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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2012**Open to Public  
Inspection**A For the 2012 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEW YORK COLLABORATES FOR AUTISM</b>		<b>D</b> Employer identification number <b>57-1136147</b>
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
	<b>601 WEST 26TH STREET</b>	<b>1500</b>	<b>212-759-3775</b>
	City, town, or post office, state, and ZIP code <b>NEW YORK, NY 10001</b>		<b>G</b> Gross receipts \$ <b>5,148,881.</b>
<b>F</b> Name and address of principal officer: <b>ILENE LAINER</b> <b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.NYC4A.ORG</b>			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation <b>2002</b> <b>M</b> State of legal domicile <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF NYCA ("NEW YORK COLLABORATES FOR AUTISM, INC.") IS TO SUPPORT THE DEVELOPMENT OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,048,438.</b>	<b>Current Year</b> <b>4,245,133.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,350.</b>	<b>11,413.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-58,566.</b>	<b>-68,374.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>991,222.</b>	<b>4,188,172.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>912,069.</b>	<b>299,564.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>450,845.</b>	<b>543,410.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>62,500.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>274,390.</b>		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-14d, 11f, 24e)	<b>171,561.</b>	<b>356,661.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,534,475.</b>	<b>1,262,135.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-543,253.</b>	<b>2,926,037.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,337,934.</b>	<b>End of Year</b> <b>5,856,350.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,625,735.</b>	<b>2,218,114.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>712,199.</b>	<b>3,638,236.</b>

**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.

<b>Sign Here</b>	Signature of officer: <i>Ilene Lainer</i>		Date: <b>5/13/13</b>		
	Type or print name and title: <b>ILENE LAINER, EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>MARTIN GREIF</b>	Preparer's signature: <i>Martin Greif</i>	Date: <b>5/14/13</b>	Check if self-employed: <input type="checkbox"/>	PTIN: <b>P00029738</b>
	Firm's name: <b>MCGLADREY LLP</b>	Firm's EIN: <b>42-0714325</b>	Phone no: <b>212-372-1000</b>		
Firm's address: <b>1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED JUN 27 2013

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THE MISSION OF NYCA ("NEW YORK COLLABORATES FOR AUTISM, INC.") IS TO SUPPORT THE DEVELOPMENT OF COMPREHENSIVE, EVIDENCE-BASED EDUCATIONAL SERVICES, HEALTH AND COMMUNITY-BASED RESOURCES THAT SUPPORT INDIVIDUALS LIVING WITH ASD AND TO COORDINATE AND FACILITATE ONGOING

**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 \$ 768,123. including grants of \$ 299,564.) (Revenue \$ \_\_\_\_\_)  
 PROVIDED GRANTS TO ORGANIZATIONS THAT COVER A BROAD SPECTRUM OF AUTISM SERVICES LOCATED THROUGHOUT THE COUNTRY.

**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 **▶** 768,123.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> 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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 3		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b> X	
<b>2a</b> 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	<b>2a</b> 6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>3a</b> X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<b>3b</b>
<b>4a</b> 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)?			<b>4a</b> X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<b>5c</b>
<b>6a</b> 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?			<b>6a</b> X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<b>6b</b>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?		<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>7c</b> X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14b</b>	

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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 to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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	24	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	22	
<b>2</b> 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?	<b>2</b> X	
<b>3</b> 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?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b> X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X
<b>7a</b> 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?	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b> X	
<b>9</b> 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	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NY, AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL**

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **ILENE LAINER - 212-759-3775**  
**601 WEST 26TH STREET, SUITE 1500, NEW YORK, NY 10001**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA SLATKIN PRESIDENT	3.50	X		X				0.	0.	0.
(2) STEVEN J. KANTOR TREASURER	2.00	X		X				0.	0.	0.
(3) DOUGLAS P. WARNER SECRETARY	2.50	X		X				0.	0.	0.
(4) PATRICIA CAYNE, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(5) KAREN SIFF EXKORN BOARD MEMBER	1.00	X						0.	0.	0.
(6) MICHAEL A. FREEDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(7) OPHELIA RUDIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) WILLIAM RUDIN BOARD MEMBER	1.00	X						0.	0.	0.
(9) HARRY SLATKIN BOARD MEMBER	1.00	X						0.	0.	0.
(10) MICHELLE SMIGEL BOARD MEMBER	5.00	X						0.	0.	0.
(11) SUZANNE WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(12) YIE-HSIN HUNG BOARD MEMBER	1.00	X						0.	0.	0.
(13) DEEDA MCCORMICK BLAIR BOARD MEMBER	1.00	X						0.	0.	0.
(14) ARLENE MAIDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(15) CAROL EISENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(16) HARVEY EISENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(17) RICK GOLDSMITH BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ESTHER FEIN BOARD MEMBER	1.00	X						0.	0.	0.
(19) DOUG HERZOG BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID REMNICK BOARD MEMBER	1.00	X						0.	0.	0.
(21) ILENE LAINER EXECUTIVE DIRECTOR	42.00	X		X				300,166.	0.	0.
(22) TINA BROWN BOARD MEMBER - STARTED NOV. 2012	1.00	X						0.	0.	0.
(23) ROBERT SMIGEL BOARD MEMBER - STARTED APR. 2012	4.00	X						0.	0.	0.
(24) BELLANCA RUTTER SMIGEL BOARD MEMBER - STARTED NOV. 2012	1.00	X						0.	0.	0.
(25) GILLIAN EAGAN DIRECTOR OF SPECIAL PROJECTS	40.00					X		112,337.	0.	7,991.
<b>1b Sub-total</b>								412,503.	0.	7,991.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								412,503.	0.	7,991.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,041,895.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	203,238.				
	g Noncash contributions included in lines 1a-1f \$		58,500.				
	h <b>Total.</b> Add lines 1a-1f		4,245,133.				
	<b>Program Service Revenue</b>	2 a	Business Code				
		b					
c							
d							
e							
f All other program service revenue							
g <b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		754.			754.	
	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	690,201.				
	b Less: cost or other basis and sales expenses		679,542.				
	c Gain or (loss)		10,659.				
	d Net gain or (loss)		10,659.			10,659.	
	8 a Gross income from fundraising events (not including \$ 4,041,895. of contributions reported on line 1c). See Part IV, line 18	a	212,793.				
	b Less: direct expenses	b	281,167.				
	c Net income or (loss) from fundraising events		-68,374.			-68,374.	
	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							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a							
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d							
12 <b>Total revenue.</b> See instructions		4,188,172.	0.	0.	-56,961.		

**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 to any question in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	299,564.	299,564.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	300,166.	186,367.	68,747.	45,052.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	193,206.	119,958.	44,250.	28,998.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	23,460.	14,566.	5,373.	3,521.
<b>10</b> Payroll taxes	26,578.	16,502.	6,087.	3,989.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	17,280.		17,280.	
<b>c</b> Accounting	28,208.		28,208.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	62,500.			62,500.
<b>f</b> Investment management fees	2,030.		2,030.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	35,375.	35,375.		
<b>12</b> Advertising and promotion	29,683.		457.	29,226.
<b>13</b> Office expenses	110,953.	9,121.	7,425.	94,407.
<b>14</b> Information technology	29,801.	24,119.	3,433.	2,249.
<b>15</b> Royalties				
<b>16</b> Occupancy	17,400.	10,803.	3,985.	2,612.
<b>17</b> Travel	21,541.	15,483.	6,058.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,465.	2,151.	794.	520.
<b>23</b> Insurance	4,440.	2,757.	1,017.	666.
<b>24</b> 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)				
<b>a</b> MISCELLANEOUS	26,987.	10,156.	16,831.	
<b>b</b> CATERER, MUSIC AND FACI	15,464.	8,810.	6,654.	
<b>c</b> COMMUNITY EVENTS	9,700.	9,700.		
<b>d</b> PAYROLL PROCESSING FEES	4,334.	2,691.	993.	650.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,262,135.	768,123.	219,622.	274,390.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	989,670.	<b>1</b>	4,301,107.
	<b>2</b> Savings and temporary cash investments	977,130.	<b>2</b>	527,039.
	<b>3</b> Pledges and grants receivable, net	1,354,692.	<b>3</b>	1,008,591.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	2,896.	<b>9</b>	7,334.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 20,584.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 8,305.	<b>10c</b>	12,279.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,337,934.	<b>16</b>	5,856,350.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,710.	<b>17</b>	34,525.
	<b>18</b> Grants payable	2,622,025.	<b>18</b>	2,183,589.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,625,735.	<b>26</b>	2,218,114.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		-213,747.	<b>27</b>	2,856,609.
<b>28</b> Temporarily restricted net assets		925,946.	<b>28</b>	781,627.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		712,199.	<b>33</b>	3,638,236.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		3,337,934.	<b>34</b>	5,856,350.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,188,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,262,135.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,926,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	712,199.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,638,236.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.**

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Name of the organization

## NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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 )

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2465424.	389,594.	2243538.	1048438.	4245133.	10392127.
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 <b>Total.</b> Add lines 1 through 3	2465424.	389,594.	2243538.	1048438.	4245133.	10392127.
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)						882,526.
6 <b>Public support.</b> Subtract line 5 from line 4						9509601.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2465424.	389,594.	2243538.	1048438.	4245133.	10392127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,538.	8,309.	596.	3,471.	754.	51,668.
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 IV.)	766,641.		2976429.			3743070.
11 <b>Total support.</b> Add lines 7 through 10						14186865.

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** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

14

67.03 %

15 Public support percentage from 2011 Schedule A, Part II, line 14

15

53.10 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10% -facts-and-circumstances test - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐b **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****SPECIAL EVENT REVENUE**

2008 AMOUNT: \$ 766,641.

2010 AMOUNT: \$ 2,976,429.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 an 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" to 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? ☐ Yes ☐ No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,584.	8,305.	12,279.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,279.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 14.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,654,436.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	406,672.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	61,622.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	468,294.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,186,142.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,030.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,030.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,188,172.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,728,399.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	406,672.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	61,622.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	468,294.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,260,105.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,030.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,030.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,262,135.

**Part XIII Supplemental Information**

Complete this part to 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: NEW YORK COLLABORATES FOR AUTISM, INC. ("NYCA") IS**

**SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME ("UBIT"), IF APPLICABLE.**

**FOR THE YEAR ENDED DECEMBER 31, 2012, NYCA DID NOT OWE ANY UBIT. NYCA IS**

**NOT CLASSIFIED AS A PRIVATE FOUNDATION. MANAGEMENT HAS EVALUATED NYCA'S**

**TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT NYCA HAD TAKEN**

**NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL**

**STATEMENTS. GENERALLY, NYCA IS NO LONGER SUBJECT TO INCOME TAX**

**EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

BEFORE 2009, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK  
PERIOD.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING

REVENUE 61,622.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 2,030.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING

REVENUE 61,622.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 2,030.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open To Public Inspection**

Name of the organization

## NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations  
b ☒ Internet and email solicitations  
c ☒ Phone solicitations  
d ☒ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT ASSOCIATES, INC. - 162 WEST 56TH STREET, NEW YORK,	EVENT PLANNING	X		4,254,688.	62,500.	4,192,188.
<b>Total</b>				4,254,688.	62,500.	4,192,188.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NJ, NH, NM, NY  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COMEDY EVENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	4,254,688.			4,254,688.
	2 Less: Contributions	4,041,895.			4,041,895.
	3 Gross income (line 1 minus line 2)	212,793.			212,793.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	219,545.			219,545.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	61,622.			61,622.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 281,167.)
	11 Net income summary. Combine line 3, column (d), and line 10				-68,374.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: EVENT ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 162 WEST 56TH STREET, NEW YORK, NY 10019

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**NEW YORK COLLABORATES FOR AUTISM**

Employer identification number  
**57-1136147**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCCA 120 WALL STREET NEW YORK, NY 10005	13-1624060	501 (C)(3)	10,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
BERGEN COUNTRY Y/JCC 605 PASCACK RD. TOWNSHIP OF WASHINGTON, NJ 07676	22-1487394	501 (C)(3)	7,500.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
FEAT OF WASHINGTON PO BOX 6159 BELLEVUE, WA 98008	91-1727777	501 (C)(3)	10,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
NYCA CHARTER SCHOOL 433 E. 100TH STREET (P.S. 50) NEW YORK, NY 10029	35-2255995	501 (C)(3)	5,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
NEW ENGLAND CENTER FOR CHILDREN 33 TURNPIKE ROAD SOUTHBOROUGH, MA 01772-2108	04-2708762	501 (C)(3)	100,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
THE JCC IN MANHATTAN 334 AMSTERDAM AVENUE NEW YORK, NY 10023	13-3490745	501 (C)(3)	40,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

▶ 9.  
▶ 0.

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

**Schedule I (Form 990) (2012)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVE DREAMS 515 BUSSE HIGHWAY, SUITE 150 PARK RIDGE, IL 60068	36-4078008	501 (C)(3)	17,500.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
NY PRESBYTERIAN HOSPITAL 525 E. 68TH ST. NEW YORK, NY 10065	13-3160356	501 (C)(3)	91,564.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS
ARC OF WESTCHESTER 265 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-4223851	501 (C)(3)	18,000.	0.			EDUCATION, SOCIALIZATION AND RECREATION FOR AUTISTIC INDIVIDUALS

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: -NYCA MAKES SITE VISITS TO POTENTIAL GRANTEEES

IN ADVANCE OF ISSUING THE GRANT TO ENSURE THAT THEY DELIVER SERVICES TO PEOPLE WITH AUTISM.

-NYCA MAKES SITE VISITS TO ACTUAL GRANTEEES AFTER THE GRANTS ARE AWARDED TO ENSURE THAT THEY DELIVER SERVICES TO PEOPLE WITH AUTISM.

-NYCA REQUESTS A LETTER FROM GRANTEEES ADVISING OF THE SERVICES THEY HAVE PROVIDED DURING THE PERIOD OF THE GRANT.

-NYCA DOES RESEARCH TO DETERMINE THE NATURE OF SERVICES POTENTIAL OR ACTUAL GRANTEEES PROVIDE TO DETERMINE IF THEIR MISSION/PURPOSE INCLUDES PEOPLE WITH

**Part IV** Supplemental Information

AUTISM.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public Inspection

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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 in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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) 2012

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
---------	--

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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]

**Part III** Supplemental Information

Complete this part to 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.

**PART I, LINE 7: THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENT**

**IN THE FORM OF BONUS WHICH WAS APPROVED BY THE BOARD OF DIRECTORS:**

ILENE LAINER, EXECUTIVE DIRECTOR - \$30,000

GILLIAN EAGAN, DIRECTOR OF SPECIAL PROJECTS - \$8,500

Department of the Treasury  
Internal Revenue Service

**► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

2012

### Open To Public Inspection

Name of the organization

## NEW YORK COLLABORATES FOR AUTISM

Employer identification number	57-1136147
--------------------------------	------------

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3) and section 501(c)(4) organizations only).
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$ \_\_\_\_\_  
 ▶ \$ \_\_\_\_\_

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

<b>Total</b>	<b>▶ \$</b>				
--------------	-------------	--	--	--	--

<b>Part III</b>	<b>Grants or Assistance Benefiting Interested Persons.</b>
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2012

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2012**

Open to Public  
Inspection

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	7,500.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>SUPPLIES FOR</u> )	X	1	51,000.	FMV
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) (2012)

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

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

COMPREHENSIVE, EVIDENCE-BASED EDUCATIONAL SERVICES, HEALTH AND  
COMMUNITY-BASED RESOURCES THAT SUPPORT INDIVIDUALS LIVING WITH ASD AND  
TO COORDINATE AND FACILITATE ONGOING RESEARCH INTO ASD.

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

RESEARCH AND DEVELOPMENT OF SERVICES FOR PEOPLE LIVING WITH ASD.

FORM 990, PART VI, SECTION A, LINE 2: LAURA SLATKIN, PRESIDENT AND HARRY  
SLATKIN, BOARD MEMBER SHARE FAMILY RELATIONSHIP. ILENE LAINER, EXECUTIVE  
DIRECTOR AND STEVEN KANTOR, TREASURER SHARE FAMILY RELATIONSHIP. OPHELIA  
RUDIN, BOARD MEMBER AND WILLIAM RUDIN, BOARD MEMBER SHARE FAMILY  
RELATIONSHIP. CAROL EISENBERG, BOARD MEMBER AND HARVEY EISENBERG, BOARD  
MEMBER SHARE FAMILY RELATIONSHIP. ESTHER FEIN, BOARD MEMBER AND DAVID  
REMICK, BOARD MEMBER SHARE FAMILY RELATIONSHIP. MICHELLE SMIGEL, BOARD  
MEMBER AND ROBERT SMIGEL, BOARD MEMBER SHARE FAMILY RELATIONSHIP. ROBERT  
SMIGEL, BOARD MEMBER AND BELLANCA RUTTER SMIGEL, BOARD MEMBER SHARE FAMILY  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION HAD AMENDED THE  
CERTIFICATE OF INCORPORATION DUE TO THE ORGANIZATION CHANGED ITS NAME IN  
2012.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE  
FINANCE COMMITTEE AND AVAILABLE TO THE BOARD MEMBERS UPON REQUEST.

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

FORM 990, PART VI, SECTION B, LINE 12C: NYCA HAS A WRITTEN POLICY REGARDING CONFLICTS OF INTEREST WHICH APPLIES TO ALL DIRECTORS AND OFFICERS OF NYCA. DIRECTORS AND OFFICERS ARE PERIODICALLY ASKED TO CONFIRM COMPLIANCE WITH THE POLICY. IF THE EXECUTIVE DIRECTOR OR PRESIDENT OF NYCA BECOME AWARE OF ANY FACTS SUGGESTING THAT A CONFLICT OF INTEREST EXISTS THEY ARE REQUIRED TO NOTIFY THE MEMBERS OF THE BOARD OF SUCH CONFLICT AND THE BOARD, UPON THE ADVICE OF LEGAL COUNSEL, WILL DETERMINE WHETHER SUCH CONFLICT EXISTS AND WHAT ACTIONS, IF ANY, TO TAKE IN REGARD TO SUCH CONFLICT. ANY DIRECTOR DETERMINED TO HAVE A CONFLICT OF INTEREST ON A MATTER PRESENTED TO THE BOARD WILL NOT PARTICIPATE IN ANY DISCUSSIONS OR DELIBERATIONS REGARDING THE SUBJECT MATTER WHERE A CONFLICT OF INTEREST EXISTS AND WILL NOT BE ENTITLED TO VOTE ON SUCH MATTER.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS PERIODICALLY REVIEWS SALARY INFORMATION FROM OTHER COMPARABLE NOT FOR PROFIT ORGANIZATIONS IN DETERMINING THE APPROPRIATENESS OF THE EXECUTIVE DIRECTOR'S AND KEY EMPLOYEES SALARY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NJ, NH, NM OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

FORM 990, PART VII, SECTION A:

THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS

REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F AND NOT APPLYING

Name of the organization

NEW YORK COLLABORATES FOR AUTISM

Employer identification number

57-1136147

THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.



FILING RECEIPT

=====

ENTITY NAME: NEW YORK COLLABORATES FOR AUTISM INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME

COUNTY: NEWY

=====

FILED: 05/10/2012 DURATION: \*\*\*\*\* CASH#: 120510000382 FILM #: 120510000357

FILER:

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NEW YORK CENTER FOR AUTISM RESEARCH  
AND EDUCATION, INC.  
601 WEST 26TH STREET- NO. 1500  
NEW YORK, NY 10001

ADDRESS FOR PROCESS:

-----

THE CORPORATION  
601 WEST 26TH STREET -NO. 1500  
NEW YORK, NY 10001

REGISTERED AGENT:



=====

SERVICE COMPANY: CORPORATION SERVICE COMPANY - 45

SERVICE CODE: 45

FEES	90.00
-----	
FILING	30.00
TAX	0.00
CERT	0.00
COPIES	10.00
HANDLING	50.00

PAYMENTS	90.00
-----	
CASH	0.00
CHECK	0.00
CHARGE	0.00
DRAWDOWN	90.00
OPAL	0.00
REFUND	0.00

=====

178580JBA

DOS-1025 (04/2007)

***STATE OF NEW YORK***

***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of  
the Department of State, at the City of  
Albany, on May 10, 2012.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

CSC 45  
Drawdown

120510000

357

**CERTIFICATE OF AMENDMENT OF THE  
CERTIFICATE OF INCORPORATION  
OF  
NEW YORK CENTER FOR AUTISM RESEARCH AND EDUCATION, INC.**

Under Section 803 of the New York State Not-for-Profit Corporation Law

Dated as of April 23, 2012

**FIRST:** The name of the corporation is New York Center for Autism Research and Education, Inc.

**SECOND:** The certificate of incorporation was filed by the Department of State on August 30, 2002.

**THIRD:** The law the corporation was formed under is the New York State Not-For-Profit Corporation Law.

**FOURTH:** The corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law.

**FIFTH:** The corporation is a Type B corporation.

**SIXTH:** The amendment effected by this certificate of amendment is as follows:

Paragraph First of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows: 1. The name of the corporation is New York Collaborates for Autism Inc.

SEVENTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

New York Collaborates for Autism Inc,  
601 West 26th Street – No. 1500  
New York, New York 10001

EIGHTH: The certificate of amendment was authorized by: *(Check the appropriate box)*

- ☐ The amendment was authorized by a vote of a majority of the members at a meeting.
- ☐ The amendment was authorized by the unanimous written consent of the members entitled to vote thereon.
- ☒ The amendment was authorized by a vote of a majority of the entire board of directors. The corporation has no members.

New York Center for Autism  
Research and Education, Inc.

By: 

Laura Statkin  
President

STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
Albany, New York

**CONSENT TO FILING WITH THE DEPARTMENT OF STATE**  
**(Certificate of Amendment with Name Change)**

Consent is hereby given to the filing by  
New York Center for Autism Research and Education, Inc.

[name of entity]  
of the annexed certificate of amendment, including a change of name to  
New York Collaborates for Autism Inc.

[new name]  
pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law,  
the Business Corporation Law, the Limited Liability Company Law or any other applicable  
statute.

This consent is issued solely for purposes of filing the annexed document by the  
Department of State and shall not be construed as approval by the Board of Regents, the  
Commissioner of Education or the State Education Department of the purposes or objects of such  
entity, nor shall it be construed as giving the officers or agents of such entity the right to use the  
name of the Board of Regents, the Commissioner of Education, the University of the State of  
New York or the State Education Department in its publications or advertising matter.



IN WITNESS WHEREOF this instrument is  
executed and the seal of the State Education  
Department is affixed.

JOHN B. KING, JR.  
Commissioner of Education

By: Kathleen M. Mancini  
Kathleen Mancini

Commissioner's authorized designee

5/2/12  
Date

**THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE  
COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE  
STATE EDUCATION DEPARTMENT.**

120510000357

**CERTIFICATE OF AMENDMENT OF THE  
CERTIFICATE OF INCORPORATION  
OF**

**NEW YORK CENTER FOR AUTISM RESEARCH AND EDUCATION, INC.**

Under Section 803 of the Not-for-Profit Corporation Law

filer's Name New York Center for Autism Research and Education, Inc.

Address 601 West 26th Street - No. 1500

City, State and Zip Code New York, New York 10001

NOTE: The certificate must be submitted with a \$30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.

For Office Use Only

CUSTOMER REF. #

178580 JAB

STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED MAY 10 2012

TAXS \$  
BY: par

New York

CSC 45  
Drawdown

par (P)



382

# **New York Collaborates for Autism, Inc.**

Financial Report

December 31, 2012

## Contents

Independent Auditor's Report	1
Financial Statements:	
Statement of Financial Position	2
Statement of Activities	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6 - 9



## Independent Auditor's Report

To the Board of Directors  
New York Collaborates for Autism, Inc  
New York, New York

### Report on the Financial Statements

We have audited the accompanying financial statements of New York Collaborates for Autism, Inc. ("NYCA"), which comprise the statement of financial position as of December 31, 2012, and the related statements of activities, functional expenses and cash flows for the year 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.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 NYCA as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

*McGladrey LLP*

New York, New York  
May 14, 2013

**New York Collaborates for Autism, Inc.**

**Statement of Financial Position  
December 31, 2012**

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**ASSETS**

Cash and Cash Equivalents	\$ 4,828,146
Contributions and Pledges Receivable, net of discount	1,008,591
Prepaid Expenses	7,334
Fixed Assets - net	<u>12,279</u>
<b>Total assets</b>	<b><u>\$ 5,856,350</u></b>

**LIABILITIES AND NET ASSETS**

Liabilities

Accounts payable and accrued expenses	\$ 34,525
Grants payable, net of discount	<u>2,183,589</u>

<b>Total liabilities</b>	<b><u>2,218,114</u></b>
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Net Assets.

Unrestricted	2,856,609
Temporarily restricted	<u>781,627</u>

<b>Total net assets</b>	<b><u>3,638,236</u></b>
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<b>Total liabilities and net assets</b>	<b><u>\$ 5,856,350</u></b>
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See Notes to Financial Statements

**New York Collaborates for Autism, Inc.**

**Statement of Activities  
Year Ended December 31, 2012**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Revenues, Gains and Other Support			
Contributions	\$ 138,238	\$ 72,785	\$ 211,023
Special event	3,943,415	260,273	4,203,688
Less direct cost of special event	(219,545)	-	(219,545)
In-kind contributions	457,672	-	457,672
Investment income	1,598	-	1,598
Net assets released from restrictions	<u>477,377</u>	<u>(477,377)</u>	<u>-</u>
<b>Total revenues, gains and other support</b>	<u>4,798,755</u>	<u>(144,319)</u>	<u>4,654,436</u>
Expenses			
Program services			
Research, education and community services	<u>753,184</u>	<u>-</u>	<u>753,184</u>
Supporting services			
Management and general	304,064	-	304,064
Fund-raising	<u>671,151</u>	<u>-</u>	<u>671,151</u>
<b>Total supporting services</b>	<u>975,215</u>	<u>-</u>	<u>975,215</u>
<b>Total expenses</b>	<u>1,728,399</u>	<u>-</u>	<u>1,728,399</u>
<b>Change in net assets</b>	<u>3,070,356</u>	<u>(144,319)</u>	<u>2,926,037</u>
Net Assets			
Beginning	<u>(213,747)</u>	<u>925,946</u>	<u>712,199</u>
Ending	<u>\$ 2,856,609</u>	<u>\$ 781,627</u>	<u>\$ 3,638,236</u>

See Notes to Financial Statements

**New York Collaborates for Autism, Inc.**

**Statement of Functional Expenses  
Year Ended December 31, 2012**

	<b>Program Services</b>	<b>Supporting Services</b>		
	<b>Research, Education and Community Services</b>	<b>Management and General</b>	<b>Fund- Raising</b>	<b>Total</b>
Expenses.				
Grants	\$ 299,564	\$ -	\$ -	\$ 299,564
Salaries	306,325	112,997	74,050	493,372
Payroll taxes	31,068	11,460	7,510	50,038
Professional fees	35,250	131,960	91,904	259,114
Occupancy	10,803	3,985	2,612	17,400
Insurance	2,757	1,017	666	4,440
Telephone (and online services)	1,996	736	482	3,214
Supplies	5,854	4,271	61,622	71,747
Postage, printing, and publications	1,246	867	65,715	67,828
Credit card fees	25	1,551	28,210	29,786
Advertising	-	457	29,226	29,683
Travel	15,483	6,058	-	21,541
Payroll (processing fees)	2,691	993	650	4,334
Caterer, music and facility rental	8,810	6,654	305,735	321,199
Contributions	9,700	-	-	9,700
Depreciation	2,151	794	520	3,465
Database, website and webhosting	9,305	3,433	2,249	14,987
Miscellaneous	10,156	16,831	-	26,987
Repairs and maintenance	-	-	-	-
<b>Total expenses</b>	<b>\$ 753,184</b>	<b>\$ 304,064</b>	<b>\$ 671,151</b>	<b>\$ 1,728,399</b>

See Notes to Financial Statements

**New York Collaborates for Autism, Inc.**

**Statement of Cash Flows**  
**Year Ended December 31, 2012**

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Cash Flows From Operating Activities	
Change in net assets	\$ 2,926,037
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	3,465
Stock contribution	(354,119)
Net gains on investment	(12,284)
Decrease (increase) in assets:	
Contributions and pledges receivable, net of discount	346,101
Prepaid expenses	(4,438)
(Decrease) increase in liabilities:	
Accounts payable and accrued expenses	30,815
Grants payable, net of discount	<u>(438,436)</u>
<b>Net cash provided by operating activities</b>	<b><u>2,497,141</u></b>
Cash Flows From Investing Activities	
Proceeds from sale of investments	690,201
Fixed asset acquisitions	<u>(2,198)</u>
<b>Net cash provided by investing activities</b>	<b><u>688,003</u></b>
<b>Net increase in cash and cash equivalents</b>	<b>3,185,144</b>
Cash and Cash Equivalents	
Beginning	<u>1,643,002</u>
Ending	<b><u>\$ 4,828,146</u></b>

See Notes to Financial Statements.

## **New York Collaborates for Autism, Inc.**

### **Notes to Financial Statements**

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#### **Note 1. Nature of Organization**

New York Center for Autism Research and Education, Inc., established on August 30, 2002, is a not-for-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. During 2012, New York Center for Autism Research and Education, Inc. changed the organization name to New York Collaborates for Autism, Inc. ("NYCA")

NYCA has been established to support the development of comprehensive, evidence-based educational services, health and community-based resources that support individuals with autism spectrum disorders across their lifespan and to coordinate and facilitate ongoing research into autism spectrum disorders

#### **Note 2. Summary of Significant Accounting Policies**

Basis of Accounting: The financial statements of NYCA have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America for not-for-profit organizations, which also requires NYCA to report information regarding its financial position and activities according to three classes of net assets unrestricted, temporarily restricted and permanently restricted.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

Cash and Cash Equivalents NYCA considers all highly liquid instruments purchased with a maturity of three months or less to be cash equivalents. Cash equivalents consist of money market accounts

NYCA maintains cash in bank accounts which, at times, may exceed federally insured limits. The cash in these accounts from time to time exceeds the Federal Deposit Insurance Corporation limits and subjects NYCA to a concentration of credit risk. However, NYCA's management monitors this risk on a regular basis and believes it is not exposed to any credit risk. NYCA has not experienced any losses in such accounts

Contributions and Pledges Receivable. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received, prior to the adoption of Accounting Standards Codification ("ASC") 820, and using a borrowing rate to discount the amount after the adoption of ASC 820. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met

Contributions received or pledged are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or absence of donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Allowance for Doubtful Accounts: NYCA determines whether an allowance for uncollectible accounts should be provided for contributions and pledges. Such estimates are based on management's assessment of the aged basis of its contributions and pledges and other sources, such as current economic conditions and historical information. Contributions and pledges receivable are written off against the allowance for doubtful accounts when all reasonable collection efforts have been exhausted. As of December 31, 2012, NYCA had no allowance for doubtful accounts.

**New York Collaborates for Autism, Inc.**

**Notes to Financial Statements**

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**Note 2. Summary of Significant Accounting Policies (Continued)**

Fixed Assets: Fixed assets are recorded at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets, which range from five to seven years. Items with a cost of \$500 and an estimated useful life of greater than one year are capitalized.

	Useful Lives (Years)
Furniture and fixtures	7
Computer equipment	5

Grants Payable: NYCA grants funds to other organizations for specific programs. Grants are recorded as an expense and a payable when approved by the board of directors.

Unrestricted Net Assets: Unrestricted net assets include funds having no restriction as to the use, purpose or time imposed by donors.

Temporarily Restricted Net Assets: Temporarily restricted net assets are those assets whose use by NYCA has been limited by donors to a specific time period or purpose.

Permanently Restricted Net Assets: Permanently restricted net assets resulting from contributions and other inflows of assets whose use by NYCA is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of NYCA. There were no permanently restricted net assets as of December 31, 2012.

In-Kind Contributions: In-kind contributions are recognized at fair value at the date of donation.

Functional Allocation of Expenses: The costs of providing NYCA's programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes: NYCA is subject to taxes on unrelated business income ("UBIT"), if applicable. For the year ended December 31, 2012, NYCA did not owe any UBIT. NYCA is not classified as a private foundation. Management has evaluated NYCA's tax positions for all open tax years and has concluded that NYCA had taken no uncertain tax positions that require adjustments to the financial statements. Generally, NYCA is no longer subject to income tax examinations by U.S. federal, state or local tax authorities for years before 2009, which is the standard statute of limitations look-back period.

Subsequent Events: NYCA evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through May 14, 2013, the date that these financial statements were available to be issued.

**New York Collaborates for Autism, Inc.**

**Notes to Financial Statements**

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**Note 3. Fixed Assets**

Fixed assets, at cost, consist of the following at December 31, 2012:

Computers and equipment	\$ 17,718
Furniture and fixtures	<u>2,866</u>
	20,584
Less accumulated depreciation	<u>(8,305)</u>
	<u><u>\$ 12,279</u></u>

**Note 4. Contributions and Pledges Receivable**

Contributions and pledges receivable consist of the following at December 31, 2012:

Amount due in less than one year	\$ 934,123
Due in one to five years	<u>77,000</u>
	1,011,123
Less discount to present value at a rate of 3.4%	<u>(2,532)</u>
	<u><u>\$ 1,008,591</u></u>

**Note 5. Grants Payable**

As of December 31, 2012, NYCA is committed to offer grants through December 31, 2021. Payments on these grants are subject to the satisfaction of grant provisions, as defined. Outstanding grant commitments payable, before discount, as of December 31, 2012 aggregated \$2,430,000 and future minimum grants payable are expected to be paid as follows.

Year ending December 31,

2013	\$ 435,000
2014	415,000
2015	240,000
2016	240,000
2017	240,000
Thereafter	<u>860,000</u>
	2,430,000
Less discount to present value at rates of 3.4% and 3.88%	<u>(246,411)</u>
	<u><u>\$ 2,183,589</u></u>

**New York Collaborates for Autism, Inc.**

**Notes to Financial Statements**

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**Note 6. Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes as of December 31, 2012:

Westchester programs.	
Westchester General	\$ 470,052
Train Our Teens	260,273
Center for Autism and the Developing Brain	25,000
Project Search	<u>26,302</u>
	<u>\$ 781,627</u>

Net assets released from restrictions due to the satisfaction of time and/or purpose restrictions during the year ended December 31, 2012

Westchester programs	
Westchester General	\$ 453,394
Project Search	<u>23,983</u>
	<u>\$ 477,377</u>

Westchester General fund can be used for Center for Autism and the Developing Brain and Project Search programs.

**Note 7. Rent and Related Party Transaction**

NYCA rents space from a corporation owned by a member of the board of directors. NYCA paid the corporation rent for the years ended December 31, 2012, which amounted to \$17,400. There is no formal lease agreement.

**Note 8. In-Kind Contributions**

NYCA received in-kind contributions of \$457,672 during the year ended December 21, 2012. The in-kind contributions consist of the following:

Legal services	\$ 99,712
Special event - Night of Too Many Stars	356,735
Others	<u>1,225</u>
	<u>\$ 457,672</u>