



Entry 1 School Information

Created: 06/15/2016

Last updated: 08/05/2016

Please be advised that you will need to complete this cover page (including signatures) before all of the other tasks assigned to you by your authorizer are visible on your task page. While completing this task, please ensure that you select the correct authorizer or you may not be assigned the correct tasks.

Page 1

a. SCHOOL NAME AND BEDS#

(Select name from the drop down menu)

NEW YORK CENTER FOR AUTISM CS (NYC CHANCELLOR) 310400861061

b. CHARTER AUTHORIZER

(For technical reasons, please re-select authorizer name from the drop down menu).

NYCDOE-Authorized Charter School

c. DISTRICT / CSD OF LOCATION

NYC CSD 4

d1. SCHOOL INFORMATION

PRIMARY ADDRESS	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
433 E 100th St (P.S.50) New York, New York 10029	212-860-2580	212-860-2960	jfisher@nycacharterschool.org

d2. PHONE CONTACT NUMBER FOR AFTER HOURS EMERGENCIES

Contact Name Julie Fisher

Title

Executive Director

Emergency Phone Number (###-###-####)

646-705-5754

e. SCHOOL WEB ADDRESS (URL)

www.nycautismcharterschool.org

f. DATE OF INITIAL CHARTER

04/2005

g. DATE FIRST OPENED FOR INSTRUCTION

09/2005

h1. APPROVED SCHOOL MISSION (Regents, NYCDOE, and Buffalo BOE authorized schools only)

MISSION STATEMENT

The mission of the New York Center for Autism Charter School (NYCACS) is to provide individualized, scientifically based educational services to children with autism and other pervasive developmental disorders. The NYCACS educational program promotes the achievement of high educational standards and the full intellectual, social, physical and emotional potential of each student. NYCACS extends educational programming beyond the school's walls through organized outreach, training, consultation and support for students' families, and offers ongoing professional development opportunities to NYCACS staff and educators in NYC and the surrounding area.

h2. KEY DESIGN ELEMENTS (Regents, NYCDOE, and Buffalo BOE authorized schools only)

KEY DESIGN ELEMENTS (Brief description)

Variable 1

NYC Autism Charter School is a comprehensive educational program that serves the needs of individuals diagnosed with severe to moderate autism. As such, the NYC Autism Charter School offers a high teacher:student ratio and utilizes a well

	rounded, functional curriculum that enables a high level of individualized and differentiated instruction.
Variable 2	NYC Autism Charter School is committed to providing effective, research-based education to each of its students with autism. The school employs only those science-based education and treatment strategies empirically demonstrated to be effective with students with autism, all of whom are at risk for academic failure. NYC Autism Charter School provides its students with a comprehensive program of academic and support services based on the principles of applied behavior analysis (ABA).
Variable 3	The educational philosophy of NYC Autism Charter School is aligned to its mission. It focuses on the treatment of individual students, recognizes the centrality of the environment in shaping behavior, includes the use of the scientific method, and assumes that progress can be achieved by every student. This philosophy emphasizes the use of small classroom environments and optimal staff:student ratios to provide intensive, individualized instruction as prescribed by each student's IEP
Variable 4	NYC Autism Charter School holds that families are an integral part of the students' education and that parental involvement in the form of classroom observations, regularly scheduled clinic meetings, home and family consultations, annual reviews and transition planning meetings are all highly desired elements of the school's program.
Variable 5	The NYC Autism Charter School curriculum is aligned with and cross-walked to the NYS Common Core Curriculum. The curriculum is comprised of research-based teaching procedures and individualized skill acquisition programs that facilitate the development of skills across 22 curriculum areas, including expressive language, social interactions, reading, mathematics, speech, fine motor, handwriting, behavior and self-care. Close to 1200 targeted instructional programs provide clearly defined behavioral objectives, specific teaching procedures, assessment procedures, and terminal goals to ensure maintenance and generalization. Educational goals for each student are developed as part of his or her IEP and skill acquisition list (updated quarterly), with voluntary parental input playing an integral role in program design.
Variable 6	(No response)
Variable 7	(No response)

Variable 8	(No response)
Variable 9	(No response)
Variable 10	(No response)

i. TOTAL ENROLLMENT ON JUNE 30, 2016

32

j. GRADES SERVED IN SCHOOL YEAR 2015-16

Check all that apply

Grades Served	Ungraded
---------------	----------

k1. DOES THE SCHOOL CONTRACT WITH A CHARTER OR EDUCATIONAL MANAGEMENT ORGANIZATION?

No

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I1. FACILITIES

Does the school maintain or operate multiple sites?

No, just one site.

I2. SCHOOL SITES

Please list the sites where the school will operate for the upcoming school year.

	Physical Address	Phone Number	District/CSD	Grades Served at Site	School at Full Capacity at Site	Facilities Agreement
Site 1 (same as primary site)	433 E 100th St New York, NY 10028	212-860-2580	CSD 4	ungraded ages 5-21	Yes	DOE space

Site 2

Site 3

I2a. Please provide the contact information for Site 1.

	Name	Work Phone	Alternate Phone	Email Address
School Leader	Julie Fisher	212-860-2580	212-860-2580	jfisher@nycacharterschool.org
Operational Leader	Mark Saretsky	212-860-2580	212-860-2580	msaretsky@nycacharterschool.org
Compliance Contact	Susan Michaelson	212-860-2580	212-860-2580	smichaelson@nycacharterschool.org
Complaint Contact	Julie Fisher	212-860-2580	212-860-2580	jfisher@nycacharterschool.org

m1. Is the school or are the school sites co-located?

Yes

m2. Please list the terms of your current co-location.

	Date school will leave current co-location	Is school working with NYCDOE to expand into current space?	If so, list year expansion will occur.	Is school working with NYCDOE to move to separate space?	If so, list the proposed space and year planned for move	School at Full Capacity at Site
Site 1 (primary site)		No		No		Yes
Site 2						
Site 3						

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n1. Were there any revisions to the school's charter during the 2015-16 school year? (Please include approved or pending material and non-material charter

revisions).

No

o. Name and Position of Individual(s) Who Completed the 2015-16 Annual Report.

Susan Michaelson, Special Education Compliance Specialist

p. Our signatures below attest that all of the information contained herein is truthful and accurate and that this charter school is in compliance with all aspects of its charter, and with all pertinent Federal, State, and local laws, regulations, and rules. We understand that if any information in any part of this report is found to have been deliberately misrepresented, that will constitute grounds for the revocation of our charter. Check YES if you agree and then use the mouse on your PC or the stylist on your mobile device to sign your name).

Responses Selected:

Yes

Signature, Head of Charter School

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a large 'R' and a large 'Z'.

Signature, President of the Board of Trustees

Carol Santiago

Date

2016/07/29

Thank you.



Entry 2 Link

Last updated: 07/13/2016

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1. NEW YORK STATE REPORT CARD

Provide a direct URL or web link to the most recent New York State School Report Card for the charter school (See <https://reportcards.nysed.gov/>).

(Charter schools completing year one will not yet have a School Report Card or link to one. Please type "URL is not available" in the space provided).

<https://data.nysed.gov/reportcard.php?>

[instid=800000058980&year=2015&createreport=1&enrollment=1&freelunch=1&attendance=1&suspensions=1&teacherqual=1&teacherturnover=1&staffcounts=1&nysaa=1](https://data.nysed.gov/reportcard.php?instid=800000058980&year=2015&createreport=1&enrollment=1&freelunch=1&attendance=1&suspensions=1&teacherqual=1&teacherturnover=1&staffcounts=1&nysaa=1)



Entry 3 Progress

Created: 07/15/2016

Last updated: 09/28/2016

Page 1

PROGRESS TOWARD CHARTER GOALS

The following tables reflect formatting in the online portal required for Board of Regents-authorized charter schools and NYCDOE-authorized charter schools only. Schools should list Progress Toward Charter Goals by August 1, 2016. If the goals are based on student performance data that the school will not have access to before August 1, 2016 (e.g., the NYS Assessment results), explain this in the "2015-2016 Progress Toward Attainment of Goal" column. The information can be updated when available. Please complete and submit no later than November 1, 2016.

1. ACADEMIC STUDENT PERFORMANCE GOALS

2015-16 Progress Toward Attainment of Academic Goals

Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met, Partially Met, or Not Met	If Not Met, Describe Efforts School Will Take
Goal: Within their own abilities, at least 75% of students will annually master a minimum of 85% of the objectives (e.g., skill acquisition and behavior reduction) set forth in their Individualized Educational Programs (IEP).	Measure: Objective 1: Percent Mastery: Annually, a percent score will be generated by	Goal Met: Objective 1: 97% (29/30) of students enrolled	

Academic Goal 1

objectives (e.g., skill acquisition programs and behavior reductive programs). Should a student exhibit such severe challenging behaviors (e.g., injury to self or others) that his/her instructional objectives cannot be implemented for a period of time exceeding 2 months, then his/her percentage of mastery will not be included in the calculation outline above.

Goal:

Within their own abilities, at least 75% of students aged 14 years and older will show progress toward postsecondary transition goals set forth in their Individualized Education Programs (IEP).

Objective 1; Data are collected on programs that correspond to measurable postsecondary transition goals on IEPs. Progress toward those goals will be assessed annually across students aged 14 years and older. Should a student exhibit such severe challenging behaviors (e.g.,

dividing the number of completed IEP objectives by the total number of objectives determined at each student's annual review.

for the full school year mastered a minimum of 85% of the programs that support their IEP goals and objectives.

Measure:
Objective 1: Data Collection: Data are collected on programs that correspond to measurable

Goal Met:
Objective 1: 100% (8/8) of students ages 14 and up demonstrated progress toward postsecondary transition goals on their IEPs.

Academic Goal 2

injury to self or others) that his/her postsecondary instructional objectives cannot be implemented for a period of time exceeding 2 months, then his/her progress measure will not be included in the overall calculation.

postsecondary transition goals on IEPs. Progress is assessed annually.

Objective 2: Community Partnership Log.

Objective 2: Met. NYCACS added 2 new Community Partners, Shake Shack and Harlem RBI/Dream Academy, at which 6 students were successfully placed..

Objective 2: Within a 5 year period, a minimum of 2 new Community Partner sites will be developed. These sites will offer daily living, leisure/recreation, and/or work readiness opportunities in which NYC Autism Charter School students aged 14 and older can practice postsecondary transition goals.

Goal:
Within their own abilities, 75% of NYCACS students will annually demonstrate increased performance on an informal assessment of linguistic and functional behaviors as measured by the Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP) by Sundberg, the Assessment of

Measure:
Performance score as compared to baseline on the VB-MAPP, the AFLS, or the Vineland. A newly published extension of the AFLS targeting transitional skills was substituted for the TTAP, as it was

Goal Met:
100% (30/30) of students enrolled for a full year demonstrated increased performance on the age matched assessments (VB-MAPP, AFLS, or

Academic Goal 3

	Functional Living Skills (AFLS) by Partington and Mueller, the TEACCH Transition Assessment Profile (TTAP) by Mesibov, Thomas, Chapman and Schopler, or the Vineland Adaptive Behavior Scales by Sparrow, Ball and Partington.	a better fit for the students being assessed.	Vineland).
Academic Goal 4	<p>Goal: NYCACS will achieve Adequate Yearly Progress in required subject areas using New York State Alternate Assessment (NYSAA).</p> <p>Objective 1: Within their own abilities, 75% of NYCACS students assessed on the NYSAA will score at level 3 or 4 in required subject areas.</p> <p>Goal: NYCACS will seek to move students from their NYCACS placement to a less restrictive environment.</p>	<p>Measure: Objective 1: NYSAA Datafolios for Social and Studies. Computerized NYSAA for ELA and Math.</p> <p>Measure: Objective 1: Transition Logs and CSE Change of Placement notices.</p>	<p>Goal Met : Objective 1: NYSAA Datafolios: 75% of students tested scored at Level 3 or 4 in required subject areas.</p> <p>Goal Partially Met (5 year goal): Objective 1: One student (3%) moved to a less restrictive placement during the first year of this five year goal.</p>
Academic Goal 5	<p>Objective 1: In any five-year period, NYCACS will seek to move at least 5% of its students from their NYCACS classroom placement to a less restrictive educational setting.</p>		
Academic Goal 6			
Academic Goal 7			

Academic Goal 8

2. Do have more academic goals to add?

No

3. Do have more academic goals to add?

No

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4. ORGANIZATIONAL GOALS

2015-16 Progress Toward Attainment of Organizational Goals

Organizational Goal	Measure Used to Evaluate Progress	Goal - Met, Partially Met, or Not Met	If Not Met, Describe Efforts School Will Take
Goal: A Human Rights Committee will judge NYCACS programs and procedures as respecting the human rights of each individual student. Objective 1: Two times per year a Human Rights Committee will meet and review intervention procedures and complete detailed assessments to evaluate each program in terms of respecting the individual rights of	Measure: Objective 1: Human Rights Committee meeting log. Objective 2:	Goal Partially Met: Objective 1: Met. The Human Rights Committee met twice to review intervention procedures and data. Objective 2: Met. Members completed rating scales to judge each program's value, appropriateness and respect for the student's rights. A	Objective 3: School Efforts. NYCACS will increase oversight practices to ensure

Org Goal 1

students.

Objective 2:

A Human Rights Committee will respond "yes" to at least 80% of assessment items requested for each Behavior Intervention Plan reviewed. Any "no" responses will be followed by immediate and documented modifications.

Objective 3:

Evidence of parental consent will be demonstrated for 100% of Behavior Intervention Plans reviewed.

Goal:

Families will be encouraged to be actively involved in their children's education program and to gain a broader understanding of autism-related issues and how best to address them.

Rating Scales used to review Behavior Intervention Plans.

Objective 3:

Review of parents' signatures on Behavior Intervention Plans.

total of 8 Behavior Intervention Plans were reviewed. The committee responded 'Yes' to 90% of review assessment items.

Objective 3:

Partially Met. Parental signatures were present for all but 1 Behavior Intervention Plan (a renewal of a previously signed plan). The missing signature was immediately remedied.

that parental signatures are obtained immediately upon the initiation or renewal of Behavior Intervention Plans.

Org Goal 2

Objective 1:

Of those parents who voluntarily choose to participate, 85% will participate in a minimum of 10 hours of individualized parent training focused on school, home, and/or community learning

Measure:

Objective 1:
Logs of parent observations, clinics, home visits, and community learning visits.

Goal Met:

Objective 1: Met. 100% (28 of 28) of families choosing to participate (93% or 28 of 32) completed a minimum of 10 hours of individualized parent training focused on school, home, and/or community learning.

Org Goal 3

Goal: Parents will be encouraged to judge the NYCACS program as effective.

Objective 1:
Of those parents who voluntarily choose to participate, at least 85% will rate the NYCACS education program as effective in the annual NYCACS Program Effectiveness Survey.

Objective 2:
Of those parents who choose to complete surveys after an instruction focused parent-training session, at least 85% will indicate overall satisfaction with the quality of education provided to their child.

Objective 3:
Each year, parents will express satisfaction with the school's program, based on the NYC DOE Learning Environment Survey in which the school will receive scores of 75% or higher in each of the survey domains. The school will obtain a 75% participation rate on the survey.

Goal: NYCACS

Measure:
Objective 1:
Analysis of NYCACS Program Effectiveness Survey.

Objective 2:
Analysis of NYCA Charter School parent surveys completed after school observations, clinics, and community learning sessions.

Objective 3:
Analysis of NYC DOE Learning Environment Survey

Goal Partially Met:
Objective 1: Met.
100% of parents participated in the NYCACS Program Effectiveness Survey. 97% either strongly agreed (92%) or agreed (8%) with the statement, "Overall, the school program is effective.

Objective 2: Met.
100% of 245 surveys completed by parents following classroom observations, clinics or community learning sessions recorded "Yes" to the question, "Overall, were you satisfied with the quality of education your child was receiving?".

Objective 3: Met.
NYCACS parents rated their satisfaction with the school as high, with an overall percentage of positive responses of 92%. Percentages of positive responses in all domains exceeded 75%. 97% of parents participated in the NYC DOE Learning Environment Survey.

Org Goal 4

Teachers and Instructors will demonstrate proficiency in interventions and terminology related to applied behavior analysis.

Objective 1:
Pre- and post-test measures of staff understanding of concepts presented within training segments will show a minimum of 80% accuracy and/or at least a 20% gain from pre- to post-test for each staff member.

Objective 2:
Of staff in attendance, 90% will provide satisfactory written summaries of key learning points for targeted staff development meetings held over the course of the school year.

Objective 3:
Data from annual staff evaluations will indicate proficiency in teaching techniques and satisfactory execution of job requirements.

Goal: NYCACS
Teachers will judge the NYCACS program as effective.

Objective 1:
Each year, teachers

Measure:
Objective 1:
Pre- and post-test scores collected during pre-service training.

Objective 2:
Written summaries following targeted professional development meetings.

Objective 3:
Annual staff performance evaluations.

Goal Partially Met:

Objective 1: Met.
100% of staff showed a minimum of 80% accuracy or a 20% gain from pre- to post-test scores.

Objective 2:
Partially Met.
Less than 60% of staff provided summaries of targeted professional development meetings due to inconsistent understanding and implementation of the objective. Of those summaries that were submitted, however, 100% demonstrated satisfactory understanding of key learning points.

Objective 3: Met.
100% of staff received a rating of proficient or higher on annual staff evaluations.

Objective 2: School Efforts.
NYCACS will develop new data collection and monitoring procedures to ensure that written summaries are submitted by all staff following targeted professional development meetings.

Goal Met. Objective 1:
NYCACS teachers

Org Goal 5	will express satisfaction with the school's program, based on the NYC DOE Learning Environment Survey in which the school will receive scores of 75% or higher in each of the survey domains: Instructional Core, Systems for Improvement, and School Culture.	Objective 1: NYC DOE Learning Environment Survey responses.	rated their satisfaction with the school as high, with an overall percentage of positive responses of 90%. Percentages of positive responses in all domains exceeded 75%.
	Objective 2: The school will obtain a 75% participation rate on the survey.	Objective 2: Teacher response rate on NYC DOE Learning Environment Surveys.	Objective 2: Met. Response rate of teachers on the NYC DOE Learning Environment Survey was 100%.

5. Do you have more organizational goals to add?

Yes

2015-16 Progress Toward Attainment of Organizational Goals

Organizational Goal	Measure Used to Evaluate Progress	Goal - Met, Partially Met, or Not Met	If Not Met, Describe Efforts School Will Take
Goal: NYCACS will extend its educational practices beyond the school's walls.		Goal Partially Met.	
Objective 1: A minimum of 10 professional observation visits will be conducted each year during which professionals from outside of NYCACS will have the opportunity to hear a description		Objective 1: Met. NYCACS hosted 21 professional observations visits for professionals representing local, state, and international education initiatives. In addition, the school	

Org Goal 6

of the NYCACS education model and observe students receiving instruction in their classrooms, shared space, or community based instruction sites.

Objective 2:
A minimum of 8 student interns will be placed within NYCACS classrooms each year. Interns will be provided both didactic and hands-on training related to autism and how the principles of applied behavior analysis are used to educate students with autism. Pre- and post-test measures will show understanding of concepts and staff observation will assess skill mastery.

Objective 3:
NYCACS will provide one hour per month of group and/or individual supervision for staff seeking board certification in behavior analysis (BCBA).

Objective 4:
A minimum of 4 Peer Mentors will complete the 10-week Peer Mentor program. Peers will be provided both didactic and hands-on training to learn

Objective 1:
Professional Observation Participation Logs

Objective 2:
Internship Placement Log. Intern pre- and post-test scores.

Objective 3:
Board Certification in Behavior Analysis (BCBA) Supervision Logs.

Objective 4:
Peer Mentor Participation Log. Peer Mentor pre- and post-test scores. Written Summaries.

hosted 7 Open Houses for professionals and parents as well as visits by students representing 8 secondary schools, colleges and graduate schools.

Objective 2: Met.
NYCACS trained a total of 8 college interns. Interns demonstrated their understanding of concepts via pre- and post tests and their skill mastery via observations. In addition, NYCACS trained 7 psychiatry fellows from Weill Cornell Medical College.

Objective 3: Met.
NYCACS provided individual and/or group supervisions for 4 staff seeking BCBA certification.

Objective 4:
Partially Met.
NYCACS trained 9 honors students from the Manhattan Center for Science and Mathematics as Peer Mentors for 8 similarly aged NYCACS students. Pre- and post-tests of the mentors' understanding of autism concepts were not administered. Understanding of autism was, however, demonstrated via a written Peer Mentoring Survey.

Objective 4. School Efforts.
NYCACS will consider modifying the objective to offer the option of measuring peer mentors' understanding of autism concepts via pre- and post-tests and / or written surveys.

to interact effectively with NYCACS students. Pre- and post-test measures will show understanding of concepts. Mentors will also be required to write a summary of their experience.

These surveys had the added value of providing insights into the significance of the mentoring experience over all.

Goal: NYCACS will expand its autism expertise outreach efforts.

Objective 1:
A minimum of 3 outreach efforts will be conducted annually. These efforts will be aimed at increasing awareness of autism and providing a basic understanding of its complexities.

Objective 2:
NYC Autism Charter School staff will present annually at a minimum of 1 local, national or international conference sharing research and/or best practice strategies to educate students with autism

Objective 1:
Outreach Logs.

Objective 2:
Conference Presentation Logs.

Goal Met.
Objective 1: Met.
NYCACS conducted 4 outreach presentations aimed at increasing general awareness of autism and providing a basic understanding of its complexities. Participants Included 3 charter schools and our host school, PS 50. In addition, NYCACS delivered 6 professional development trainings to professionals working directly with students with autism.

Goal 2: Objective met.
NYCACS personnel presented at 3 conferences, two statewide and 1 international. Presentations included 4 workshops and 3 poster presentations.

Org Goal 7

Org Goal 8

Org Goal 9

Org Goal 10

Org Goal 11

Org Goal 12

Org Goal 13

Org Goal 14

Org Goal 15

6. FINANCIAL GOALS

2015-16 Progress Toward Attainment of Financial Goals

	Financial Goals	Measure Used to Evaluate Progress	Goal - Met, Partially Met, or Not Met	If Not Met, Describe Efforts School Will Take
Financial Goal 1	Goal: NYCACS will establish and adhere to effective financial controls and policies that assure that it will consistently operate within budget.	Measure: Independent Financial Audit, FY 2016.	Goal Met: The independent Financial Audit FY 2016 resulted in an unqualified opinion and no major findings. NYCACS has well established financial controls and policies in place as evidenced by the opinion of its external auditors. NYCACS has had clean audits for the past years, with no management letters requesting adjustments to financial controls or policies. Financial reports are reviewed with the Finance Committee and Board of Trustees at regular intervals to insure adherence to approved budgets.	
Financial Goal 2				

Financial Goal 3

Financial Goal 4

Financial Goal 5



Entry 4 Expenditures per Child

Created: 06/15/2016

Last updated: 07/22/2016

Page 1

Financial Information

This information is required of ALL charter schools. Provide the following measures of fiscal performance of the charter school in Appendix B (Total Expenditures and Administrative Expenditures Per Child):

1. Total Expenditures Per Child

To calculate 'Total Expenditures per Child' take total expenditures (from the unaudited 2015-16 Schedule of Functional Expenses) and divide by the year end FTE student enrollment. (Integers Only. No dollar signs or commas).

Note: The information on the Schedule of Functional Expenses on pages 41-43 of the Audit Guide can help schools locate the amounts to use in the two per pupil calculations:
<http://www.p12.nysed.gov/psc/AuditGuide.html>

Line 1: Total Expenditures	3086030
Line 2: Year End FTE student enrollment	32
Line 3: Divide Line 1 by Line 2	96438

2. Administrative Expenditures per Child

To calculate 'Administrative Expenditures per Child' To calculate "Administrative Expenditures per Child" first *add* together the following:

1. Take the relevant portion from the 'personnel services cost' row and the 'management and general' column (from the unaudited 2015-16 Schedule of Functional Expenses)
2. Any contracted administrative/management fee paid to other organizations or corporations
3. Take the total from above and divide it by the year-end FTE enrollment. The relevant portion that

must be included in this calculation is defined as follows:

Administrative Expenditures: Administration and management of the charter school includes the activities and personnel of the offices of the chief school officer, the finance or business offices, school operations personnel, data management and reporting, human resources, technology, etc. It also includes those administrative and management services provided by other organizations or corporations on behalf of the charter school for which the charter school pays a fee or other compensation. Do not include the FTE of personnel whose role is to directly support the instructional program.

Notes:

The information on the Schedule of Functional Expenses on pages 41-43 of the Audit Guide can help schools locate the amounts to use in the two per pupil calculations:

<http://www.p12.nysed.gov/psc/AuditGuide.html>

Employee benefit costs or expenditures should not be reported in the above calculations.

Line 1: Relevant Personnel Services Cost (Row)	512352
Line 2: Management and General Cost (Column)	107967
Line 3: Sum of Line 1 and Line 2	620319
Line 5: Divide Line 3 by the Year End FTE student enrollment	19384

Thank you.



Entry 6a Audited Statements

Last updated: 10/24/2016

Regents, NYCDOE and Buffalo BOE authorized schools should enter the financial contact information requested and upload the independent auditor's report and internal controls reports as one combined file.

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School Based Fiscal Contact Information

School Based Fiscal Contact Name	School Based Fiscal Contact Email	School Based Fiscal Contact Phone
Mark Saretsky	msaretsky@nycacharterschool.org	212-860-2580

Audit Firm Contact Information

School Audit Contact Name	School Audit Contact Email	School Audit Contact Phone	Years Working With This Audit Firm
Marks Paneth Accountants & Advisors	ikanjamala@marks-paneth.com	212-503-8800	3

If Applicable:

Outsourced Financial Services Firm Name	Outsourced Financial Services Contact	Outsourced Financial Services Email	Outsourced Financial Services Phone	Years Working With This Firm
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Please upload as one combined file:

- a. the independent auditor's report on financial statements and notes; and**
- b. reports on internal controls over financial reporting and compliance**

<https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84001/7018930-F7wWrRhhE3/NY%20Center%20for%20Autism%20Charter%20School%20Financial%20Statements>.

pdf

New York Center for Autism Charter School



Financial Statements
(Together with Independent Auditors' Report
And
Report Required by *Government Auditing Standards*)

Years Ended June 30, 2016 and 2015

M A R K S P A N E T H

ACCOUNTANTS & ADVISORS

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL

**FINANCIAL STATEMENTS
(Together with Independent Auditors' Report
and
Report Required by *Government Auditing Standards*)**

YEARS ENDED JUNE 30, 2016 AND 2015

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees of
New York Center for Autism Charter School

Report on the Financial Statements

We have audited the accompanying financial statements of New York Center for Autism Charter School (the "School"), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the School as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 20, 2016, on our consideration of the School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control over financial reporting and compliance.

Marks Paneth LLP

New York, NY
October 20, 2016

MARKS PANETH

ACCOUNTANTS & TAX ADVISORS

**NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2016 AND 2015**

ASSETS	<u>2016</u>	<u>2015</u>
Cash and cash equivalents (Notes 2C and 9B)	\$ 403,491	\$ 342,267
Investments, at fair value (Notes 2D, 2E, and 4)	2,087,138	2,077,609
Contributions and Grants receivable (Notes 2F and 2H)	6,272	52,991
Tuition and other receivables	-	13,380
Prepaid expenses and other assets	6,874	22,750
Restricted cash and cash equivalents (Notes 2C and 3)	70,037	70,031
Property and equipment, net (Notes 2I and 5)	<u>127,695</u>	<u>160,100</u>
TOTAL ASSETS	<u>\$ 2,701,507</u>	<u>\$ 2,739,128</u>
 LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses	\$ 166,462	\$ 175,904
Refundable advances (Note 2G)	<u>22,273</u>	<u>17,291</u>
TOTAL LIABILITIES	<u>188,735</u>	<u>193,195</u>
 CONTINGENCIES (Note 7)		
 NET ASSETS (Note 2B)		
Unrestricted	2,456,080	2,489,360
Temporarily restricted (Note 8)	<u>56,692</u>	<u>56,573</u>
TOTAL NET ASSETS	<u>2,512,772</u>	<u>2,545,933</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 2,701,507</u>	 <u>\$ 2,739,128</u>

The accompanying notes are an integral part of these financial statements.

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	Year Ended June 30, 2016			Year Ended June 30, 2015		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
OPERATING REVENUE:						
State and local per pupil operating revenue (Notes 2G and 9A)	\$ 2,905,971	\$ -	\$ 2,905,971	\$ 2,915,502	\$ -	\$ 2,915,502
Contributions from individuals (Note 2F)	127,980	-	127,980	107,488	5,500	112,988
Government grants (Notes 2G and 7B)	53,059	-	53,059	119,849	-	119,849
Grants from foundations (Note 2F)	17,484	65,000	82,484	3,468	45,000	48,468
Net assets released from restrictions (Note 8)	64,881	(64,881)	-	58,828	(58,828)	-
TOTAL OPERATING REVENUE	3,169,375	119	3,169,494	3,205,135	(8,328)	3,196,807
OPERATING EXPENSES (Note 2J):						
Program Services						
Regular Education	2,606,949	-	2,606,949	2,561,127	-	2,561,127
Total Program Services	2,606,949	-	2,606,949	2,561,127	-	2,561,127
Supporting Services						
Management and General	550,592	-	550,592	565,399	-	565,399
Fundraising	59,552	-	59,552	61,637	-	61,637
Total Supporting Services	610,144	-	610,144	627,036	-	627,036
TOTAL OPERATING EXPENSES	3,217,093	-	3,217,093	3,188,163	-	3,188,163
NET (DECREASE) INCREASE FROM SCHOOL OPERATIONS	(47,718)	119	(47,599)	16,972	(8,328)	8,644
NON-OPERATING ACTIVITIES:						
Other income (Note 4)	14,438	-	14,438	15,088	-	15,088
TOTAL NON-OPERATING ACTIVITIES	14,438	-	14,438	15,088	-	15,088
CHANGE IN NET ASSETS	(33,280)	119	(33,161)	32,060	(8,328)	23,732
Net Assets - beginning of year	2,489,360	56,573	2,545,933	2,457,300	64,901	2,522,201
NET ASSETS - END OF YEAR	\$ 2,456,080	\$ 56,692	\$ 2,512,772	\$ 2,489,360	\$ 56,573	\$ 2,545,933

The accompanying notes are an integral part of these financial statements.

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2016
(With Comparative Totals for the Year Ended June 30, 2015)

	For the Year Ended June 30, 2016					Total 2015
	Program Services	Management and General	Fundraising	Total Supporting Services	Total 2016	
Salaries and wages	\$ 1,831,785	\$ 346,130	\$ 49,293	\$ 395,423	\$ 2,227,208	\$2,136,027
Fringe benefits and payroll taxes (Note 10)	459,797	63,420	5,285	68,705	528,502	502,669
Total Salaries and Related Costs	2,291,582	409,550	54,578	464,128	2,755,710	2,638,696
Consulting and professional fees	122,869	48,177	-	48,177	171,046	172,008
Classroom and teaching supplies	61,131	-	-	-	61,131	56,560
Accounting fees	-	23,523	-	23,523	23,523	23,365
Legal fees	-	3,663	-	3,663	3,663	5,549
Repairs & maintenance	8,942	2,236	-	2,236	11,178	32,697
Insurance	25,765	6,441	-	6,441	32,206	28,781
Staff recruitment and development	12,225	10,300	-	10,300	22,525	24,289
Communications and outreach	22,986	9,662	526	10,188	33,174	19,021
Expensed furniture and equipment	-	-	-	-	-	14,416
Travel	802	802	-	802	1,604	2,629
Office expense	7,659	30,353	4,448	34,801	42,460	71,936
Depreciation and amortization	52,988	5,885	-	5,885	58,873	98,216
TOTAL EXPENSES	\$ 2,606,949	\$ 550,592	\$ 59,552	\$ 610,144	\$ 3,217,093	\$3,188,163

The accompanying notes are an integral part of these financial statements.

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2016

	<u>Program Services</u>		<u>Supporting Services</u>		
	<u>Regular Education</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Supporting Services</u>	<u>Total</u>
Salaries and wages	\$ 1,789,870	\$ 301,535	\$ 44,622	\$ 346,157	\$ 2,136,027
Fringe benefits and payroll taxes (Note 10)	439,082	58,696	4,891	63,587	502,669
	<u>2,228,952</u>	<u>360,231</u>	<u>49,513</u>	<u>409,744</u>	<u>2,638,696</u>
Total Salaries and Related Costs					
Consulting and professional fees	103,237	68,771	-	68,771	172,008
Classroom and teaching supplies	56,560	-	-	-	56,560
Accounting fees	-	23,365	-	23,365	23,365
Legal fees	-	5,549	-	5,549	5,549
Repairs & maintenance	26,155	6,542	-	6,542	32,697
Insurance	23,025	5,756	-	5,756	28,781
Staff recruitment and development	7,760	16,529	-	16,529	24,289
Communications and outreach	9,715	6,242	3,064	9,306	19,021
Expensed furniture and equipment	2,145	12,271	-	12,271	14,416
Travel	1,335	1,294	-	1,294	2,629
Office expense	13,848	49,028	9,060	58,088	71,936
Depreciation and amortization	88,395	9,821	-	9,821	98,216
	<u>\$ 2,561,127</u>	<u>\$ 565,399</u>	<u>\$ 61,637</u>	<u>\$ 627,036</u>	<u>\$ 3,188,163</u>
TOTAL EXPENSES					

The accompanying notes are an integral part of these financial statements.

**NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (33,161)	\$ 23,732
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized gain on investments	(248)	(2,233)
Depreciation and amortization expense	<u>58,873</u>	<u>98,216</u>
Subtotal	25,464	119,715
Changes in operating assets and liabilities:		
Decrease (increase) in assets:		
Contributions and grants receivable	46,719	(21,754)
Tuition and other receivables	13,380	(13,380)
Prepaid expenses and other assets	15,876	5,477
(Decrease) increase in liabilities:		
Accounts payable and accrued expenses	(9,442)	43,675
Refundable advances	<u>4,982</u>	<u>-</u>
Net Cash Provided by Operating Activities	<u>96,979</u>	<u>133,733</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Increase in restricted cash	(6)	(7)
Purchases of property and equipment	(26,468)	(47,610)
Proceeds from maturity of investments	2,088,080	1,918,359
Purchase of investments	<u>(2,097,361)</u>	<u>(1,950,235)</u>
Net Cash Used in Investing Activities	<u>(35,755)</u>	<u>(79,493)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	61,224	54,240
Cash and cash equivalents - beginning of year	<u>342,267</u>	<u>288,027</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 403,491</u>	<u>\$ 342,267</u>

The accompanying notes are an integral part of these financial statements.

**NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

New York Center for Autism Charter School (the "School") is an educational corporation formed to operate a charter school located in the City of New York, borough of Manhattan. In July 2005, the Board of Regents of the University of the State of New York, for and on behalf of the State Education Department, granted a provisional charter valid for a term of five years, incorporating the School. On April 20, 2010, the Board granted the School a first charter renewal valid for an additional term of five years through and including April 14, 2015. On June 10, 2015, the Board granted the School a second and third charter renewal valid for an additional term of five years through and including June 30, 2020.

During the year ended June 30, 2016, the School received from the State University of New York Charter Schools Institute authorization of the granting of a new charter to establish a New York Center for Autism Charter School in the Bronx that will operate identically to the current Manhattan school. The new Bronx School is in the planning stages and is anticipated to open as of September 2017 for the 2017-18 school year.

The School's mission is to provide individualized, scientifically-based educational services to children with autism and other pervasive developmental disorders. The School promotes the achievement of high educational standards and the full intellectual, social, physical, and emotional potential of each of its students. It extends its educational programming beyond the school's walls through training, consultation, and support for students' families. The School also offers ongoing professional development opportunities to its staff, as well as to other educators in New York City and the surrounding area. The School is exempt from federal income tax under Section 501(a) of the Internal Revenue Code and is classified as an organization described in Section 501(c)(3).

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. ***Basis of Accounting*** – The School prepares its financial statements using the accrual basis of accounting. The School adheres to accounting principles generally accepted in the United States of America.
- B. ***Basis of Presentation*** – The School maintains its net assets under the following three classes;
- Unrestricted – represents net assets not subject to donor-imposed stipulations. Contributions are considered available for unrestricted use unless specifically restricted by the donor.
- Temporarily Restricted – represents net assets subject to donor-imposed stipulations that will be met by actions of the School or by the passage of time.
- Permanently Restricted – represents net assets subject to donor-imposed restrictions on the corpus of the gifts specifying they be maintained in perpetuity. There were no permanently restricted net assets as of June 30, 2016 and 2015.
- C. ***Cash and Cash Equivalents*** – Cash equivalents include all highly liquid instruments purchased with maturities of 90 days or less.
- D. ***Investments*** – Investments are stated at fair value. Donated securities are recorded at their fair values on the date received using an average of the high and low price on the date received. Investment income is recorded as revenue in the period earned.
- E. ***Fair Value Measurements*** – Fair value measurements are the prices that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy prioritizes observable and unobservable inputs used to measure fair value into three levels, as described in Note 4.

**NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- F. **Contributions and Grants** – Contributions received, including unconditional promises to give, are recognized as revenues in the appropriate category of net assets in the period received. Conditional promises to give are recognized when they become unconditional, that is, when the conditions are substantially met. All contributions receivable are expected to be collected within one year.
- G. **Government Support** – State and local per pupil revenue resulting from the School's charter status and based on the number of students enrolled is recorded when services are performed in accordance with the charter agreement.

Revenue from federal, state and local government grants and contract are recorded by the School when qualifying expenditures are incurred and billable. Funds received in advance for which expenditures have not been incurred are reflected as refundable advances in the accompanying statements of financial position.

- H. **Grants and Contracts Receivable** – Grants and contracts receivables are stated at the amount management expects to collect from outstanding balances. The School provides an allowance for doubtful accounts for receivables. This estimate is based on management's assessment of the aged basis of its government funding sources, current economic conditions and creditworthiness of its donors and grantors. The School determined that no allowance for doubtful accounts was necessary as of June 30, 2016 and 2015. Contributions and grants receivable of \$6,272 as of June 30, 2016, represent amounts due in less than one year.
- I. **Property and Equipment** – The School capitalizes property and equipment having a cost of \$500 or more and a useful life of at least one year. Depreciation is recognized using the straight-line method over the estimated useful lives of the respective assets. Leasehold improvements are amortized on a straight-line basis over the lesser of the life of the improvements or the charter term.
- J. **Functional Allocation of Expenses** – The School allocates expenses on a functional basis among its programs and supporting services. Expenses that can be identified as belonging to a specific program and/or support service are allocated directly according to their natural expense classification.
- K. **Use of Estimates** – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the financial statements, and revenues and expenses recognized during the reporting period. Actual results could differ from those estimates.

NOTE 3 – RESTRICTED CASH

The New York City Department of Education (the "NYCDOE") requires the School to maintain funds in a separate cash account to have funds available to ensure an orderly liquidation, dissolution or transition process if the School's charter were to be terminated or the School was closed for other reasons. Restricted cash amounted to \$70,037 and \$70,031 as of June 30, 2016 and 2015, respectively.

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

Investments consisted of the following as of June 30, 2016 and were classified in the table below in two of the three levels as follows:

	Level 1	Level 2	Total
Certificates of deposit	\$ -	\$ 2,025,946	\$ 2,025,946
Money market funds	61,192	-	61,192
Total investments	<u>\$ 61,192</u>	<u>\$ 2,025,946</u>	<u>\$ 2,087,138</u>

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS (Continued)

Investments consisted of the following at June 30, 2015 and were classified in the table below in two of the three levels as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Certificates of deposit	\$ -	\$ 1,875,638	\$ 1,875,638
Money market funds	<u>201,971</u>	<u>-</u>	<u>201,971</u>
Total investments	<u>\$ 201,971</u>	<u>\$ 1,875,638</u>	<u>\$ 2,077,609</u>

Investments are subject to market volatility that could substantially change their carrying values in the near term.

Investment income consisted of the following for the years ended June 30, 2016 and 2015 and is included in other income in the accompanying statements of activities:

	<u>2016</u>	<u>2015</u>
Interest and dividends	\$ 9,505	\$ 7,083
Unrealized gain on investments	<u>248</u>	<u>2,233</u>
Total	<u>\$ 9,753</u>	<u>\$ 9,316</u>

The fair value hierarchy defines three levels as follows:

Level 1: Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs. Level 1 valuations are obtained from real-time quotes for transactions in active exchange markets involving identical assets.

Level 2: Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third-party pricing services for identical or similar assets or liabilities.

Level 3: Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models or similar techniques, and not based on market exchange, dealer, or broker-traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining fair value, the School utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible in its assessment of fair value. Investments in money market funds are valued using market prices in active markets (Level 1). Investments in certificates of deposit are valued based on average daily yields and other observable inputs (Level 2).

The School's policy is to recognize transfers in and out between fair value levels as of the beginning of the period in which the transfer takes place. During the years ended June 30, 2016 and 2015, no such transfers between fair value levels occurred.

NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015

NOTE 5 – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>	<u>Estimated Useful Lives</u>
Furniture and fixtures	\$ 267,390	\$ 249,918	5 years
Computer equipment	189,441	182,370	3 years
Leasehold improvements	<u>493,210</u>	<u>491,285</u>	Remaining charter term
	950,041	923,573	
Less: accumulated depreciation and amortization	<u>(822,346)</u>	<u>(763,473)</u>	
Total	<u>\$ 127,695</u>	<u>\$ 160,100</u>	

Depreciation and amortization expense amounted to \$58,873 and \$98,216 for the years ended June 30, 2016 and 2015, respectively.

NOTE 6 – SCHOOL FACILITY

The School has a Facility Shared Use Agreement (the "Facility Agreement") with the NYCDOE for dedicated and shared space at P.S. 50, a New York City public school located at 433 East 100th Street, New York, New York at a cost of \$1 per year. The total square footage utilized by the School during the years ended June 30, 2016 and 2015 amounted to approximately 8,200 square feet. The School will continue to operate under the terms of the Facility Agreement unless either party terminates the Facility Agreement with appropriate notice. In addition, the School continues to be responsible for any overtime-related costs for services provided beyond the regular opening hours.

NOTE 7 – CONTINGENCIES

- A. The School believes it had no uncertain tax positions as of June 30, 2016 and 2015, in accordance with Accounting Standards Codification ("ASC") Topic 740, "Income Taxes," which provides standards for establishing and classifying any tax provisions for uncertain tax positions.
- B. Certain grants and contracts may be subject to audit by funding sources. Such audits might result in disallowances of costs submitted for reimbursement by the School. Management is of the opinion that such disallowances, if any, will not have a material effect on the accompanying financial statements. Accordingly, no amounts have been provided in the accompanying financial statements for such potential claims.

NOTE 8 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets were available for the following purposes as of June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Purpose restricted:		
Extended school-year program	\$ 45,006	\$ 45,006
Adaptive physical education	-	2,785
Transition program	8,939	-
Other	<u>2,747</u>	<u>8,782</u>
	<u>\$ 56,692</u>	<u>\$ 56,573</u>

**NEW YORK CENTER FOR AUTISM CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 8 – TEMPORARILY RESTRICTED NET ASSETS (Continued)

For the years ended June 30, 2016 and 2015, temporarily restricted net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by the occurrence of other events specified by donors as follows:

	<u>2016</u>	<u>2015</u>
Purpose restrictions accomplished:		
Extended school-year program	\$ 45,000	\$ 51,994
Adaptive physical education	2,785	3,641
Transition program	11,061	-
Other	<u>6,035</u>	<u>3,193</u>
	<u>\$ 64,881</u>	<u>\$ 58,828</u>

NOTE 9 – CONCENTRATIONS

- A. The School receives a majority of its revenues from the New York State Education Department through the New York City Department of Education Office of Schools. The New York City Department of Education provides general operating support to the School based upon the location and the number of students enrolled. Operating support provided to the School by the New York City Department of Education totaled \$2,905,971 and \$2,915,502 for the years ended June 30, 2016 and 2015, respectively. The School is dependent upon this level of funding in order to continue its operations.
- B. Cash accounts that potentially subject the School to a concentration of credit risk include cash accounts with banks that exceed the Federal Deposit Insurance Corporation ("FDIC") insurance limits. Cash accounts are insured up to \$250,000 per depositor. As of June 30, 2016 and 2015, there was approximately \$158,000 and \$113,000, respectively, of cash and cash equivalents held by a bank that exceeded FDIC limits.

NOTE 10 – PENSION PLAN

The School maintains a defined contribution plan ("Plan") in accordance with the provisions of Section 401(k) of the Internal Revenue Code. This Plan is available to all eligible full-time employees who have at least one year of service. The School, at its own discretion, can make match and nonelective contributions. Effective July 1, 2013, the Plan was amended to match each participant's contribution, up to a maximum 3% of gross compensation. Contributions amounted to \$26,431 and \$23,958 for the years ended June 30, 2016 and 2015, respectively. Such amounts are included in fringe benefits and payroll taxes in the accompanying statements of functional expenses.

NOTE 11 – SUBSEQUENT EVENTS

Management has evaluated, for potential accrual or disclosure, events subsequent to the date of the statements of financial position through October 20, 2016, the date the financial statements were available to be issued.

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Trustees of
New York Center for Autism Charter School

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of New York Center for Autism Charter School (the "School"), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated October 20, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Handwritten signature of Marks Paneth in cursive script.

New York, NY
October 20, 2016



Entry 6b Additional Financial Docs

Created: 07/20/2016

Last updated: 10/24/2016

The additional items listed below should be uploaded if applicable. Please explain the reason(s) if the items are not included. Examples might include: a written management letter was not issued; the school did not expend federal funds in excess of the Single Audit Threshold of \$750,000; the corrective action plan will be submitted by the following date (should be no later than 30 days from the submission of the report); etc.

Page 1

1. Management Letter

(No response)

Explanation for not uploading the Management Letter.

included in Financial Audit. No Issues.

2. Form 990

<https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84010/6245333-FINDqRIBTE/draft%202015%20990%20tax%20return.pdf>

Explanation for not uploading the Form 990.

Form 990 is still in draft stage and is attached. A signed final 990 will be uploaded as soon as it is available.

3. Federal Single Audit

Note: A copy of the Federal Single Audit must be filed with the Federal Audit Clearinghouse. Please refer to OMB Uniform Guidelines for the federal filing requirements.

(No response)

Explanation for not uploading the Federal Single Audit.

Not Applicable

4. CSP Agreed Upon Procedure Report

(No response)

Explanation for not uploading the procedure report.

Not Applicable

5. Evidence of Required Escrow Account

<https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84010/6245333-pN6H0Nalce/NYC%20Autism%20CS%20Escrow%20Account%20Statement.pdf>

Explanation for not uploading the Escrow evidence.

(No response)

6. Corrective Action Plan

A **Corrective Action Plan** for Audit Findings and Management Letter Recommendations, which must include:

- a. The person responsible
- b. The date action was taken, or will be taken
- c. Description of the action taken
- d. Evidence of implementation (if available)

(No response)

Explanation for not uploading the Corrective Action Plan.

None

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
433 EAST 100TH STREETCity or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10029**F** Name and address of principal officer: **JULIE FISHER
SAME AS C ABOVE****D** Employer identification number**35-2255995****E** Telephone number**(212) 860 2580****G** Gross receipts \$ **3,183,684.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.NYCAUTISMCHARTERSCHOOL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2005** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE INDIVIDUALIZED, SCIENTIFICALLY BASED EDUCATIONAL SERVICES TO CHILDREN WITH AUTISM		
	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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	57
	6	Total number of volunteers (estimate if necessary)	6	11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 284,555.	Current Year 266,523.
	9	Program service revenue (Part VIII, line 2g)	2,915,502.	2,905,971.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,083.	9,505.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,522.	1,685.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,209,662.	3,183,684.
Expenses	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)	2,638,696.	2,755,710.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,552.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	549,467.	461,383.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,188,163.	3,217,093.
19	Revenue less expenses. Subtract line 18 from line 12	21,499.	-33,409.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,739,128.	End of Year 2,701,507.
	21	Total liabilities (Part X, line 26)	193,195.	188,735.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,545,933.	2,512,772.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JULIE FISHER, EXEC. DIRECTOR Type or print name and title				
Paid	Print/Type preparer's name ROBERT R LYONS	Preparer's signature <i>Robert R. Lyons</i>	Date 11/2/16	Check <input type="checkbox"/> self-employed	PTIN P00227472
Preparer Use Only	Firm's name ▶ MARKS PANETH LLP	Firm's EIN ▶ 11-3518842	Phone no. 212-503-8800		
	Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017				

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

532001 12-16-15

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

Form **990** (2015)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL

Form 990 (2015)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW YORK CENTER FOR AUTISM CHARTER SCHOOL IS TO
PROVIDE INDIVIDUALIZED, SCIENTIFICALLY BASED EDUCATIONAL SERVICES TO
CHILDREN WITH AUTISM AND OTHER PERVASIVE DEVELOPMENTAL DISORDERS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,606,949. including grants of \$) (Revenue \$ 2,905,971.)

THE SCHOOL PROVIDES INDIVIDUAL, SCIENTIFICALLY BASED, EDUCATIONAL
SERVICES TO CHILDREN WITH AUTISM AND OTHER PERVASIVE DEVELOPMENTAL
DISORDERS. IN FISCAL YEAR ENDED JUNE 2016, THERE WERE 32 STUDENTS AGES
5-20. THE CHARTER OF THE NYCA CHARTER SCHOOL SETS FORTH 10 ANNUAL GOALS
HAVING TO DO WITH STUDENT PERFORMANCE ON FORMAL AND INFORMAL
ASSESSMENTS, STUDENT MOVEMENT TO LESS RESTRICTIVE ENVIRONMENTS,
PROTECTION OF HUMAN RIGHTS, TEACHER PROFICIENCY, PARENTAL INVOLVEMENT,
FISCAL CONTROLS, AND PROFESSIONAL OUTREACH. ALL GOALS WERE MET OR
EXCEEDED.

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 2,606,949.

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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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

Form **990** (2015)

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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

Form **990** (2015)

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	57	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form **990** (2015)

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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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 ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		11												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a		X								
b Each committee with authority to act on behalf of the governing body?				8b		X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9										X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 ☒ Upon request ☐ 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: **MARK SARETSKY - 212-860-2580**
433 EAST 100TH STREET, NEW YORK, NY 10029

Form 990 (2015)

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

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>	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		X

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
NONE		
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 ►		0

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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	53,059.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	213,464.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			266,523.			
Program Service Revenue	2 a TUITION REVENUE	Business Code	900099	2,905,971.	2,905,971.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,905,971.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,505.		
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 MISCELLANEOUS		900099	1,685.			1,685.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,685.				
12 Total revenue. See instructions.			3,183,684.	2,905,971.	0.	11,190.	

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Form 990 (2015)

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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	304,873.	113,807.	155,375.	35,691.
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	1,949,154.	1,731,403.	201,801.	15,950.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,709.	17,803.	3,606.	300.
9 Other employee benefits	229,016.	210,236.	18,653.	127.
10 Payroll taxes	250,958.	218,333.	30,115.	2,510.
11 Fees for services (non-employees):				
a Management				
b Legal	3,663.		3,663.	
c Accounting	23,523.		23,523.	
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.)	171,046.	122,869.	48,177.	
12 Advertising and promotion				
13 Office expenses	42,460.	7,659.	30,353.	4,448.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,604.	802.	802.	
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	58,873.	52,988.	5,885.	
23 Insurance	32,206.	25,765.	6,441.	
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 CLASSROOM & TEACHING	61,131.	61,131.		
b COMM. & OUTREACH	33,174.	22,986.	9,662.	526.
c STAFF DEVELOPMENT	22,525.	12,225.	10,300.	
d REPAIRS & MAINTENANCE	11,178.	8,942.	2,236.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,217,093.	2,606,949.	550,592.	59,552.
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)

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

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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	
	2 Savings and temporary cash investments	412,298.	2	473,528.
	3 Pledges and grants receivable, net	52,991.	3	6,272.
	4 Accounts receivable, net	13,380.	4	0.
	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	22,750.	9	6,874.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	950,041.		
	10b Less: accumulated depreciation	822,346.		
	10c	127,695.		
	11 Investments - publicly traded securities	2,077,609.	11	2,087,138.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,739,128.	16	2,701,507.	
Liabilities	17 Accounts payable and accrued expenses	175,904.	17	166,462.
	18 Grants payable	17,291.	18	22,273.
	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		25	
	26 Total liabilities. Add lines 17 through 25	193,195.	26	188,735.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,489,360.	27	2,456,080.
28 Temporarily restricted net assets		56,573.	28	56,692.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,545,933.	33	2,512,772.
34 Total liabilities and net assets/fund balances		2,739,128.	34	2,701,507.

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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	3,183,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,217,093.
3	Revenue less expenses. Subtract line 2 from line 1	3	-33,409.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,545,933.
5	Net unrealized gains (losses) on investments	5	248.
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	2,512,772.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2015)

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

2015

Open to Public Inspection

Name of the organization **NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Employer identification number
35-2255995

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 11, 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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						

NEW YORK CENTER FOR AUTISM

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL

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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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>	

Schedule A (Form 990 or 990-EZ) 2015

NEW YORK CENTER FOR AUTISM

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

NEW YORK CENTER FOR AUTISM

Schedule A (Form 990 or 990-EZ) 2015 **CHARTER SCHOOL**

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (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.		
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.		
a	Yes	No
Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b	Yes	No
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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Yes	No
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.		
3a		
b	Yes	No
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

NEW YORK CENTER FOR AUTISM

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL

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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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 **CHARTER SCHOOL**

Part VI

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL

Employer identification number

35-2255995

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL

Employer identification number

35-2255995

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES HAYDEN FOUNDATION 140 BROADWAY NEW YORK, NY 10005	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHELLE & HOWARD NEWHOUSE 420 EAST 54TH STREET NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JAMES MODLIN & ALICE SHULMAN 300 CENTRAL PARK WEST NEW YORK, NY 10024	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYS EDUCATION DEPARTMENT 89 WASHINGTON AVENUE ROOM 503W - EB ALBANY, NY 12234	\$ 46,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANNETTE & ROBERT SANDLER 9698 EAST COVEY TRAIL SCOTTSDALE, AZ 85262	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NEW YORK COLLABORATES AUTISM 3 EAST 54TH ST. NEW YORK, NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW YORK CENTER FOR AUTISM CHARTER SCHOOL	Employer identification number 35-2255995
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	QUALITY SERV. FOR THE AUTISM COMMUNITY 253 WEST 35TH ST. NEW YORK, NY 10001	\$ 17,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MORGAN STANLEY 1585 BROADWAY NEW YORK, NY 10036	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

35-2255995

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization

NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL

Employer identification number

35-2255995

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2015Open to Public
InspectionName of the organization **NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**Employer identification number
35-2255995**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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	▶ \$

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Schedule D (Form 990) 2015

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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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		493,210.	426,348.	66,862.
d Equipment		456,831.	395,998.	60,833.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				127,695.

Schedule D (Form 990) 2015

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Schedule D (Form 990) 2015

35-2255995 Page **3**

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

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 ☒

Schedule D (Form 990) 2015

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Schedule D (Form 990) 2015

35-2255995 Page **4**

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	3,183,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	248.
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	248.
3	Subtract line 2e from line 1	3	3,183,684.
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	3,183,684.

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	3,217,093.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,217,093.
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	3,217,093.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE SCHOOL BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016 AND 2015, IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

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

2015

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 **NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Employer identification number
35-2255995

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 ENROLLMENT PACKAGE STATES THAT THE CHARTER SCHOOL SHALL NOT DISCRIMINATE AGAINST ANY STUDENT, EMPLOYEE OR ANY OTHER PERSON ON THE BASIS OF ETHNICITY, NATIONAL ORIGIN, GENDER OR DISABILITY OR ANY OTHER GROUND THAT WOULD BE UNLAWFUL IF DONE BY ANY OTHER PUBLIC SCHOOL.

- 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) (2015)

NEW YORK CENTER FOR AUTISM

Schedule E (Form 990 or 990-EZ) (2015) CHARTER SCHOOL

35 2255995 Page 2

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:

THE ORGANIZATION RECEIVED PER PUPIL REIMBURSEMENT FROM THE NEW YORK CITY
DEPARTMENT OF EDUCATION OF \$2,905,971 FOR FISCAL YEAR 2016.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

**NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Employer identification number

35-2255995

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., 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 in 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.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2015

Part II

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (j) and from related organizations, described in the instructions, on row (i). Do not list any individuals that are not 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.

[illegible]

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.

[illegible]

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

2015

**Open to Public
Inspection**

Name of the organization

NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL

Employer identification number
35-225995

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

AND OTHER PERVASIVE DEVELOPMENTAL DISORDERS.

FORM 990, PART VI, SECTION B, LINE 11:

THE NEW YORK CENTER FOR AUTISM CHARTER SCHOOL FORM 990 IS REVIEWED PRIOR TO
SUBMISSION TO THE IRS BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE
DIRECTOR, THE TREASURER AND THE FINANCE COMMITTEE. IT IS THEN REVIEWED WITH
THE FULL BOARD OF TRUSTEES. ALL ISSUES AND CONCERNS ARE RESOLVED PRIOR TO
FINAL SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE NEW YORK CENTER FOR AUTISM CHARTER SCHOOL (NYCACS) MAINTAINS A
STATEMENT OF POLICY REGARDING OFFICER AND TRUSTEE CONFLICTS OF INTEREST.
ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION DOCUMENTS ARE COMPLETED. THE
POSITION OF QUALITY ASSURANCE MANAGER AT NYCACS PROVIDES OVERSIGHT AND
MONITORING OF THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL'S EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER INCLUDED
CONSULTATION WITH INDEPENDENT PERSONS AND REVIEW OF COMPARABILITY DATA. FOR
THE EXECUTIVE DIRECTOR, CONSULTATIONS WERE HELD WITH EXECUTIVE DIRECTORS AND
DIRECTORS OF EDUCATION AT SIMILAR PROGRAMS WITHIN RELATIVELY CLOSE
GEOGRAPHICAL PROXIMITY TO THE CHARTER SCHOOL. FOR THE CHIEF FINANCIAL
OFFICER CONSULTATION WAS HELD WITH A MAJOR RECRUITER OF SENIOR FINANCE
STAFF. ADDITIONALLY, FOR BOTH POSITIONS, SELECTED TRUSTEES RESEARCHED AND

Name of the organization **NEW YORK CENTER FOR AUTISM
CHARTER SCHOOL**

Employer identification number
35-2255995

**DISCUSSED APPROPRIATE COMPENSATION FOR THE NECESSARY QUALIFICATIONS AND
SKILL SETS REQUIRED TO SUCCEED IN THESE POSITIONS.**

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

**THE NEW YORK CENTER FOR AUTISM CHARTER SCHOOL MAKES ITS AUDITED FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE AND UPON REQUEST.**

FORM 990, PART XII, LINE 2C:

HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

New York State Education Department

Request for Proposals to Establish Charter Schools Authorized by the
Board of Regents

2015-16 Budget & Cash Flow Template

General Instructions and Notes for New Application Budgets and Cash Flows Templates

1	Complete ALL SIX columns in BLUE
2	Enter information into the GRAY cells
3	Cells containing RED triangles in the upper right corner in columns B through G contain guidance on that particular item
4	Funding by School District information for all NYS School district is located on the State Aid website at https://stateaid.nysed.gov/charter/ . Refer to this website for per-pupil tuition funding for all school districts. Rows may be inserted in the worksheet to accomodate additional districts if necessary.
5	The Assumptions column should be completed for all revenue and expense items unless the item is self-explanatory. Where applicable, please reference the page number or section in the application narrative that indicates the assumption being made. For instance, student enrollment would reference the applicable page number in Section I, C of the application narrative.

PROJECTED BUDGET FOR 2016-2017

July 1, 2016 to June 30, 2017

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 154. This will populate the data in row 16.

July 1, 2016 to June 30, 2017

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Total Revenue	-	2,328,317	-	137,060	-	3,065,977
Total Expenses	-	2,484,534	-	75,837	-	2,220,362
Net Income	-	444,283	-	62,113	667,461	(161,385)
Actual Student Enrollment	-	32	-	-	(667,461)	
Total Paid Student Enrollment	-	32	-	-	-	32

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
PROGRAM SERVICES						
SUPPORT SERVICES						

REVENUE		REVENUES FROM STATE SOURCES	
Per Pupil Revenue		Per Pupil Revenue	
District of Location	NYC DOE Chancellors Office		
School District 2 (Enter Name)			
School District 3 (Enter Name)			
School District 4 (Enter Name)			
School District 5 (Enter Name)			

Special Education Revenue																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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TOTAL REVENUE FROM STATE SOURCES										2517307	2517307
REVENUE FROM FEDERAL FUNDING											
IDEA Special Needs											
Title I											
Title Funding - Other											
School Food Service (Free Lunch)											
Grants											
Charter School Program (CSP) Planning & Implementation											
Other											
Other Federal Revenue											
TOTAL REVENUE FROM FEDERAL SOURCES											

TOTAL REVENUE FROM FEDERAL SOURCES		TOTAL REVENUE FROM LOCAL AND OTHER SOURCES		TOTAL REVENUE	
LOCAL AND OTHER REVENUE					
Contributions and Donations, Fundraising	-	-	-	138,000	various school events and private donations
Grants Reimbursement	-	-	-	-	-
Interest Income, Earnings on Investments,	-	-	-	6,000	-
NYC-DVCD (Department of Youth and Community Development)	-	-	-	-	-
Food Service (Income from meals)	-	-	-	-	-
Text Book	-	-	-	-	-
Other Local Revenue	-	-	-	3,000	parent fund
TOTAL REVENUE FROM LOCAL AND OTHER SOURCES	-	-	-	147,000	-
TOTAL REVENUE	-	-	-	2,928,977	3,065,977

	No. of Positions				List exact titles and staff FTE's (Full time equivalent)
EXPENSES					
ADMINISTRATIVE STAFF PERSONNEL COSTS					
Executive Management	1 AM	-	102,827	17,966	170,876 Executive Director
Instructional Management	1 OM	-	108,596	-	100,000 Head of School

[illegible]

NYC Autism Charter School

PROJECTED BUDGET FOR 2016-2017

July 1, 2016 to June 30, 2017

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 155. This will populate the data in row 16.

Description of Activity 2016 - Financials (summarized when applicable)									
	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL			
Total Revenue	-	2,932,377	-	132,500	-	3,064,877			
Total Expenses	-	2,484,594	-	75,847	667,881	3,228,322			
Net Income	-	447,783	-	56,653	(67,004)	(161,346)			
Actual Student Enrollment	-	32	-	-	-	-			
Total Paid Student Enrollment	-	32	-	-	-	-			
PROGRAM SERVICES									
	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL			
Aides	-	-	-	-	7,200	7,200			
Therapists & Counselors	-	-	-	-	-	-			
Other	-	311,708	-	-	-	311,708			
TOTAL INSTRUCTIONAL	-	1,524,195	-	-	7,200	1,531,395			
NON-INSTRUCTIONAL PERSONNEL COSTS									
Nurse	-	-	-	-	-	-			
Librarian	-	-	-	-	-	-			
Custodian	-	-	-	-	-	-			
Security	-	-	-	-	-	-			
Other	-	-	-	-	-	-			
TOTAL NON-INSTRUCTIONAL	-	-	-	-	-	-			
SUBTOTAL PERSONNEL SERVICE COSTS	-	1,524,195	-	-	7,200	1,531,395			
PAYROLL TAXES AND BENEFITS									
Payroll Taxes	-	153,168	-	3,763	34,833	191,764			
Fringe / Employee Benefits	-	287,219	-	8,690	64,895	359,813			
Retirement / Pension	-	27,816	-	872	5,040	33,728			
TOTAL PAYROLL TAXES AND BENEFITS	-	468,203	-	13,325	104,768	596,296			
TOTAL PERSONNEL SERVICE COSTS	-	2,265,714	-	49,186	320,893	2,635,803			
CONTRACTED SERVICES									
Accounting / Audit	-	-	-	-	-	-			
Legal	-	-	-	-	23,500	23,500			
Management Company Fee	-	-	-	-	10,000	10,000			
Nurse Services	-	-	-	-	-	-			
Food Service / School Lunch	-	-	-	-	-	-			
Payroll Services	-	-	-	-	10,700	10,700			
Special Ed Services	-	20,000	-	-	-	20,000			
Titlement Services (i.e., Title I)	-	-	-	-	-	-			
Other Purchased / Professional / Consulting	-	-	-	-	-	-			
TOTAL CONTRACTED SERVICES	-	20,000	-	-	44,200	64,200			
SCHOOL OPERATIONS									
Board Expenses	-	-	-	-	-	-			
Classroom / Teaching Supplies & Materials	-	-	-	-	-	-			
Special Ed Supplies & Materials	-	38,500	-	-	-	38,500			
Textbooks / Workbooks	-	-	-	-	-	-			
Supplies & Materials other	-	15,000	-	-	15,000	15,000			
Equipment / Furniture	-	3,000	-	-	1,500	4,500			
Telephone	-	-	-	-	1,400	1,400			
Technology	-	27,000	-	-	20,000	47,000			
Student Testing & Assessment	-	2,500	-	-	-	2,500			
Field Trips	-	-	-	-	-	-			
Transportation (student)	-	-	-	-	-	-			
Student Services - other	-	1,000	-	-	11,500	12,500			
Office Expense	-	30,000	-	-	-	30,000			
Staff Development	-	-	-	-	-	-			
Staff Recruitment	-	-	-	-	-	-			
Student Recruitment / Marketing	-	-	-	-	-	-			
School Meals / Lunch	-	8,000	-	-	8,000	16,000			
Travel (Staff)	-	4,000	-	-	1,000	5,000			
Fundraising	-	-	-	-	11,000	11,000			
Other	-	-	-	-	50,000	50,000			
TOTAL SCHOOL OPERATIONS	-	113,800	-	-	114,000	227,800			

Notes: subscriptions, credit card fees, staff appreciation, consulting, misc.



Entry 9 BOT Table

Created: 07/13/2016

Last updated: 07/27/2016

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1. Current Board Member Information

	Trustee Name	Email Address	Position on the Board	Committee Affiliations	Voting Member? (Y/N)	Area of Expertise, and/or Additional Role at School (parent, staff member, etc.)	Number of Terms Served and Length of Each (Include election date and term expiration)
1	Baum, Mitchell	mbaum591@gmail.com	Trustee/Member	Operations	Yes	Advertising and Marketing, Autism	2 terms of 3 years 5/10 to 6/16
2	Chigas, Charles W	chaschigas@me.com	Parent Representative	Finance	Yes	Finance, Parent of NYCACS student	3 terms of 3 years 5/07 to 6/16
3	Garrett, Ashley	ashleygarratt4@gmail.com	Vice Chair/Vice President	Operations , Executive	Yes	Student Advocacy	2 terms of 3 years 6/12 to 6/17
4	Hartman, Benjamin	bhartman@yahoo.com	Trustee/Member	Finance	Yes	Finance	2 terms of 3 years 1/11 to 6/17
5	Hoch, Hannah	drhoch@gmail.com	Trustee/Member	Operations	Yes	Autism, Applied Behavior Analysis	1 term of 3 years 7/15 to 6/18
6	Lainer, Ilene	ilainer@nycollaboratesforautism.org	Trustee/Member	Governance	Yes	Autism, Law	4 terms of 3 years 9/05 to 6/16 1 term of 3

7	Larios, Richard	rlariosster@gmail.com	Trustee/Member	Finance	Yes	Education, Charter Schools	years 10/15 to 6/18
8	O'Neill, Paul	ptoneill@gmail.com	Trustee/Member	Governance, Executive	Yes	Law, Charter Schools	1 term of 3 years 7/15 to 6/18
9	O'Rourke, Hugh	hcorourke@aol.com	Treasurer	Finance, Executive	Yes	Finance	3 terms of 3 years 1/07 to 6/16
10	Santiago, Carol	mom2rafael@gmail.com	Chair/Board President	Executive, Governance	Yes	Parent of NYCACS student, Community Outreach	6 terms of 1 year, 1 term of 3 years 6/09 to 6/18
11	Shih, Alvin	Alvin.Shih@morganstanley.com	Trustee/Member	Operations	Yes	Technology	1 term of 3 years 7/15 to 6/18
12							
13							
14							
15							
16							
17							
18							
19							
20							

2. Total Number of Members on June 30, 2015

11

3. Total Number of Members Joining the Board 2015-16 School Year

4

4. Total Number of Members Departing the Board during the 2015-16 School Year

0

5. Number of Voting Members 2015-16, as set by the by-laws, resolution or minutes

11

6. Number of Board Meetings Conducted in the 2015-16 School Year

13

7. Number of Board Meetings Scheduled for the 2016-17 School Year

12

Thank you.

Enrollment and Retention Efforts 2015-2016

NYC Autism Charter School recognizes the importance of reaching high need student groups, and aggressively seeks to bring underserved students into the school's lottery pool. 100% of NYC Autism Charter School's students are designated Students with Disabilities. As defined by the school's charter, NYC Autism Charter School serves only students falling on the severe to moderate end of the autism spectrum who need a highly structured, staffing-intensive educational setting.

The school is at the capacity (32 students) allowed by its charter and openings become available very infrequently. New students from the lottery pool are enrolled only if the CSE determines that a student already enrolled at NYC Autism Charter School is ready for a less or more restrictive placement, or if an enrolled student's family initiates a change (i.e., moves outside of New York City). During the 2015-2016 school year, 3 students left the school: one moved to a less restrictive (thereby making progress towards the school's goal of moving 5% of its students to a less restrictive educational setting within a 5 year period); one moved to a residential placement at the CSE's recommendation; and one moved out of state. The resulting retention rate for 2015-2016 is 91%.

All NYC Autism Charter School students demonstrate significant language impairments as a result of their autism. Because they lack functional language skills, they are not generally evaluated by the Committee on Special Education (CSE) using the English Language Learner (ELL) assessments that are otherwise given to the general education student population. As a result, they are not designated as ELL students and are not recommended for an ELL instructional program, but instead are recommended for a program of intensive, individually designed language instruction to address deficits in the speech, language, and communication arena. NYC Autism Charter School actively recruits high need students from heavily Hispanic neighborhoods in the surrounding community (District 4) and in the Bronx (Districts 7 and 9), providing both English and Spanish literature and presentations. Additionally, translation services are utilized with families in which another language is preferred, allowing them access to all of the parent engagement and training opportunities available to English speaking families.

NYC Autism Charter School consistently serves a high percentage of students eligible for Free or Reduced Public Lunch. In 2015-2016, 75% of students were eligible for FRPL.

Within this context of enrolling high need/underserved students, the school made the following outreach efforts:

- Print ads in English and Spanish for the 7 NYC Autism Charter School Open Houses and Information Sessions distributed to El Diario and Amsterdam News;
- Electronic ad in English and Spanish submitted to Harlem One Step with distribution to advocacy and community based organizations serving youth at risk;
- Electronic ad in English and Spanish distributed to the parent coordinators of District 4 schools;

- Electronic ad in English and Spanish submitted to the Children's Aid Society for distribution to their professional staff responsible for outreach and intake;
- Recruitment and outreach through Community Education Council—District 4;
- Inclusion by link to NYC Charter School Center network;
- Electronic ad distributed to NYCDOE CPSE's and CSE's;
- Presentation at East Harlem Bi-lingual Head Start Open House;
- Presentation at 12 additional organizations serving children and families, including: Lexington Children's Center, Metro North Day Care, Union Settlement, East River Children's Center, East River Community Center, LaGuardia House/SCAN Nursery, VIDA Family Services, Community Voices Heard, East Harlem Block Schools, Franklin Plaza Day Care Center, Dawning Village, and La Hermosa Day Care.
- Print flyer posted at the Comprehensive Health Clinic at the Metropolitan Hospital;
- Print flyer posted at neighborhood libraries and religious institutions;
- Print flyer posted at the Little Sisters of the Assumption Family Health Center; and
- Recruitment and outreach through Community Board 11's Youth Education Committee.

Other activities that heighten community awareness of NYC Autism Charter School and the students we serve also contribute indirectly to our successful lottery outreach. These include the following:

- Presentation of research and best practices at local, regional, and international professional conferences including Association for Behavior Analysis International, NY State Association for Behavior Analysis, and Autism New Jersey;
- Staff development workshops for neighborhood schools and organizations;
- Autism awareness presentations for schools and organizations including Children's Aid Society, NYC Office of Pupil Transportation, Dream Charter School, PS/MS 50, MESA Charter High School and Aim Academy;
- Peer Mentoring Program in which NYC Autism Charter School staff trained Manhattan Center for Science and Mathematics students to serve as mentors to our students with autism;
- Community outreach at NYC Autism Charter School student and family events including the holiday piano recital and the annual baseball extravaganza;
- On-going relationships with 7 local businesses that provide work readiness opportunities for NYC Autism Charter School students;
- Additional businesses (markets, deli, leisure center) that welcome NYC Autism Charter School students engaged in community based instruction;
- Training for high school, college, and graduate school students and medical school residents who complete internships at the NYC Autism Charter School;
- Over 22 tours and overview presentations offered to local, regional and international professionals interested in learning more about the NYC Autism Charter School and autism education generally.

Currently 62% of NYC Autism Charter School students are of secondary school age (the school is ungraded). As our students grow older, the increased curricular emphasis on functioning in the community has had the added benefit of deepening our presence within East Harlem, indirectly contributing to recruitment efforts. We anticipate that this process will continue as more of our students begin community based programming.



Entry 12 Teacher and Administrator Attrition

Created: 07/22/2016

Last updated: 07/27/2016

Report changes in teacher and administrator staffing.

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Instructions for completing the Teacher and Administrator Attrition Tables

The following tables reflect formatting in the online portal required for Regents authorized charter schools. Schools should provide, for teachers and administrators only, the full time equivalent (FTE) of staff on June 30, 2015; the FTE for added staff from July 1, 2015 through June 30, 2016; and the FTE for any departed staff from July 1, 2015 through June 30, 2016 using the two tables provided.

2015-16 Teacher Attrition Table

FTE Teachers on June 30, 2015	FTE Teachers Departed 7/1/15 - 6/30/16	FTE Teachers Filling Vacant Positions 7/1/15 - 6/30/16	FTE Teachers Added in New Positions 7/1/15-6/30/16	FTE of Teachers on June 30, 2016
8	4	4	0	8

2015-16 Administrator Position Attrition Table

FTE Administrative Positions on June 30, 2015	FTE Administrators Departed 7/1/15 - 6/30/16	FTE Administrators Filling Vacant Positions 7/1/15 - 6/30/16	FTE Administrators Added in New Positions 7/1/15-6/30/16	FTE Administrative Positions on June 30, 2016
4	0	1	0	5

Thank you



Entry 13 Uncertified Teachers

Last updated: 07/22/2016

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The table below is reflective of the information collected through the online portal for compliance with New York State Education Law 2854(3)(a-1) for teaching staff qualifications. Enter the relevant full time equivalent (FTE) count of teachers in each column. For example, a school with 20 full time teachers and 5 half time teachers would have an FTE count of 22.5. If more than one column applies to a particular teacher, please select one column for the FTE count.

Staff Qualifications (June 30, 2016)

Note: Columns should sum to the FTE count of Teachers on June 30, 2016, and each teacher should be in only one column.

- | | |
|--|-----|
| 1. FTE Count of Uncertified Teachers (6-30-15) | |
| 2. FTE count of uncertified teacher with at least three years of elementary, middle or secondary classroom teaching experience (6-30-15) | |
| 3. FTE count of uncertified teachers who are tenured or tenure track college faculty (6-30-15) | |
| 4. FTE count of uncertified teachers with two years of Teach for America experience (6-30-15) | |
| 5. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (6-30-15) | 3 |
| 6. FTE count of uncertified teachers who do not fit into any of the prior four categories | |
| Total | 3.0 |

Thank you.

**New York Center for Autism Charter School
2016-2017 School Year Calendar (Students)**

Sep-16						
16 School Days						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Sept 8 - First Day for Students; Sept 12 - Eid al-Adha

Oct-16						
17 School Days						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Oct 18 - Back to School Night; Oct 3 thru 4 - Rosh Hashana;
Oct 10 - Columbus Day; Oct. 12 - Yom Kippur

Nov-16						
18 School Days						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Nov 8 - Election Day; Nov 11 - Veteran's Day; Nov 24 thru 25 - Thanksgiving

Dec-16						
17 School Days						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Dec 16 - Holiday Piano Recital; Dec 26 thru Jan 2 - Winter Recess

Jan-17						
20 School Days						
M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Dec 26 thru Jan 2 - Winter Recess; Jan 16 - MLK Day

Feb-17						
15 School Days						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

Feb 20 thru 24 - Midwinter Recess;

Mar-17						
23 School Days						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Apr-17						
13 School Days						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

April 10 thru 18 - Spring Recess

May-17						
22 School Days						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

May 29 - Memorial Day

Jun-17						
18 School Days						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

June 8 - Anniversary Day; June 26 - Eid al-Fitr; June 29 thru July 5 - Summer Recess

Jul-17						
18 School Days						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 29 thru July 5 - Summer Recess; July 6 - First Day of Summer Session

Aug-17						
12 School Days						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 16 - Last Day of Summer Session

No School
School Wide Event