	Los Angeles County Office of Education
Serving Stud	ients • Supporting Communities • Lending Educators

# **Budget Adjustment Summary**

K-12/ROPs/JPAs

PERIOD AFFECTED
Adopted Budget
☐First Interim
·

Second Interim
Second Interim

Submit one (	(1)	certified	original	of	this	form
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			L. Unaudited Ad	ctuals
DISTRICT NUMBER	GL JOURNAL ID NUMBER	FUND NUMBER		
64311	BA001	01.0		
FISCAL YEAR	FUND NAME			
2018-19	General Fund		<b>UNRESTRICTED</b>	RESTRICTED

DATE OF SUMMARY	NAME OF SCHOOL DISTRICT
10/10/2018	Beverly Hills Unified School District

A. Revenues/Other Financing Sources	Object Code	Specific Object Code	Specific Resource Code	udget Adjustment crease (Decrease)
LCFF Sources	8010-8099			\$ 609,391.00
2. Federal Revenue	8100-8299			
3. Other State Revenue	8300-8599			711,977.00
4. Other Local Revenue	8600-8799		entre de servicio de servicio de constitución de constitución de servicio de s	100,000.00
5. Interfund Transfers In	8900-8929			
6. All Other Financing Sources	8930-8979			
7. Contributions	8980-8999			(313,759.00)
	8. Total Reve	nues/Other Financin	g Sources	\$ 1,107,609.00

B. Expenditures/Other Financing Uses	Object Code	Resource Code (Optional)	Budg Incre	jet Adjustment ase (Decrease)
Certificated Personnel Salaries	1000-1999		\$	659,299.09
2. Classified Personnel Salaries	2000-2999			217,528.00
3. Employee Benefits	3000-3999			445,618.59
4. Books and Supplies	4000-4999			175,808.31
5. Services and Other Operating Expenditures	5000-5999		AT AT A SECOND S	1,774,360.00
6. Capital Outlay	6000-6999			
7. Tuition	7100-7199			
B. Interagency Transfers Out	7200-7299	AND TO MAKE A CALL OF THE ACT AND ACT AND ACT OF THE ACT AND A		
9. Transfers of Indirect Costs	7300-7399			2,095.00
10. Debt Service	7430-7439			(48,454.00)
11. Interfund Transfers Out	7600-7629			35,234.00
12. All Other Financing Uses	7630-7699			
13. Total E.	xpenditures/Ot	ner Financing Uses	\$	3,261,488.99

C. Subtotal A8 - B13 [This amount will increase (Decrease) Ending Fund Balance]	(2.452.070.00)
C. Support No District an outrit will increase (Decrease) Chaing Fund Datatice	(2,153,879.99)

NOTES: Line A5 - Interfund Transfers In and Line B11 - Interfund Transfers Out must equal.

Line A7 - Contributions must net to zero at the total fund level.

If Section C is not zero, you must complete Section D on Page 2.

D. Components of Ending Fund Balance	Object Code	Resource Code	Revision Increase (Decrease)
Nonspendable Amounts     Revolving Cash	9711		\$
Stores	9712	erry w territory on the territory are the first property and photoderic being personal property and personal com-	
Prepaid Expenditures	9713		
All Others	9719		
	Total Nonspi	endable Amounts	0.00
2. Restricted Amounts Restricted	9740		\$
	Total Rest	ricted Amounts	0.00
3. Committed Amounts Stabilization Arrangements	9750		\$
Other Commitments	9760	· · · · · · · · · · · · · · · · · · ·	
	Total Com	nitted Amounts	0.00
Assigned Amounts     Other Assignments	9780		\$
	Total Assig	gned Amounts	0.00
Unassigned/Unappropriated Amounts     Reserve for Economic Uncertainties	9789		\$
Unassigned/Unappropriated/Unrestricted Net Position	9790		(2,153,879.99)
	Total Unassigned/U	nappropriated Amounts	(2,153,879.99)
6. Total Components of Ending Fund Balance (Must	Equal the Total in Sect	ion C)	\$ (2,153,879.99)

# E. Narrative Explanation for this Revision - Must be Completed

Update Personnel Costs to actual staff cost, increase raise to 4.72% and HW cap to \$9750. Add Security Budget that includes additional Classified Staff, materials and supplies contracted services. Increase budget for oil well maintenance.

Property Tax Revenue projections increased based on Unaudited amount, State Revenue increased based on One Time Discretionary funding and Local Revenue increased by reimbursements from Maintaining the Oil Well.

F. School District Certifica		TELEPHONE NUMBER OF CONTACT PERSON EMAIL ADDRESS OF CONTACT PERSON
DATE OF BOARD APPROVAL SIGNATURE OF BOARD THE BOARD	OF AUTHORIZED SIGNATORY	
Submit one (1) certified origin	nal of this form to	Los Angeles County Office of Education Business Advisory Services 9300 Imperial Highway Downey, CA 90242-2890
Approved: Debra Duardo, M.S.W., Ed.D. Los Angeles County Superintendent	SIGNATURE OF LOS ANG	SELES COUNTY SUPERINTENDENT OF SCHOOLS DEPUTY DATE SIGNED

	Los Angeles County Office of Education
Serving Stud	ents • Supporting Communiques • Leading Educators

# Budget Adjustment Summary K-12/ROPs/JPAs

PERIOD AFFECTED
Adopted Budget
First Interim
Second Interim
Third Interim
Unaudited Actuals

Submit one (1) certified ongi	mai Or this form.		Unaudited Actuals
DISTRICT NUMBER	GL JOURNAL ID NUMBER	FUND NUMBER	**************************************
64311	BA002	01.0	
FISCAL YEAR	FUND NAME		
2018-19	General Fund		UNRESTRICTED AESTRICTED

ļ	DATE OF SUMMARY	NAME OF SCHOOL DISTRICT
	10/10/2018	Beverly Hills Unified School District
١	**************************************	
I	A Revenues/Other	Specific Object   Specific Resource   Budget Adjustment

A. Revenues/Other Financing Sources	Object Code	Specific Object Code	Specific Resource Code	Budget Adjustment Increase (Decrease)
LCFF Sources	8010-8099			\$
2. Federal Revenue	8100-8299			228,337.41
3. Other State Revenue	8300-8599		P (Mary Carlos Carl	(53,091.82)
4. Other Local Revenue	8600-8799			23,000.00
5. Interfund Transfers In	8900-8929			
6. All Other Financing Sources	8930-8979			and the second s
7. Contributions	8980-8999			313,759.00
	8. Total Reve	nues/Other Financir	g Sources	\$ 512,004.59

Β.	Expenditures/Other Financing Uses	Object Code	Resource Code (Optional)	Budget Adjustment Increase (Decrease)	
1.	Certificated Personnet Salaries	1000-1999		\$ 143,8	17.12
2.	Classified Personnel Salaries	2000-2999		71,6	19.49
3.	Employee Benefits	3000-3999		45,5	11.76
4.	Books and Supplies	4000-4999	etern unte dien ert is formun an benemischen ein zu zu zu sein zur zemanntere ernemischen zuwehöller ebenderd	42,9	00.00
5.	Services and Other Operating Expenditures	5000-5999		0,88	93.00
6.	Capital Outlay	6000-6999			
7.	Turtion	7100-7199			
8.	Interagency Transfers Out	7200-7299	da kalanda da da da galanda da galanda da lareg dala, da yan da -el da 1 Papata -elle ya dilikada da galangara		
9.	Transfers of Indirect Costs	7300-7399		(2,09	5.00)
10.	Debt Service	7430-7439			lychthydroceth gyreradir safe base saer as
11.	Interfund Transfers Out	7600-7629	1 T-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		<del></del>
12.	All Other Financing Uses	7630-7699			
	13, Total E	xpenditures/Ot	ner Financing Uses	\$ 389,8	46.37

C: Subtotal A8 - B13 [This amount will Increase (Decrease) Ending Fund Balance] \$ 122,158.22

NOTES: Line A5 - Interfund Transfers In and Line B11 - Interfund Transfers Out must equal.

Line A7 - Contributions must net to zero at the total fund level. If Section C is not zero, you must complete Section D on Page 2.

D. Components of Ending Fund Balance	Object Code	Resource Code	Revision Increase (Decrease)
Nonspendable Amounts     Revolving Cash	9711		\$
Stores	9712		
Prepaid Expenditures	9713		
All Others	9719		
	Total Nonsp	endable Amounts	0.00
Restricted Amounts     Restricted	9740		\$ 122,158.22
	Total Rest	ricted Amounts	122,158.22
Committed Amounts     Stabilization Arrangements	9750	***************************************	\$
Other Commitments	9760		
	Total Com	mitted Amounts	0.00
Assigned Amounts     Other Assignments	9780		\$
	Total Assi	gned Amounts	0.00
5. Unassigned/Unappropriated Amounts Reserve for Economic Uncertainties	9789		\$
Unassigned/Unappropriated/Unrestricted Net Position	9790		
	Total Unassigned/U	nappropriated Amounts	0.00
			¢ 400.450.00
6. Total Components of Ending Fund Balance (Must	Equal the lotal in Sec	uon v)	\$ 122,158.22

# E. Narrative Explanation for this Revision - Must be Completed

Update Personnel Costs to actual staff cost, increase raise to 4.72% and HW cap to \$9750. Allocate carryover amounts in Revenue and Expenses for Deferred Revenue Programs such as Title II, Title III, etc. Reflect the termination of the Workability Program.

#### F. School District Certification - Must be Completed

NAME OF SCHOOL DISTRICT CONTACT PERSON Angeli Villaflor			9 OF CONTACT PERSON 5100 Ext 2201	email address of contact is avillaflor@bhusd.or	
DATE OF BOARD APPROVAL SIGNATURE OF AU THE BOARD	THORIZED SIGNATORY OR DESIGNED	j	PRINT NAME AND TITLE Assistant Superii	ntendent, Business Svo	DATE SIGNED
Submit one (1) certified original o	of this form to:	Busine 9300 la	igeles County Offices Advisory Service Experial Highway By, CA 90242-2890		
Approved: Debra Duardo, M.S.W., Ed.D. Los Angeles County Superintendent	GNATURE OF LOS ANGELES COUNT	Y SUPERIN	TENDENT OF SCHOOLS O	EPUTY	DATE SIGNED



DATE OF SUMMARY

10/10/2018

# **Budget Adjustment Summary**

K-12/ROPs/JPAs

NAME OF SCHOOL DISTRICT

Beverly Hills Unified School District

	PERIOD AFFECTED:
	Adopted Budget
	First Interim
	Second Interim
	☐ Thìrd Interim
	Unaudited Actuals
R	

35,234.00

# Submit one (1) certified original of this form

Sublinit One (1) certified one	Unaudited Actuals		
DISTRICT NUMBER	GL JOURNAL ID NUMBER	FUND NUMBER	
64311	BA003	13.0	
FISCAL YEAR	FUND NAME		
2018-19	Cafeteria Fund		UNRESTRICTED RESTRICTED

A. Revenues/Other Financing Sources	Object Code	Specific Object Code	Specific Resource Code	Budget Adjustment Increase (Decrease)
1. LCFF Sources	8010-8099			\$
2. Federal Revenue	8100-8299			
3. Other State Revenue	8300-8599			
4. Other Local Revenue	8600-8799			
5. Interfund Transfers In	8900-8929			
6. All Other Financing Sources	8930-8979			
7. Contributions	8980-8999			35,234.00

8. Total Revenues/Other Financing Sources

B. Expenditures/Other Financing Uses		Object Code	Resource Code (Optional)	Budget Adjustment Increase (Decrease)
Certificated Personnel Salaries		1000-1999		\$
2. Classified Personnel Salaries		2000-2999		46,823.90
3. Employee Benefits		3000-3999		(11,589.90)
4. Books and Supplies		4000-4999		
5. Services and Other Operating Expenditures		5000-5999		
6. Capital Outlay	6. Capital Outlay			
7. Tuition	: 1	7100-7199		
8. Interagency Transfers Out		7200-7299		
9. Transfers of Indirect Costs	***************************************	7300-7399		
10. Debt Service	0. Debt Service			
11. Interfund Transfers Out		7600-7629		
12. All Other Financing Uses		7630-7699		
	13, Total E	cpenditures/Other	Financing Uses	\$ 35,234.00

\$ C. Subtotal A8 - B13 [This amount will Increase (Decrease) Ending Fund Balance] 0.00

NOTES: Line A5 - Interfund Transfers In and Line B11 - Interfund Transfers Out must equal.

Line A7 - Contributions must net to zero at the total fund level. If Section C is not zero, you must complete Section D on Page 2. \$

D. Components of Ending Fund Balance	Object Code	Resource Code	Revision Increase (Decrease)
Nonspendable Amounts     Revolving Cash	9711		\$
Stores	9712		
Prepaid Expenditures	9713		
All Others	9719		
	Total Nonspendable Amounts		0.00
Restricted Amounts     Restricted	9740		\$
	Total Restr	0.00	
Committed Amounts     Stabilization Arrangements	9750	**************************************	\$
Other Commitments	9760		
	Total Committed Amounts		0.00
Assigned Amounts     Other Assignments	9780		\$
	Total Assigned Amounts		0.00
5. Unassigned/Unappropriated Amounts Reserve for Economic Uncertainties	9789		\$
Unassigned/Unappropriated/Unrestricted Net Position	9790		
	Total Unassigned/Unappropriated Amounts		0.00
6. Total Components of Ending Fund Balance (Must E	qual the Total in Sect	ion C)	\$ 0.00

# E. Narrative Explanation for this Revision - Must be Completed

Update Personnel Costs to actual staff cost, increase raise to 4.72% and HW cap to \$9750. Reduce budget for PERS and OASDI, part-time/temporary employees do not yet qualify for these benefits. Increase GF contribution.

DATE OF BOARD APPROVAL SIGNATURE OF AUTHORIZED SIGN TORY OF DESIGNEE OF MINIT NAME AND TITLE ASSISTANT Superintendent, Business Svc /0 /// Submit one (1) certified original of this form to:  Los Angeles County Office of Education Business Advisory Services 9300 Imperial Highway	NAME OF SCHOOL DISTRICT CONTACT PE Angeli Villaflor	ASON	<ul> <li>TELEPHONE NUMBER OF CONTACT PERS</li> <li>( 310 ) 551-5100 Ext 2201</li> </ul>		
Business Advisory Services 9300 Imperial Highway	DATE OF BOARD APPROVAL SIGNATURE OF	F AUTHORIZED SIGN MORY	Y OH DESIGNEE OF PRINT NAME AND TIT	LE DATE SIGNED	lik
DOWNey, CA 30242-2030	Submit one (1) certified origin	ial of this form to:	Business Advisory Se	rvices / / y	<i>†10</i>