

EXHIBIT A

INTERNET
FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 02-CA-191370	Date Filed 1/17/17

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer KIPP Academy Charter School	b. Tel. No. (212) 991-2610
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 730 Concourse Vlg W NY Bronx 10451-3137	e. Employer Representative Melanie Babalola Director of Operations, KIPP Academy
	g. e-Mail mbabalola@kippnyc.org
	h. Number of workers employed 80
i. Type of Establishment (factory, mine, wholesaler, etc.) Schools	j. Identify principal product or service Educational Services
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) --See additional page--	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Adam Ross Title: United Federation of Teachers, Local 2, AFT, AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 52 Broadway NY New York 10004-_____	4b. Tel. No. (212) 777-7500
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail aross@uft.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By Oriana Vigliotti (signature of representative or person making charge)	Title: Attorney (Print/type name and title or office, if any)
52 Broadway Fl 9 Address New York NY 10004-1614	01/17/2017 11:34:28 (date)
	Tel. No. (212) 533-6300
	Office, if any, Cell No.
	Fax No. (212) 228-9253
	e-Mail ovigliot@nysutmail.org

RECEIVED
NLRB
REGION 2
2017 JAN 17 PM 5:00
NEW YORK, NY

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by threatening to retaliate against employees if they joined or supported a union.

Name of Employer's Agent/Representative who made the statement	Approximate date
Dean Kesete	1/6/17

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-CA-191370	1/26/17

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer KIPP Academy Charter School		b. Tel. No. (212)991-2610
		c. Cell No.
d. Address (street, city, state ZIP code) 730 Concourse Vlg W, Bronx, NY 10451-3137	e. Employer Representative Alicia Johnson COO	f. Fax No.
		g. e-Mail mbabalola@kipphyc.org
		h. Dispute Location (City and State) Bronx, NY
i. Type of Establishment (factory, nursing home, hotel) School	j. Principal Product or Service Educational Services	k. Number of workers at dispute location 80

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

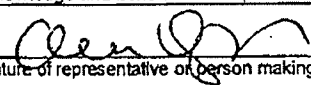
Within the previous six months the Employer has interfered with, restrained or coerced its employees in the exercise of rights protected by Section 7 of the Act by threatening to retaliate against employees if they joined or supported the union.

Within the previous six months the Employer, through its agents and/or representatives, requested that employees sign a petition to decertify the United Federation of Teachers, Local 2, AFT, AFL-CIO, the exclusive-bargaining representative of a unit of the Employer's employees.

Within the previous six months the Employer, through its agents and/or representatives restrained or coerced its employees in the exercise of rights protected by Section 7 of the Act by threatening employees with job loss if they did not sign a petition to decertify the United Federation of Teachers, Local 2, AFT, AFL-CIO, the exclusive-bargaining representative of a unit of the Employer's employees.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) United Federation of Teachers, Local 2, AFT, AFL-CIO	
4a. Address (street and number, city, state, and ZIP code) 52 Broadway, New York, NY 10004-_____	4b. Tel. No. (212)777-7500
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail aross@uft.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (212)533-6300
		Office, if any, Cell No.
By:  (signature of representative of person making charge)	Oriana Vigliotti, Attorney Print Name and Title	Fax No. 212-228-9253
Address: 52 Broadway, New York, NY 10004-	Date: 1/25/17	e-Mail ovigliot@nysutmail.org

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RECEIVED
 NLRB
 REGION 2
 2017 JAN 26 PM 4:44
 NEW YORK, NY