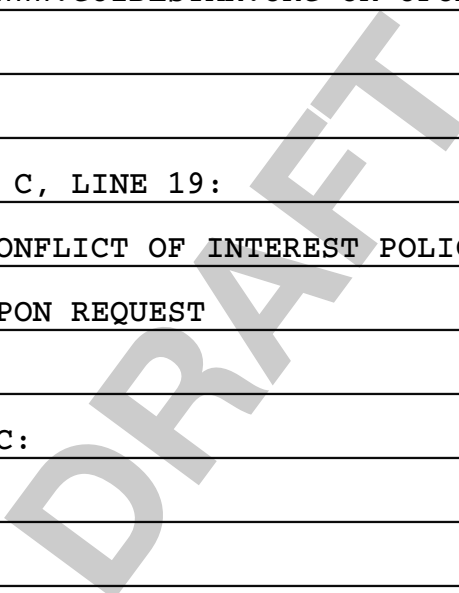
FORM 990 CAN BE VIEWED AT WWW.GUIDESTAR.ORG OR UPON REQUEST TO THE ORGANIZATION.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **SOUTH TECH PREPARATORY ACADEMY, INC.** Employer identification number **46-0598447**

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
SOUTH TECH CHARTER ACADEMY - 32-0089102 1300 S.W. 30TH AVENUE BOYNTON BEACH, FL 33426	CHARTER SCHOOL	FLORIDA	501(C)(3)	LINE 6			X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

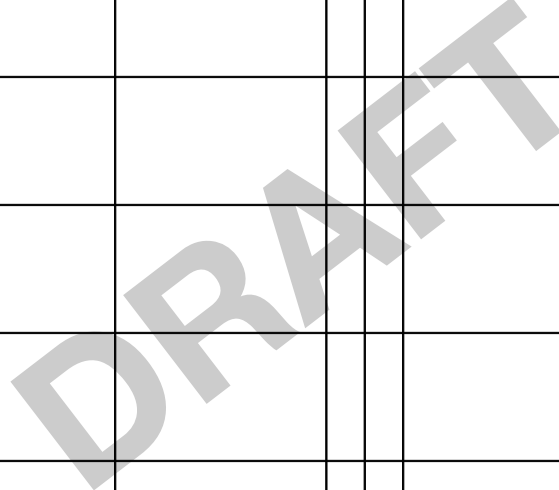
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTH TECH CHARTER ACADEMY	E	184,176.	CASH VALUE
(2) SOUTH TECH CHARTER ACADEMY	C	252,514.	CASH VALUE
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



Part VII Supplemental Information.

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

Area for supplemental information with horizontal lines. A large 'DRAFT' watermark is present diagonally across the page.

SOUTHTECH SUCCESS CENTER
CONSENT AGENDA

**SOUTHTECH SUCCESS CENTER, INC.
FOUNDING BOARD
CONSENT AGENDA
November 9, 2017**

Administrative Items

SCA-1 I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

**Board Meeting
November 9, 2017**

**Founding Board of Directors
SouthTech Success Center, Inc.**

**Agenda Item
SCA-1**

Motion:

I recommend that the Board approve Policy 2.022 revision regarding nondiscrimination.

Summary Information:

In compliance with the Florida Department of Education, Office of Equal Education Opportunity (OEEO), Policy 2.022 has been revised. FY18 Non-Discrimination Statements will be on all brochures, letterhead and posters as outlined in the attached policy.

Attachments: Policy 2.022 Nondiscrimination
FY18 Nondiscrimination Statement

Presented By:

Jim Kidd, Superintendent

Financial Impact:

There is no financial impact for this item.

NON DISCRIMINATION POLICY

1. SouthTech Success Center, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "SouthTech Success Center, Inc. prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities. For questions contact 561-369-7003."
3. The Nondiscrimination statement shall be included in all major publications beginning November 15, 2008 in the same language as the rest of the document.
4. A copy of SouthTech Success Center, Inc. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. SouthTech Success Center, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the name, location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring SouthTech Success Center, Inc. into compliance with the FDOE, Office of Equity and Access (OEA) requirements. Bulletin #P 12985-CAO/QA, 10/23/08

Reference: Palm Beach School District Policy

History: New: 6/23/2016

FY18 SouthTech Schools Non-Discrimination Statement

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

Posters: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

NON DISCRIMINATION POLICY

1. SouthTech Success Center, Inc. is an Equal Education Opportunity Provider and Employer that prohibits discrimination against students, employees, and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status, or disability in all employment practices, programs, services or activities.
2. The Nondiscrimination statement shall read: "SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities for the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.
3. The Nondiscrimination statement shall be included in all major publications beginning November 1, 2017 as follows:

Brochures: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information in its educational programs, services or activities, or in its hiring or employment practices. Complaints regarding discrimination or harassment may be sent to: HR Manager, [1300 SW 30th Avenue](#), Boynton Beach, Florida 33426/ (561) 369-7042.

Letterhead: SouthTech Schools, a state-approved LEA, does not discriminate on the basis of race, color, national origin, gender, age, disability, marital status or genetic information.

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4. A copy of SouthTech Success Center, Inc.. Policy 3.31, Grievance Procedure for Employees, shall be posted in a conspicuous place that is accessible to all employees.
5. SouthTech Success Center, Inc. Policy 5.001, Protecting Students from Harassment and Discrimination, shall be posted in a conspicuous place that is accessible to students, employees and parents.
6. All postings shall include the location and telephone number of the Equity Coordinator Contact.

Authority:

Implemented: This policy was created to bring SouthTech Success Center, Inc. into compliance with the FDOE, Office of Equal Educational Opportunity (OEE) requirements. Bulletin #PD 18-106 DSCOS, 10/10/17

Reference: Palm Beach School District Policy

History: New: New: 06/23/16; 11/09/17