



Entry 1 School Information

Created: 07/25/2016

Last updated: 08/01/2016

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

Page 1

a. SCHOOL NAME AND BEDS#

(Select name from the drop down menu)

JOHN W LAVELLE PREPARATORY CS (NYC CHANCELLOR) 353100860959

b. CHARTER AUTHORIZER

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

NYCDOE-Authorized Charter School

c. DISTRICT / CSD OF LOCATION

NYC CSD 31

d1. SCHOOL INFORMATION

| | PRIMARY ADDRESS | PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
|--|---|--------------|--------------|--|
| | 1 Teleport Drive, 3rd Floor Staten Island NY 10311 | 347-855-2238 | 718-709-7680 | dvolini@lavelleprep.org |

d2. PHONE CONTACT NUMBER FOR AFTER HOURS EMERGENCIES

| | |
|--------------|----------------------|
| Contact Name | Christopher Zilinski |
|--------------|----------------------|

| | |
|---------------------------------------|------------|
| Title | Principal |
| Emergency Phone Number (###-###-####) | ██████████ |

e. SCHOOL WEB ADDRESS (URL)

www.lavelleprep.org

f. DATE OF INITIAL CHARTER

04/2009

g. DATE FIRST OPENED FOR INSTRUCTION

09/2009

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

MISSION STATEMENT

The John W. Lavelle Preparatory Charter School provides a rigorous college preparatory education that equips and empowers students for success. Lavelle Prep expects all students to graduate with a foundation to attend and succeed in college and in life. Lavelle Prep welcomes all students, including those living with emotional challenges, and integrates all students in its classes and activities. Full integration of students empowers them to break down barriers through the power of their daily academic and social experience, enabling them to develop the academic skill, emotional fluency, and confidence required to be successful students today and thoughtful, open-minded leaders tomorrow. In fostering both the academic and emotional growth of all students, Lavelle Prep serves as an innovative, holistic educational model for other high-performing schools.

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

KEY DESIGN ELEMENTS (Brief description)

| | |
|------------|--|
| Variable 1 | Lavelle Prep is committed to preparing all students for college admission. We have, therefore established very high standards for our students |
|------------|--|

| | |
|------------|---|
| | <p>both with respect to the courses and Regents Exams, which they are expected to pass, and the accelerated time table on which they are expected to do so. At the same, we recognize that some students enter Lavelle Prep poorly prepared academically. We use a variety of programs in Literacy and Mathematics to meet the needs of students who are two or more years below grade level. All students are expected to be functioning on grade level by the time they enter 8th grade. Lavelle Prep measures progress toward these goals using both Standardized Assessments (in intermediate grades, standardized New York State exams in English Language Arts and Mathematics; in the upper grades, Regents Exams) and Formative Assessments. Lavelle Prep maintains a Responsive Educational Program and Environment as reflected in annual improvements in average daily attendance, student retention, and parent and student satisfaction.</p> |
| Variable 2 | <p>The Lavelle Prep educational program is, first of all, designed to provide the highest quality college preparatory program to all students, to provide an education program comparable to that of the finest private prep schools. To this model are added those ingredients which enable students living with emotional challenges and other disabilities to be fully integrated in the Lavelle Prep program. The central tenet of Lavelle Prep is that the needs of students living with emotional challenges can be met in a fully integrated environment</p> |
| Variable 3 | <p>Elements which make Lavelle Prep an outstanding college prep program include small classes, challenging academic curricula and high expectations, constructivist teaching, integration of technology into teaching and learning, a Wellness Curriculum, and a visual and performing arts curriculum.</p> |
| Variable 4 | <p>Elements which enable Lavelle Prep to fully integrate students living with emotional challenges and which enhance the education of all students include dually certified teachers and teacher assistants; computer assisted instruction; a behavioral management system, and mental health services provided by collaborating community-based providers. Lavelle Prep fosters hope and confidence in all students. Lavelle Prep's strength-based approach is rooted in the "big idea" that recovery is possible. Neither mental nor physical disorders nor other structural disadvantaging factors, for example gender, race, or poverty, need stand in the way of academic success and productive lives. The structure of Lavelle Prep is</p> |

| | |
|-------------|---|
| | <p>designed to reinforce this idea. Students learn in small classes with a teacher and a teacher assistant. Without regard to disability, all students follow the same academic program; all are expected to succeed in high school and go on to college. Teachers recognize and accommodate diverse learning styles and strengths, offer multiple means of representing content, and provide students with multiple means of expressing their mastery of that content. Content learning is supported by explicit instruction in skills and strategies. Constructivist pedagogy enables students to understand their individual learning style and to maximize their strengths. Serving primarily as guides and facilitators of learning, teachers utilize a variety of individual and small group learning experiences to encourage students to become self-regulated learners, aware of their own learning styles and capable of collaborative problem solving. Students requiring related services such as speech-language therapy or occupational therapy receive them within the classroom whenever appropriate.</p> |
| Variable 5 | (No response) |
| Variable 6 | (No response) |
| Variable 7 | (No response) |
| Variable 8 | (No response) |
| Variable 9 | (No response) |
| Variable 10 | (No response) |

i. TOTAL ENROLLMENT ON JUNE 30, 2016

481

j. GRADES SERVED IN SCHOOL YEAR 2015-16

Check all that apply

| | |
|---------------|------------------------|
| Grades Served | 6, 7, 8, 9, 10, 11, 12 |
|---------------|------------------------|

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

No

Page 2

I1. FACILITIES

Does the school maintain or operate multiple sites?

No, just one site.

I2. SCHOOL SITES

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

| | Physical Address | Phone Number | District/CSD | Grades Served at Site | School at Full Capacity at Site | Facilities Agreement |
|-------------------------------|---|--------------|------------------|-----------------------|---------------------------------|----------------------|
| Site 1 (same as primary site) | 1 Teleport Drive, 3rd Fl Staten Island NY 10311 | 718-709-7680 | RICHMOND (TOTAL) | 6-12 | Yes | Rent/Lease |
| Site 2 | | | | | | |
| Site 3 | | | | | | |

I2a. Please provide the contact information for Site 1.

| | Name | Work Phone | Alternate Phone | Email Address |
|--------------------|----------------------|------------|-----------------|---------------|
| School Leader | Christopher Zilinski | [REDACTED] | | [REDACTED] |
| Operational Leader | Dana Volini | [REDACTED] | | [REDACTED] |
| Compliance Contact | Dana Volini | [REDACTED] | | [REDACTED] |
| Complaint Contact | Dana Volini | [REDACTED] | | [REDACTED] |

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

No

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

Yes

n2. Summary of Charter Revisions

| | Category (Select Best Description) | Specific Revision (150 word limit) | Date Approved by BOT (if applicable) | Date Approved by Authorizer (if applicable) |
|---|-------------------------------------|--|--------------------------------------|---|
| 1 | Change in Grade Level Configuration | Lavelle Prep expanded their charter to include grades k-5. | October 22, 2015 | February 23, 2016 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

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

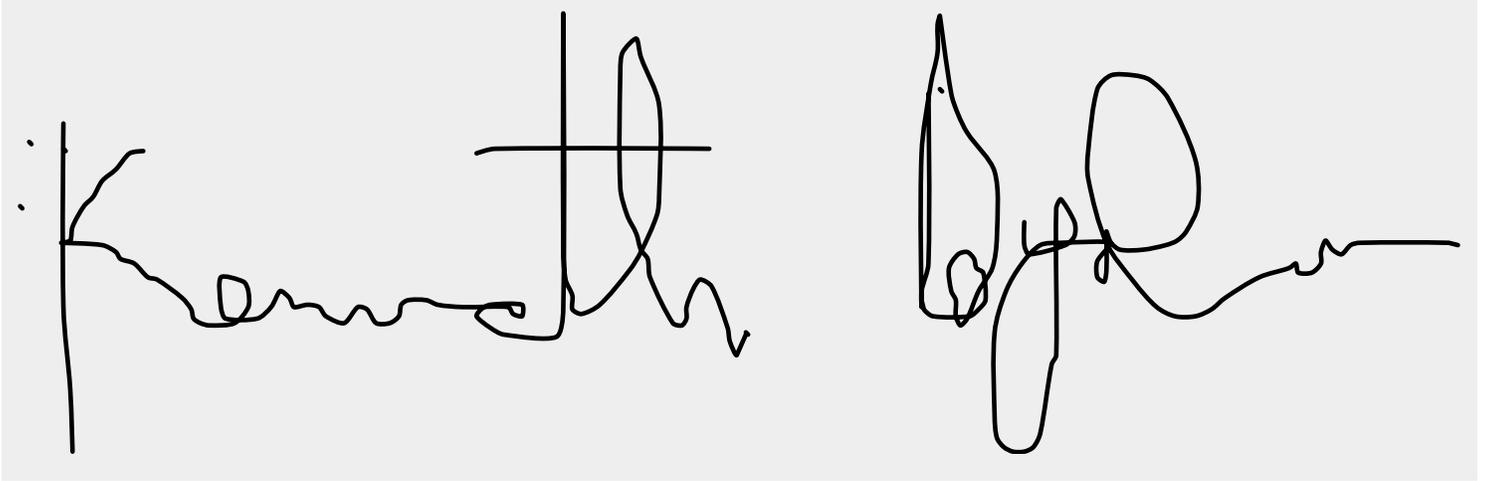
Dana Volini, VP of Operations and Christopher Zilinski, Principal

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

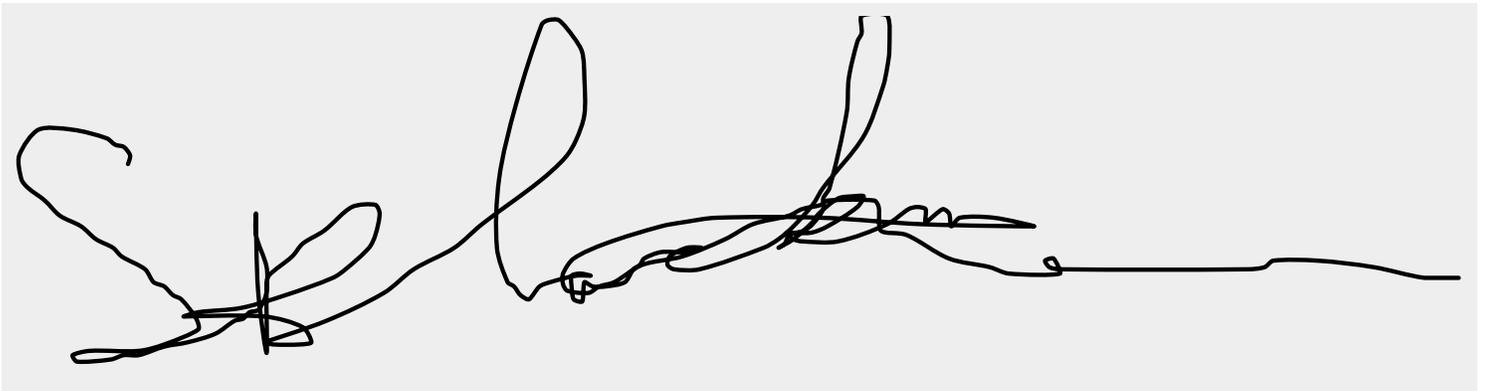
Responses Selected:

Yes

Signature, Head of Charter School

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "K. Smith". It features a large, vertical initial 'K' on the left, followed by a series of connected loops and a final flourish.

Signature, President of the Board of Trustees

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "S. Smith". It features a large, vertical initial 'S' on the left, followed by a series of connected loops and a final flourish.

Date

2016/07/27

Thank you.



Entry 2 Link

Last updated: 07/26/2016

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1. NEW YORK STATE REPORT CARD

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

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

<https://data.nysed.gov/reportcard.php?instid=800000064491&year=2015&createreport=1&enrollment=1&avgclasssize=1&freelunch=1&attendance=1&suspensions=1&teacherqual=1&teacherturnover=1&staffcounts=1&38ELA=1&38MATH=1&48SCI=1&naep=1®ents=1&nysaa=1&nyseslat=1&elemELA=1&elemMATH=1&elemSci=1&unweighted=1>



Entry 3 Progress

Created: 10/26/2016

Last updated: 11/01/2016

Page 1

PROGRESS TOWARD CHARTER GOALS

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

1. ACADEMIC STUDENT PERFORMANCE GOALS

2015-16 Progress Toward Attainment of Academic Goals

| | Academic Student Performance Goal | Measure Used to Evaluate Progress Toward Attainment of Goal | Goal - Met, Partially Met, or Not Met | If Not Met, Describe Efforts School Will Take |
|--|-----------------------------------|---|---|---|
| | | | <p>Not Met - Progress Made</p> <p>233 students were enrolled for at least two years</p> | <p>Our commitment to deeper learning, and shifting to more student centered questioning and discussions began to show results with an increase in proficiency and a positive shift in all markers on the ELA Exams. We are continuing these efforts as there are still major efforts that need to be taken to ensure that we achieve the level of success</p> |

| | | | | |
|------------------------|---|---------------------------------------|---|--|
| <p>Academic Goal 1</p> | <p>Seventy-five percent of 6-8th graders who have been enrolled at the school for at least two consecutive years will perform at or above Level 3 on the New York State ELA examination</p> | <p>New York State ELA examination</p> | <p>15% were proficient in ELA in Spring 2015 24% were proficient in ELA in Spring 2016</p> <p>With our high percentage of at-risk students (35% sped and 75% FRPL) 75% proficiency is an aggressive goal. On average, about 18% of incoming students were proficient on their 5th grade ELA exams. Over the past 2 years, this cohort of students has shown growth each year.</p> | <p>that we are aiming for. Similar to other years, our Advancement class initiative, (skill specific classes that are aimed to the level of each student based on a series of data points), are continuously adjusted to best serve our students, this year with the inclusion of Orton Gillingham sections. Our Saturday program will continue to provide additional instruction to students, as well as the interventions implemented last year: NewsELA, Teenbiz3000, iReady etc. This year marked the first year of an overhauled curriculum, which had a positive impact on student engagement. We will continue with this curriculum and continue to adjust it as necessary.</p> |
| | <p>Seventy-five percent of 6-8th graders who have been enrolled at the school for at</p> | | <p>Not Met - Progress Made</p> <p>233 students were enrolled for at least 2 years 27% of students were proficient in Math in Spring 2015 29% of students were proficient in Math in Spring 2016</p> | <p>We are entering the final year of a partnership with the College of Staten Island and Metamorphosis. We have continued to create a mathematical experience where students can explore the content and make connections to real</p> |

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|-----------------|--|---|--|--|
| Academic Goal 2 | least two consecutive years will perform at or above Level 3 on the New York State mathematics examination or a 65% or higher on the New York State Algebra Regents. | New York State mathematics examination | With our high percentage of at-risk students (35% sped and 75% FRPL) 75% proficiency is an aggressive goal. On average, about 17% of incoming students were proficient on their 5th grade Math exams. Over the past 2 years, this cohort of students has shown growth each year. | life math. The Advancement classes will continue to target all students and address their individual skill needs. Saturday school will continue to be provided, as well as previous interventions, iReady, and new interventions, IXL. Staff has begun the work to create a schoolwide math culture. |
| Academic Goal 3 | 75 percent of 8th graders who have been enrolled at the school for at least two consecutive years will perform at or above Level 3 on the New York State Science examination or a 65% or higher on the New York State Science Regents. | New York State Science examination and New York State Science Regents | Not Met - Progress Made 59% of students were proficient in Science in 2016 | After hiring an outside consultant for the previous year, we have shifted to a full time Science coach for the 2016-2017 school year. The coach will be responsible for weekly meetings and daily interactions with staff. |
| Academic Goal 4 | Seventy-five percent of high school students who have been enrolled at the school for at least two consecutive years will pass the New York State Regents exams in Mathematics | New York State Regents | Goal Met 79% of HS students enrolled at the end of the SY15-16 passed a Math Regents | Goal Met |
| Academic Goal 5 | Seventy-five percent of high school students who have been enrolled at the school for at least two consecutive | New York State Regents | Not Met - Progress Made 67% of HS students enrolled at the end | For the 2016-17 school year, a new Social Studies coach was introduced to work with the teachers. After an analysis of results from the |

| | | | | |
|-----------------|---|-------------------------|--|---|
| | years will pass the New York State Regents exams in Social Studies | | of SY15-16 passed a Social Studies Regents | entire team, a decision was made to focus on writing improvement. |
| Academic Goal 6 | Seventy-five percent of high school students who have been enrolled at the school for at least two consecutive years will pass the New York State Regents exams in Science | New York State Regents | Goal Met 93% of HS students enrolled at the end of the SY15-16 passed a Science Regents | Goal Met |
| Academic Goal 7 | Each grade-level cohort of the same students (i.e. students who are in the school for two years in a row) will reduce by one-half the gap between the percent at or above Level 3 on the previous year's State ELA exam (baseline) and 75 percent at or above Level 3 on the current year's State ELA exam. For schools in which the number of students scoring above proficiency in a grade level cohort exceeded 75 | New York State ELA Exam | Not Met Half of the gap between 15% and 75% would be 45% Lavelle's ELA proficiency rate in 2016 was 24% | Our commitment to deeper learning, and shifting to more student centered questioning and discussions began to show results with an increase in proficiency and a positive shift in all markers on the ELA Exams. We are continuing these efforts as there are still major efforts that need to be taken to ensure that we achieve the level of success that we are aiming for. Similar to other years, our Advancement class initiative (skill specific classes that are aimed to the level of each student based on a series of data points), are continuously adjusted to best serve our students, this year with the inclusion of Orton Gillingham |

| | | | | |
|-----------------|--|---------------------------------|--|--|
| | <p>percent on the previous year's ELA exam, the school is expected to demonstrate growth (above 75 percent) in the current.</p> | | | <p>sections. Our Saturday program will continue to provide additional instruction to students, as well as the interventions implemented last year, NewsELA, Teenbiz3000, iReady etc. This year marked the first year of an overhauled curriculum, which had a positive impact on student engagement. We will continue with this curriculum and continue to adjust it as necessary.</p> |
| Academic Goal 8 | <p>Each grade-level cohort of the same students will reduce by one-half the gap between the percent at or above Level 3 on the previous year's State Math exam (baseline) and 75 percent at or above Level 3 on the current year's State Math exam. For schools in which the number of students scoring above proficiency in a grade level cohort exceeded 75 percent on the previous year's Math exam, the school is expected to demonstrate growth (above 75 percent) in the current year.</p> | New York State Mathematics Exam | <p>Not Met</p> <p>Half of the gap between 27% and 75% would be 51% Lavelle's Math proficiency rate in 2016 was 29%</p> | <p>We are entering the final year of a partnership with the College of Staten Island, and Metamorphosis. We have continued to create a mathematical experience where students can explore the content and make connections to real life math. The Advancement classes will continue to target all students and address their individual skill needs. Saturday school will continue to be provided, as well as previous interventions, iReady, and new interventions, IXL. Staff has begun the work to create a schoolwide math</p> |

culture.

2. Do have more academic goals to add?

Yes

2015-16 Progress Toward Attainment of Academic Goals

| | Academic Student Performance Goal | Measure Used to Evaluate Progress Toward Attainment of Goal | Goal - Met, Partially Met, or Not Met | If Not Met, Describe Efforts School Will Take |
|-----------------|---|---|--|--|
| Academic Goal 9 | Seventy-five percent of high school students will accumulate 10 or more credits each year towards graduation. The school will report this each September by submitting a report of student credit accumulation from the previous school year. | ATS and Oncourse (SIS) | Goal Met 80% of HS students earned at least 10 credits. | Goal Met |
| | Each year, the | | | Our commitment to deeper learning, and shifting to more student centered questioning and discussions began to show results with an increase in proficiency and a positive shift in all markers on the ELA Exams. We are continuing these efforts as there are still major efforts that need to be taken to ensure that we achieve the level of success |

| | | | | |
|-------------------------|---|--------------------------------|---|--|
| <p>Academic Goal 10</p> | <p>percent of students performing at or above Level 3 on the State ELA exam in each tested grade will exceed the average performance of students tested in the same grades of the Community School District in which the school is located. This will be measured by an analysis of performance compared to CSDs conducted by NYCDOE. (Relevant to grades 6-8.)</p> | <p>NYCDOE Progress Report.</p> | <p>Not Met</p> <p>District 31 (Gr. 6 - 8) - 42% proficiency in ELA Lavelle Prep - 24%</p> | <p>that we are aiming for. Similar to other years, our Advancement class initiative, (skill specific classes that are aimed to the level of each student based on a series of data points), are continuously adjusted to best serve our students, this year with the inclusion of Orton Gillingham sections. Our Saturday program will continue to provide additional instruction to students, as well as the interventions implemented last year, NewsELA, Teenbiz3000, iReady etc. This year marked the first year of an overhauled curriculum, which had a positive impact on student engagement. We will continue with this curriculum and continue to adjust it as necessary.</p> |
| | <p>Each year, the percent of students performing at or above Level 3 on the State Math exam in each tested grade will exceed the average</p> | | | <p>We are entering the final year of a partnership with the College of Staten Island, and Metamorphosis. We have continued to create a mathematical experience where students can explore the content and make connections to real</p> |

| | | | | |
|------------------|--|-------------------------|---|--|
| Academic Goal 11 | performance of students tested in the same grades of the Community School District in which the school is located. This will be measured by an analysis of performance compared to CSDs conducted by NYCDOE. (Relevant to grades 6-8.) | NYCDOE Progress Report. | Not Met District 31 (Gr. 6 - 8) - 35% proficient in Math Lavelle Prep - 29% | life math. The Advancement classes will continue to target all students and address their individual skill needs. Saturday school will continue to be provided, as well as previous interventions, iReady, and new interventions, IXL. Staff has begun the work to create a schoolwide math culture. |
| Academic Goal 12 | The school will receive a 'B' or higher on the Student Progress section of the NYCDOE Progress Report. | NYCDOE Progress Report. | N/A | N/A |
| Academic Goal 13 | Each year, Lavelle Prep will be deemed "In Good Standing" on the NYS Report Card | NYS Report Card | N/A | N/A |
| Academic Goal 14 | Each year, Lavelle Prep will have a daily student attendance rate of at least 85 percent. Because of the nature of the disabilities of the Lavelle Prep student population, an expectation of 95% attendance for this population would be inappropriate. We expect that students who have been enrolled at the school for at least two | ATS and Oncourse | Goal Met Lavelle Prep has a 93.3% attendance rate. | Goal Met |

| | | | | |
|------------------|---|------------------|---|----------|
| | consecutive years will make progressive progress toward the 95% attendance goal, reducing days absent, beginning in Year 3, by 25% from the previous year.* | | | |
| Academic Goal 15 | <p>Each year, 80 percent of all students enrolled on the last day of the school year will return the following September. Because of the special nature of the Lavelle Prep student population, higher than usual attrition is anticipated. Students may leave Lavelle Prep for more restrictive educational settings or may transfer to less academically-oriented settings. Students may also leave to take advantage of competitive city-wide opportunities or other specialized, disability-oriented programs. Lavelle Prep will collect data on student withdrawals and will report annually to the DOE.</p> | ATS and Oncourse | <p>Goal Met</p> <p>Lavelle Prep has 91% retention rate.</p> | Goal Met |
| Academic Goal 16 | | | | |

3. Do have more academic goals to add?

No

Page 2

4. ORGANIZATIONAL GOALS

2015-16 Progress Toward Attainment of Organizational Goals

| | Organizational Goal | Measure Used to Evaluate Progress | Goal - Met, Partially Met, or Not Met | If Not Met, Describe Efforts School Will Take |
|------------|--|---|---------------------------------------|---|
| Org Goal 1 | Each year, student enrollment will be within 15% of full enrollment as defined in the school's contract. Lavelle Prep expects to maintain enrollment within 15% of the contracted amount on an ongoing basis throughout the year. Bi-monthly invoices submitted to the DOE will indicate this stability. | Bimonthly invoices submitted to the DOE | Met | Met |
| Org Goal 2 | | | | |
| Org Goal 3 | | | | |
| Org Goal 4 | | | | |
| Org Goal 5 | | | | |

5. Do you have more organizational goals to add?

No

6. FINANCIAL GOALS

2015-16 Progress Toward Attainment of Financial Goals

| | Financial Goals | Measure Used to Evaluate Progress | Goal - Met, Partially Met, or Not Met | If Not Met, Describe Efforts School Will Take |
|------------------|---|-----------------------------------|---------------------------------------|---|
| Financial Goal 1 | Each year, the school will operate on a balanced budget and maintain a stable cash flow. | Annual Independent Audit | Met | Met |
| Financial Goal 2 | The school will undergo an annual, independent financial audit that will result in an unqualified opinion and no major findings | Annual Independent Audit | Met | Met |
| Financial Goal 3 | | | | |
| Financial Goal 4 | | | | |
| Financial Goal 5 | | | | |



Entry 4 Expenditures per Child

Last updated: 07/26/2016

Page 1

Financial Information

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

1. Total Expenditures Per Child

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

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

| | |
|---|----------|
| Line 1: Total Expenditures | 10663365 |
| Line 2: Year End FTE student enrollment | 488 |
| Line 3: Divide Line 1 by Line 2 | 21851 |

2. Administrative Expenditures per Child

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

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

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

Notes:

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

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

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

| | |
|--|---------|
| Line 1: Relevant Personnel Services Cost (Row) | 5452957 |
| Line 2: Management and General Cost (Column) | 567788 |
| Line 3: Sum of Line 1 and Line 2 | 6020745 |
| Line 5: Divide Line 3 by the Year End FTE student enrollment | 12338 |

Thank you.



Entry 6a Audited Statements

Last updated: 10/31/2016

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

Page 1

School Based Fiscal Contact Information

| | School Based Fiscal Contact Name | School Based Fiscal Contact Email | School Based Fiscal Contact Phone |
|--|----------------------------------|-----------------------------------|-----------------------------------|
| | Priyanga Iddamalgoda | [REDACTED] | [REDACTED] |

Audit Firm Contact Information

| | School Audit Contact Name | School Audit Contact Email | School Audit Contact Phone | Years Working With This Audit Firm |
|--|---------------------------|----------------------------|----------------------------|------------------------------------|
| | Steve Smith | [REDACTED] | [REDACTED] | 3 |

If Applicable:

| | Outsourced Financial Services Firm Name | Outsourced Financial Services Contact | Outsourced Financial Services Email | Outsourced Financial Services Phone | Years Working With This Firm |
|--|---|---------------------------------------|-------------------------------------|-------------------------------------|------------------------------|
| | | | | | |

Please upload as one combined file:

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

[https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84001/7100038-F7wWrRhhE3/Fin%20Stmts%206-30-16%20FINAL%20\(Lavelle\).pdf](https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84001/7100038-F7wWrRhhE3/Fin%20Stmts%206-30-16%20FINAL%20(Lavelle).pdf)



Entry 6b Additional Financial Docs

Last updated: 10/31/2016

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

Page 1

1. Management Letter

(No response)

Explanation for not uploading the Management Letter.

We do not have a management letter because there were no findings in the audit report.

2. Form 990

<https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84010/7100056-FINDqRIBTE/E-file%20Form%20990%20Public%20Copy%206-30-15%20FINAL.pdf>

Explanation for not uploading the Form 990.

We have not received the 15-16 990 yet. I uploaded the 14-15.

3. Federal Single Audit

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

(No response)

Explanation for not uploading the Federal Single Audit.

We do not have to file this year.

4. CSP Agreed Upon Procedure Report

(No response)

Explanation for not uploading the procedure report.

NA

5. Evidence of Required Escrow Account

<https://nysed-cso-reports.fluidreview.com/media/assets/survey-uploads/84010/7100056-pN6H0Nalce/10311600.PDF>

Explanation for not uploading the Escrow evidence.

(No response)

6. Corrective Action Plan

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

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

(No response)

Explanation for not uploading the Corrective Action Plan.

No corrective action plan needed this year.

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 7/01 , 2014, and ending 6/30 , 2015

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C John W Lavelle Preparatory Charter School One Corp Commons at 1 Teleport Dr Staten Island, NY 10311 F Name and address of principal officer: Kenneth Byalin Same As C Above | D Employer identification number [REDACTED] E Telephone number 347-855-2238 G Gross receipts \$ 9,849,857. |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small> |
| J Website: ▶ www.lavelleprep.org | | H(c) Group exemption number ▶ |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2011 M State of legal domicile: NY |

Part I Summary

| | | | |
|------------------------------------|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>John W Lavelle Preparatory Charter School provides a rigorous college preparatory education that equips and empowers students to graduate with a foundation to attend and succeed in college and life.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 120 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 7,962,002. | 9,824,103. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,674. | 14,820. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 71. | 64. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,000. | 7,983,747. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 7,983,747. | 9,838,987. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,283,961. | 6,237,566. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,028. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,521,367. | 2,697,455. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,805,328. | 8,935,021. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 178,419. | 903,966. |
| Net Assets of Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 3,061,682. | 4,393,868. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,360,207. | 3,788,427. |
| | | -298,525. | 605,441. |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer <u>Kenneth Byalin</u> <small>Type or print name and title.</small> | Date President |
| Paid Preparer Use Only | Print/Type preparer's name: <u>David C. Ashenfarb</u> Preparer's signature: <u>David C. Ashenfarb</u> Date: _____ Firm's name: ▶ <u>SCHALL & ASHENFARB CPAS</u> Firm's address: ▶ <u>307 5th Ave, 15th Floor</u> <u>NEW YORK, NY 10016-6517</u> | Check <input type="checkbox"/> if self-employed PTIN: [REDACTED] Firm's EIN: [REDACTED] Phone no.: [REDACTED] |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ 8,021,758. including grants of \$) (Revenue \$)

See Schedule O

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,021,758.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> | X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> | | X |
| 20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|--|---|-----|----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="3"/> | | |
| 1 b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/> | | |
| 1 c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/> | X | |
| 2 a | 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. <input type="text" value="120"/> | | |
| 2 b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/> | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/> | | X |
| 3 b | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/> | | |
| 4 a | 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)? <input type="checkbox"/> | | X |
| 4 b | If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/> | | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/> | | X |
| 5 c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/> | | |
| 6 a | 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? <input type="checkbox"/> | | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/> | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/> | X | |
| 7 b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/> | X | |
| 7 c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/> | | X |
| 7 d | If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/> | | |
| 7 e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> | | X |
| 7 f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> | | X |
| 7 g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/> | | |
| 7 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/> | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <input type="checkbox"/> | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9 a | Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/> | | |
| 9 b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/> | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12 <input type="text"/> | | |
| 10 b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <input type="text"/> | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11 a | Gross income from members or shareholders <input type="text"/> | | |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/> | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/> | | |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/> | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/> | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 13 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. <input type="text"/> | | |
| 13 c | Enter the amount of reserves on hand. <input type="text"/> | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/> | | X |
| 14 b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/> | | |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NY
- 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. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Priya Iddamalghoda

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

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

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

1 a 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 dotted 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) William Henri Chairman | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (2) Sheldon Blackman Treasurer | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (3) Susan Lavelle Vice Chair | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (4) Joe Carroll Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (5) Richard Fragiacomò Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (6) Deborah Miller Secretary | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (7) Doris Schueler Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (8) Nelly Tournaki Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (9) Richard Fragiacomò Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (10) Francisco Lugovina Trustee | 2 0 | X | | | | | | 0. | 0. | 0. |
| (11) Kenneth Byalin President | 32 0 | | | X | | | | 119,235. | 0. | 6,687. |
| (12) Priyanga Iddamalgoda Finance Manager | 30 0 | | | X | | | | 63,580. | 0. | 18,272. |
| (13) Evelyn Finn Principal | 24 0 | | | X | | | | 83,542. | 0. | 5,168. |
| (14) Christopher Zilinski Principal | 40 0 | | | X | | | | 104,498. | 0. | 18,234. |

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 dotted 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 | | | |
| (15) ----- | | | | | | | | | |
| (16) ----- | | | | | | | | | |
| (17) ----- | | | | | | | | | |
| (18) ----- | | | | | | | | | |
| (19) ----- | | | | | | | | | |
| (20) ----- | | | | | | | | | |
| (21) ----- | | | | | | | | | |
| (22) ----- | | | | | | | | | |
| (23) ----- | | | | | | | | | |
| (24) ----- | | | | | | | | | |
| (25) ----- | | | | | | | | | |
| 1 b Sub-total | | | | | | 370,855. | 0. | 48,361. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | 370,855. | 0. | 48,361. | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 | | | | | | | | | |

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

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 |
|---|--------------------------------|---------------------|
| JAK Sons & Sons Building Corp 1412 Lynn St. Staten Island, NY 10306 | Architect | 102,800. |
| Preferred Meal System 8152 Solutions Center Chicago, IL 60677 | Student Meals | 176,903. |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2 | | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c 22,720. | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e 9,763,471. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 37,912. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 9,824,103. | | | |
| Program Service Revenue | 2 a <u>Program Revenue</u> | Business Code | 14,820. | 14,820. | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f ▶ | | 14,820. | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) ▶ | | 64. | | 64. | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | | |
| | 8 a Gross income from fundraising events (not including . . \$ 22,720 . of contributions reported on line 1c). See Part IV, line 18 | a 10,870. | | | | |
| | | b Less: direct expenses | b 10,870. | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| 11 a Miscellaneous Revenue | Business Code | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d ▶ | | | | | |
| 12 Total revenue. See instructions ▶ | | 9,838,987. | 14,820. | 0. | 64. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 459,615. | 224,846. | 219,600. | 15,169. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 4,474,837. | 4,186,120. | 243,642. | 45,075. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 124,148. | 116,999. | 6,090. | 1,059. |
| 9 Other employee benefits | 749,538. | 689,032. | 50,991. | 9,515. |
| 10 Payroll taxes | 429,428. | 385,722. | 38,470. | 5,236. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 129,401. | 77,788. | 51,508. | 105. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,410,472. | 1,325,844. | 70,523. | 14,105. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 228,174. | 214,482. | 11,410. | 2,282. |
| 23 Insurance | 38,927. | 36,591. | 1,947. | 389. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>Repairs and maintenance</u> | 242,212. | 227,680. | 12,109. | 2,423. |
| b <u>Curriculum & Classroom</u> | 194,321. | 194,321. | | |
| c <u>Food Services</u> | 177,190. | 177,190. | | |
| d <u>Other Expense</u> | 91,878. | 1,213. | 83,728. | 6,937. |
| e All other expenses | 184,880. | 163,930. | 16,217. | 4,733. |
| 25 Total functional expenses. Add lines 1 through 24e. | 8,935,021. | 8,021,758. | 806,235. | 107,028. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|------------|-----------------------|
| Assets | 1 Cash – non-interest-bearing..... | 456,115. | 1 | 1,542,724. |
| | 2 Savings and temporary cash investments..... | | 2 | |
| | 3 Pledges and grants receivable, net..... | 238,735. | 3 | 228,732. |
| | 4 Accounts receivable, net..... | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... | | 6 | |
| | 7 Notes and loans receivable, net..... | | 7 | |
| | 8 Inventories for sale or use..... | | 8 | |
| | 9 Prepaid expenses and deferred charges..... | 13,910. | 9 | 43,262. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... | 10a 2,988,122. | | |
| | b Less: accumulated depreciation..... | 10b 838,285. | 1,987,230. | 10c 2,149,837. |
| | 11 Investments – publicly traded securities..... | | 11 | |
| | 12 Investments – other securities. See Part IV, line 11..... | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11..... | | 13 | |
| | 14 Intangible assets..... | | 14 | |
| | 15 Other assets. See Part IV, line 11..... | 365,692. | 15 | 429,313. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34)..... | 3,061,682. | 16 | 4,393,868. | |
| Liabilities | 17 Accounts payable and accrued expenses..... | 759,264. | 17 | 986,561. |
| | 18 Grants payable..... | 12,893. | 18 | |
| | 19 Deferred revenue..... | | 19 | |
| | 20 Tax-exempt bond liabilities..... | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties..... | 928,334. | 23 | 904,120. |
| | 24 Unsecured notes and loans payable to unrelated third parties..... | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D..... | 1,659,716. | 25 | 1,897,746. |
| | 26 Total liabilities. Add lines 17 through 25..... | 3,360,207. | 26 | 3,788,427. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets..... | -310,025. | 27 | 568,941. |
| | 28 Temporarily restricted net assets..... | 11,500. | 28 | 36,500. |
| | 29 Permanently restricted net assets..... | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds..... | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund..... | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds..... | | 32 | |
| | 33 Total net assets or fund balances..... | -298,525. | 33 | 605,441. |
| | 34 Total liabilities and net assets/fund balances..... | 3,061,682. | 34 | 4,393,868. |

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Form 990 (2014)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,838,987. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,935,021. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 903,966. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -298,525. |
| 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 | 605,441. |

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **John W Lavelle Preparatory Charter School** Employer identification number XXXXXXXXXX

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 4 Total. Add lines 1 through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions). | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 33-1/3% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 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 yr beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11 and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests – 2014. 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 – 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below.</i> | | |
| b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

| Section C – Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

BAA

Part VI **Supplemental Information.** 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

John W Lavelle Preparatory Charter School

Employer identification number

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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?
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?

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).
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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?
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.

- 1 a 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:
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:

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.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a 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%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | 2,199,684. | | 322,012. | 1,877,672. |
| d Equipment | 462,722. | | 355,970. | 106,752. |
| e Other | 325,716. | | 160,303. | 165,413. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,149,837. |

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. 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. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) Lease Acquisition Costs | 345,089. |
| (2) Loans to related organization | 84,224. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) | 429,313. |

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Deferred Rent | 1,878,458. |
| (3) Other Grant Advance | 19,288. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 1,897,746. |

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 9,838,987. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments | 2a | |
| | b Donated services and use of facilities | 2b | |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIII.) | 2d | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 9,838,987. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIII.) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 9,838,987. |

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 8,935,021. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2a | |
| | b Prior year adjustments | 2b | |
| | c Other losses | 2c | |
| | d Other (Describe in Part XIII.) | 2d | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 8,935,021. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIII.) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 8,935,021. |

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The School does not believe its financial statements include any material, uncertain tax positions. Tax returns for period ending June 30, 2012 and later are subject to examination by applicable taxing authorities.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

John W Lavelle Preparatory

Employer identification number

Part I

| | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. | X | |
| <u>The School's nondiscriminatory policy is printed on the brochures which are mailed to all 5th and 6th graders currently registered in the NYC public school system who reside in Staten Island. The school website also displays the nondiscriminatory policy.</u> | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | X | |
| If you answered 'No' to any of the above, please explain. If you need more space, use Part II. | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? | | X |
| If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | X | |
| b Has the organization's right to such aid ever been revoked or suspended? | | X |
| If you answered 'Yes' to either line 6a or line 6b, explain on Part II. See Part II | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II. | X | |

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency

The School receives various government grants.

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.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|----------------------|--------------|------------------------|-------------------------------------|
| | | Gala (event type) | (event type) | None (total number) | (add column (a) through column (c)) |
| | 1 Gross receipts..... | 33,590. | | | 33,590. |
| | 2 Less: Contributions..... | 22,720. | | | 22,720. |
| | 3 Gross income (line 1 minus line 2)..... | 10,870. | | | 10,870. |
| DIRECT EXPENSES | 4 Cash prizes..... | | | | |
| | 5 Noncash prizes..... | | | | |
| | 6 Rent/facility costs..... | | | | |
| | 7 Food and beverages..... | | | | |
| | 8 Entertainment..... | | | | |
| | 9 Other direct expenses..... | 10,870. | | | 10,870. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d)..... ▶ | | | | 10,870. |
| 11 Net income summary. Subtract line 10 from line 3, column (d)..... ▶ | | | | | |

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.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|--|-------------------------------------|---|---|---|-------------------------------------|
| | | | | | (add column (a) through column (c)) |
| | 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. Subtract line 7 from line 1, column (d)..... ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If 'No,' explain: _____

10 a 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 conducted in:

| | | |
|--------------------------------------|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contact 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.** 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 provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

John W Lavelle Preparatory
Charter School

Employer identification number

Management's Action Plan

As we complete our fourth year, the John W. Lavelle Preparatory Charter School is emerging from a period of significant financial challenges and operational successes. As an independent charter school, the challenge of successfully transitioning from NYC DOE incubation space to private space has posed many challenges. In the incubation space which we occupied for two years, we were not only able to operate rent-free but were also to take advantage of host-school food, school safety, janitorial, and maintenance services. The move to our current site at the Teleport occurred in September 2011, with additional space added for September 2012 and September 2013, completing the build-out process. Through this process, we have smoothly transitioned from the DOE support services which we enjoyed during incubation. Lavelle Prep has consistently met all operational standards (including escrow funds, insurance, etc.).

The cost of the space renovation to Lavelle Prep has been \$2.5 million. In addition, furnishing and equipment costs over the three years of renovation are approximately \$1 million. Some of these costs were met through use of \$640,000 in funds saved during our incubation years. Another \$250,000 has been funded through two SSF grants. Other costs have been met from current Lavelle Prep operating funds. In addition, Lavelle Prep has taken on \$1.35 million in long-term debt. These costs, however, still exceeded current resources. As a result, it was necessary for Lavelle Prep to draw occasionally on a line of credit and to carry-over some current obligations from one fiscal year to the next. We were able to do so without failing to meet payment obligations, primarily because one-sixth of faculty salaries incurred each year are not payable until the subsequent fiscal year. In 2012-13, we took significant steps to reduce expenditures, undertaking a mid-year reduction in

Name of the organization John W Lavelle Preparatory
Charter School

Employer identification number

paraprofessional staffing which saved approximately \$200,000 while allowing us to meet all requirements of student IEP's. Although we carried forward a negative cash balance of \$45,000 into 2012-13, we finished the year with a cash surplus of approximately \$78,000. The surplus will increase by the end of 2013-2014 to approximately \$390,000. We project an operating surplus in 2014-15 of over \$1 million and an accumulated surplus by the end of 2018-19 of almost \$4 million. We anticipate utilizing this surplus to establish a reserve, to enrich educational offerings, and to pay down long-term debt. Approved budgets for the current (2013-14) fiscal year as well as an approved budget for the succeeding five years are attached.

We were able to accomplish this because we found a landlord who was willing to work with us to structure an affordable long-term lease. As our rent has increased through the first two years of occupancy, Lavelle Prep has fully met its annual rent obligations. Our rent will continue to increase for a number of years and we will continue to meet our obligations.

Form 990, Part III, Line 1 - Organization Mission

John W Lavelle Preparatory Charter School provides a rigorous college preparatory education that equips and empowers students to graduate with a foundation to attend and succeed in college and life. John W Lavelle Prep Charter School welcomes all students, including those living with emotional challenges.

Form 990, Part III, Line 4a - Program Service Accomplishments

Lavelle Prep provides college preparatory education to all students and welcomes students with emotional challenges, students with disabilities and English language learners. We equip and empower all students to go to college and succeed in life.

In Fiscal 14-15 all students were given access to technology in all classes. This

Name of the organization John W Lavelle Preparatory
Charter School

Employer identification number

Form 990, Part III, Line 4a - Program Service Accomplishments

included offering one laptop per student and providing tablets for our High School students which are utilized their daily instruction. The School employed a college counselor to assist students to navigate & explore college options. The School was also able to provide more learning opportunities by partnering with other organizations like St. Paul nursing school.

In fiscal 2014-2015 student's math proficiency were above the CSD and city with respects to ELL's, Students with Disabilities and FRPL. The High School students are achieved passing rates comparable to CSD and city.

Form 990, Part VI, Line 11b - Form 990 Review Process

The President, Director of Operations, and Director of Finance provide preliminary answers and explanations to all questions on for 990. The Director of Finance coordinates with the School's independent auditors to determine proper interpretation of the questions to ensure all answers are accurate so as to properly describe the School's hierarchy, corresponding levels of authority, processes used by its governing body, members, officers, key employees and any relationships between themselves and/or outside entities involved in the School's day to day operations and it's business dealings. Amounts provided on form 990 are derived from the School's books and records which support the independently-audited financial statements for the period. Finally, the board of trustees reviews a preliminary draft of the form 990 and Schedule O at an executive board meeting. Members of the committee verify the accuracy of the answers and/or make edits to properly capture the details of the organization's operations. A final draft including the changes agreed upon is approved by members of the committees. Copies of this final form 990 are distributed to all board members before filing.

Name of the organization John W Lavelle Preparatory
Charter School

Employer identification number



Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board approved conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation for the president was determined independently by the board of trustees based on the value of skills, expertise and leadership. The candidates would provide to the school in accomplishing its mission.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Federal tax law does not require that such documents be made publicly available except as part of a form that is publicly available (Such as Form 1023, or Form 1024)

9.7.16
AH

Victory State Bank
755 Forest Avenue
Staten Island, NY 10310

Forest Avenue
Main: (718) 815-1100
Fax: (718) 815-1111

JOHN W.LAVELLE PREPARATORY CHARTER SCH
ONE CORPORATE COMMONS
1 TELEPORT DRIVE
STATEN ISLAND, NY 10311

PERIODIC STATEMENT

Date: Aug 31, 2016
Period: Aug 01, 2016 to Aug 31, 2016
(31 Days)

ACCOUNT # [REDACTED] Interest Checking-Organization

John W.Lavelle Preparatory Charter Schoo

Enclosures: 0

| | |
|--------------------------|------------------|
| Beginning Balance | 70,269.47 |
| as of 08/01/16 | 5.95 |
| Deposits & Other Credits | 0.00 |
| Checks & Other Debits | 70,269.47 |
| Average Balance | |
| Ending Balance | 70,275.42 |
| as of 08/31/16 | |

Transaction Information

| Date | Check# | Description | Amount |
|-------|--------|-----------------|--------|
| 08/31 | | Interest Credit | 5.95 |

Daily Balance Information

| Date | Balance | Date | Balance |
|-------|-----------|------|---------|
| 08/31 | 70,275.42 | | |



John W. Lavelle Charter School

FY 2016 2017 Operational Budget

| Account | Grades 3-12 | Notes |
|--|--------------------|--------------|
| General Education | 661 | |
| Special Education | 231.35 | |
| Teachers | 72 | |
| Para Professional | 46 | |
| School Aides | 2 | |
| % Student Growth year over year | 74% | |
| % Sped Growth year over year | 73% | |
| % Student Increase over base year 2012 | 200% | |
| % Increase no. teachers over base year | 200% | |
| % Increase no. paras over base year | 200% | |
| Income | | |
| 4100 State Grants | | |
| 4101 Per Pupil Allocations | 9,078,273 | |
| 4101.1 Rent Subsidy | 650,565 | |
| 4102 Per Pupil Allocations for SPED | 3,875,630 | |
| 4103 NYSTL | 47,250 | |
| 4106 - Other | - | |
| 4108 NY State STLE Grants | - | |
| 4109 State Meal Reimbursement | 8,775 | |
| Total 4100 State Grants | 13,660,493 | |
| 4200 Federal Grants | | |
| 4201 IDEA for SPED | 100,000 | |
| 4203 E-Rate for Tech/Comm | 20,000 | |
| 4204 Title I | 150,000 | |
| 4205 Title I ARRA | | |
| 4206 Title IIA | 5,000 | |
| 4207 Title II B | | |
| 4208 Federal Meal Reimbursement | 200,000 | |
| Total 4200 Federal Grants | 475,000 | |
| 4300 Contributions | | |
| 4301 PTA Fundraising | | |
| 4303 Restricted Contributions | | |
| 4304 Unrestricted Contributions | | |
| 4305 Fundraising Events-Gala | 25,000 | |
| 4307 Annual Appeal | | |
| Total 4300 Contributions | 25,000 | |
| 4400 Miscellaneous Income | | |
| 4401 Interest Income | | |
| 4403 NVCS Usage Fee | 300,000 | |
| 4404 Student Meal Fees | 8,100 | |
| 4405 Other Income | | |
| Total 4400 Miscellaneous Income | 308,100 | |
| Total Income | 14,468,593 | |
| Expenses | | |

John W. Lavelle Charter School

FY 2016 2017 Operational Budget

| Account | Grades 3-12 | Notes |
|---|--------------------|--------------|
| 5000 Compensation | | |
| 5100 Instructional Staff | | |
| 5101 Principal | 145,200 | |
| 5101.5 Senior Mgmt Staff(Ins) | 208,032 | |
| 5101.1 Dir. Of Ins - Eleme. Sc | 90,000 | |
| 5101.1 Assis. Principal - Elem. Sch | 105,000 | |
| 5101.3 Leadership | 40,000 | |
| 5102 Classroom Teachers | 4,320,000 | |
| 5104 ELL Teachers | 73,178 | |
| 5107 Substitutes | 97,500 | |
| 5108 Assistant Teachers | 1,656,000 | |
| 5110 Summer Institute Teachers | 144,000 | |
| 5111 Summer Institute paras | 46,000 | |
| 5112 Extra Service (OT) | | |
| 5113 Summer school | 80,000 | |
| 5114 Principal Assistant | 36,750 | |
| 5116 Social Worker 3 | 225,000 | |
| 5115 School Psychologist | 16,000 | |
| 5116 College Guidance Advisor | 51,258 | |
| 5118 School aides | 50,000 | |
| Total 5100 Instructional Staff | 7,383,917 | |
| 5200 Non-Instructional Staff | | |
| 5201 Senior Mgmt (Admin) | 673,579 | |
| 5204 Administrative Support | 74,160 | |
| 5204.1 Receptionist | 75,000 | |
| 5207 Finance Support | 22,591 | |
| 5208.1 Safety | 140,000 | |
| 5209 Cafeteria | 103,791 | |
| Total 5200 Non-Instructional Staff | 1,089,121 | |
| Total 5000 Compensation | 8,473,038 | |
| 5302 Incentive Bonus | 45,000 | |
| 5304 Stipends | 5,000 | |
| Total 5300 Incentives | 50,000 | |
| Employee Benefits | 2,287,720 | |
| 5402 NY State Unemployment Insurance | | |
| 5403 Social Security - ER Expenses | | |
| 5405 Medicare - ER Expenses | | |
| 5408 Worker's Compensation Expense | | |
| 5409 NY Disability | | |
| 5410 Medical Insurance | | |
| 5411 Dental Insurance | | |
| 5412 Vision Insurance | | |
| 5413 STD, LTD and Life Insurance | | |
| 5414 Retirement 401(k) Fees | | |

John W. Lavelle Charter School

FY 2016 2017 Operational Budget

| Account | Grades 3-12 | Notes |
|---|--------------------|--------------|
| 5415 Retirement 401(k) Match | | |
| Total 5400 Benefits | 2,287,720 | |
| Total Incentives & Benefits | 2,337,720 | |
| Total Compensation (Inclgd. Benefits & Inc) | 10,810,758 | |
| % Compensation to Revenue | 75% | |
| 6100 Administrative Expenses | | |
| 6101 Office Supplies | 6,000 | |
| 6102 Office Furniture (Non-Asset) | 1,500 | |
| 6103 Office Equipment (Non-Asset) | 650 | |
| 6104 Copier & Printer | 7,670 | |
| 6106 Equipment Rental Etc | 5,000 | |
| 6107 Postage & Delivery | 3,900 | |
| 6108 Insurance - General | 60,000 | |
| 6109 Insurance - ERISA | 4,000 | |
| 6110 Membership Dues/Subscriptions | 5,000 | |
| Total 6100 Administrative Expenses | 93,720 | |
| 6200 Professional Services | | |
| 6201 Accounting Services | | |
| 6202 Audit Fees | 25,000 | |
| 6203 Payroll Services | 15,000 | |
| 6205 Legal Services | 40,000 | |
| 6209 Curriculum Consulting Services | | |
| 6212 Other Professional Services | | |
| 6214 Public Relations Consulting | | |
| Total 6200 Professional Services | 80,000 | |
| 6300 Professional Development | | |
| 6301 Instructional Staff PD | 5,400 | |
| 6301.1 Ins.Staff PD-Staff Lunch/Retreat | 6,413 | |
| 6302 Non-Instructional Staff PD | 675 | |
| 6304 Travel for PD | 675 | |
| 6305 Tuition Reimbursement | 50,000 | |
| 6306 Board Expenses | 3,500 | |
| Total 6300 Professional Development | 66,663 | |
| 6400 Staff/Student Recruitment | | |
| 6401 Staff Recruitment | 2,000 | |
| 6402 Student Recruitment | 12,000 | |
| Total 6400 Staff/Student Recruitment | 14,000 | |
| 6500 Fundraising Expenses | | |
| 6501 Mailings and Materials | 1,650 | |
| 6502 Events-Gala | 19,000 | |
| 6504 Fundraising-Other | 2,200 | |
| 6505 Community Relations | 7,500 | |
| 6506 Gov't Grant Writing Services | 1,000 | |
| Total 6500 Fundraising Expenses | 31,350 | |

John W. Lavelle Charter School

FY 2016 2017 Operational Budget

| Account | Grades 3-12 | Notes |
|---|--------------------|--------------|
| 7100 Curriculum & Classroom Expenses | | |
| 7101 Library Materials | 675 | |
| 7102 Curriculum Textbooks &Other | 155,250 | |
| 7103 Instructional Equipment (Non-Asset) | 6,008 | |
| 7104 Standardized test materials /assess. | 27,000 | |
| 7105 Student field trips | 6,750 | |
| 7106 Classroom Supplies | 40,000 | |
| 7107 Art/Music Equipment (Non-Asset) | 2,700 | |
| 7108 Curriculum Enrichment | 8,100 | |
| 7109 Physical Movement/Recess Supplies | 1,620 | |
| 7110 NYSTL Expenses | 47,250 | |
| 7113 Student Incentive Points Store | 14,850 | |
| 7117 Sports Team Expenses | 338 | |
| 7118 Copy Machine/Printer and Other | 20,250 | |
| 6112 Student Meals | 270,000 | |
| Total 7100 Curri. & Classroom Expe. | 600,790 | |
| 8100 Facility | | |
| 8101 Rent | 1,350,000 | |
| Land rent | 55,000 | |
| Trailers rent | 231,825 | |
| Trailer installation | 77,000 | |
| Trailer electricity installation | 80,000 | |
| 8102 Repairs & Maintenance | 40,000 | |
| 8103 Janitorial Service | 141,000 | |
| 8103.1 Janitorial Supplies | 22,000 | |
| Portapotty | 77,000 | |
| 8104 Utilities | 202,500 | |
| 8105 Facility expense - other | 3,000 | |
| Total 8100 Facility | 2,279,325 | |
| % of Rent & Facil. Costs to PP Revenue | 18% | |
| 8200 Technology/Commun. Expenses | | |
| 8201 Telephone Expenses | 17,000 | |
| 8202 Mobile Phone Expenses | 1,000 | |
| 8203 Internet Connectivity Expenses | 15,000 | |
| 8204 Network Maintenance/Tech Support | 9,500 | |
| 8207 Technology Supplies | 20,250 | |
| Total 8200 Technology/Communication Expenses | 62,750 | |
| 8800 Miscellaneous Expenses | | |
| 8801 Bank Service Charges | | |
| 8802 Interest/Late Charges | 76,200 | |
| 8804 Expense Suspense Account | | |
| 8805 Bad Debt | | |
| Total 8800 Miscellaneous Expenses | 76,200 | |
| 8900 Depreciation Expnse | 200,000 | |

John W. Lavelle Charter School

FY 2016 2017 Operational Budget

| Account | Grades 3-12 | Notes |
|--|--------------------|--------------|
| | | |
| Total Expenses | 14,315,556 | |
| | | |
| Net Income | 153,037 | |
| | | |
| Net Income before Deprec. & Amortization | 353,037 | |
| | | |
| | | |
| Long-Term Loan Payable | 28,000 | |
| Reservation Payment | 100,000 | |
| Capital Expenditures: | | |
| Student Tablets | | |
| Technology Build out | | |
| Expansion of Phone System | | |
| Furniture/lockers | 30,000 | |
| SmartBoards or Mimeos | | |
| Staff Laptops | | |
| Security Equipment | | |
| Leasehold Improvement - Boys Bath Room | 14,750 | |
| Floor Tiling | 38,950 | |
| Bulletin boards | | |
| Theater Construction | | |
| Total capital expenditures | 83,700 | |
| | | |
| Total Cash Flow adjutment - Add back Depreciation and Amortization expense | 269,337 | |
| | | |
| Beginning cash | 1,850,000 | |
| Ending Cash | 2,119,337 | |
| | | |
| | | |



Annual Conflict of Interest Statement

1. Name: Scott S. Berkman Date: 11/19/15

2. Position:

a. Are you a voting Director? Yes No

b. Are you an Officer? Yes No

c. If you are an Officer which Officer position do you hold:
LP

3. I affirm the following:

I have received a copy of the ^{L.P.} ~~New Ventures~~ Charter School Conflict of Interest

Policy. SS (initial)

I have read and understand the policy. SS (initial)

I agree to comply with the policy. SS (initial)

I understand that ^{LP} ~~New Ventures~~ Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. SS (initial)

4. Disclosure:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with ^{LP} ~~New Ventures~~ Charter School? Yes No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Signature of Director

Date

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name: Joseph CARON Date: 10/22/15

2. Position:
a. Are you a voting Director? Yes [X] No []
b. Are you an Officer? Yes [] No []
c. If you are an Officer which Officer position do you hold:

3. I affirm the following:
I have received a copy of the New Ventures Charter School Conflict of Interest Policy. [Signature] (initial)
I have read and understand the policy. [Signature] (initial)
I agree to comply with the policy. [Signature] (initial)
I understand that New Venture Charter School is a Non Profit Organization and in order to maintain its federal tax exemption purposes. [Signature] (initial)

4. Disclosure:
a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes [] No [X]
i. If yes, please describe it:
ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes [] No [] N/A [X]

[Signature of Director]

22 October '15

Signature of Director

Date

Date of Review by Executive Committee



Annual Conflict of Interest Statement

1. Name: RICHARD P. FRAGIACOMO Date: 07/28/16

2. Position:

- a. Are you a voting Director? Yes No
- b. Are you an Officer? Yes No
- c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest Policy. RF (initial)

I have read and understand the policy. RF (initial)

I agree to comply with the policy. RF (initial)

I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. RF (initial)

4. Disclosure:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No

i. If yes, please describe it: _____

- ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Signature of Director

07/28/16

Date

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name: William F. HENRI Date: 11-19-2015

- 2. Position:
a. Are you a voting Director? Yes [X] No []
b. Are you an Officer? Yes [X] No []
c. If you are an Officer which Officer position do you hold: Chairperson

3. I affirm the following:
I have received a copy of the New Ventures Charter School Conflict of Interest Policy. [WFH] (initial)
I have read and understand the policy. [WFH] (initial)
I agree to comply with the policy. [WFH] (initial)
I understand that New Venture Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. [WFH] (initial)

- 4. Disclosure:
a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes [] No [X]
i. If yes, please describe it:
ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes [] No [] N/A [X]

Signature of Director: [Handwritten Signature]

Date: 11/19/15

Date of Review by Executive Committee



Annual Conflict of Interest Statement

1. Name: Susan J. Lavelle Date: 7/28/16

2. Position:

a. Are you a voting Director? Yes No

b. Are you an Officer? Yes No

c. If you are an Officer which Officer position do you hold:

Director Vice Chair

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest

Policy. SL (initial)

I have read and understand the policy. SL (initial)

I agree to comply with the policy. SL (initial)

I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. SL (initial)

4. Disclosure:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Susan J. Lavelle

Signature of Director

7/28/16

Date

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name:.....Lily D. McNair, Ph.D.... Date: June 30, 2016

2. Position:

a. Are you a voting Director? Yes No

b. Are you an Officer? Yes No

c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the JWLP Charter School Conflict of Interest Policy. LDm (initial)

I have read and understand the policy. LDm (initial)

I agree to comply with the policy. LDm (initial)

I understand that JWLP Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes LDm (initial)

4. Disclosure:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Lily D. McNair

Signature of Director

June 30, 2016

Date

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name: Deborah Miller..... Date: June 30, 2016

2. Position:

- a. Are you a voting Director? Yes No X
- b. Are you an Officer? Yes X No
- c. If you are an Officer which Officer position do you hold:
_____Secretary_____.

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest Policy. ___DM_____ (initial)
I have read and understand the policy. ___DM_____ (initial)
I agree to comply with the policy. ___DM_____ (initial)
I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. ___DM_____ (initial)

4. Disclosure:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No X
 - i. If yes, please describe it: _____
 - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A X

____Deborah Miller_____ 

Signature of Director

Date 

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name: Donis E. Schueler PhD Date: 6/30/16

2. Position:

- a. Are you a voting Director? Yes No
- b. Are you an Officer? Yes No
- c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest Policy. DKS (initial)
I have read and understand the policy. DKS (initial)
I agree to comply with the policy. DKS (initial)
I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. DKS (initial)

4. Disclosure:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No
 - i. If yes, please describe it: _____
 - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Donis E. Schueler PhD

6/30/16

Signature of Director

Date

Date of Review by Executive Committee _____

Annual Conflict of Interest Statement

1. Name: Dirk Tillotson Date: 6/30/16

2. Position:
- a. Are you a voting Director? Yes No
 - b. Are you an Officer? Yes No
 - c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the New Ventures Charter School Conflict of Interest Policy. [Signature] (initial)

I have read and understand the policy. [Signature] (initial)

I agree to comply with the policy. [Signature] (initial)

I understand that New Venture Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. [Signature] (initial)

4. Disclosure:
- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No
 - i. If yes, please describe it: _____
 - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

[Signature]

Signature of Director

6/30/16

Date

Date of Review by Executive Committee _____



Annual Conflict of Interest Statement

1. Name: Eleni Tournaki Date: 6/30/16

2. Position:

- a. Are you a voting Director? Yes No
- b. Are you an Officer? Yes No
- c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest Policy. _____ (initial)
I have read and understand the policy. _____ (initial)
I agree to comply with the policy. _____ (initial)
I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. _____ (initial)

4. Disclosure:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No
 - i. If yes, please describe it: _____
 - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Signature of Director Dana Volini

Date 8/30/16

Date of Review by Executive Committee _____

This has been emailed on 10/2/15 and 7/24/16, but no paperwork was received from Eleni Tournaki.



Annual Conflict of Interest Statement

1. Name: Bonnie Fritz Date: 7-28-2016

2. Position:

- a. Are you a voting Director? Yes No
- b. Are you an Officer? Yes No
- c. If you are an Officer which Officer position do you hold:

3. I affirm the following:

I have received a copy of the John W. Lavelle Prep Charter School Conflict of Interest Policy. BQF (initial)
I have read and understand the policy. BQF (initial)
I agree to comply with the policy. BQF (initial)
I understand that Lavelle Prep Charter School is a Non-Profit Organization and in order to maintain its federal tax exemption purposes. BQF (initial)

4. Disclosure:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with New Ventures Charter School? Yes No
 - i. If yes, please describe it: _____
 - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No N/A

Bonnie Fritz

Signature of Director

7-28-2016

Date

Date of Review by Executive Committee _____



Entry 9 BOT Table

Created: 07/26/2016

Last updated: 08/01/2016

Page 1

1. Current Board Member Information

| | Trustee Name | Email Address | Position on the Board | Committee Affiliations | Voting Member? (Y/N) | Area of Expertise, and/or Additional Role at School (parent, staff member, etc.) | Number of Terms Served and Length of Each (Include election date and term expiration) |
|---|--------------------|---------------|---------------------------|--|----------------------|--|---|
| 1 | Sheldon Blackman | [REDACTED] | Chair/Board President | Finance & Audit and Executive | Yes | | |
| 2 | Joseph Carroll | [REDACTED] | Trustee/Member | Governance & Nominating | Yes | | |
| 3 | Richard Fragiacomò | [REDACTED] | Trustee/Member | Finance & Audit | Yes | | |
| 4 | William Henri | [REDACTED] | Trustee/Member | Finance & Audit, Executive and Governance & Nominating | Yes | | |
| 5 | Susan Lavelle | [REDACTED] | Vice Chair/Vice President | Executive | Yes | | |
| 6 | Lily D. McNair | [REDACTED] | Trustee/Member | NA | Yes | | |
| 7 | Deborah Miller | [REDACTED] | Secretary | Executive and Governance & | Yes | | |

| | | | | Nominating | | | |
|----|------------------------|------------|----------------|------------------------------|-----|--|--|
| 8 | Doris Schueler | [REDACTED] | Trustee/Member | NA | Yes | | |
| 9 | Dirk Tillotson | [REDACTED] | Trustee/Member | NA | Yes | | |
| 10 | Eleni (Nelly) Tournaki | [REDACTED] | Trustee/Member | NA | Yes | | |
| 11 | Bonnie Fritz | [REDACTED] | Trustee/Member | Education and Accountability | Yes | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |

2. Total Number of Members on June 30, 2015

10

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

1

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

0

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

11

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

11

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

12

Thank you.



Overcoming Barriers & Fulfilling the College Promise

Board Minutes on our Website:

[http://www.lavelleprep.org/cms/One.aspx?
portalId=654035&pageId=1287878&objectId.122594=1287913&contextId.122594=1287
879&parentId.122594=1287880](http://www.lavelleprep.org/cms/One.aspx?portalId=654035&pageId=1287878&objectId.122594=1287913&contextId.122594=1287879&parentId.122594=1287880)

JOHN W. LAVELLE PREPARATORY CHARTER SCHOOL

One Corporate Commons at 1 Teleport Drive, Staten Island NY 10311 • info@lavelleprep.org • 347-855-2238 • www.lavelleprep.org



Overcoming Barriers & Fulfilling the College Promise

Enrollment and Retention Efforts

Lavelle Preparatory Charter School has consistently exceeded targets for Free/Reduced Lunch and Special Education. During the 2015-2016 school year 72.1% of Lavelle Prep students received Free/Reduced price lunch and 35.9% received Special Education services. Lavelle Prep more narrowly meets the target for English Language Learners. With 0.7% ELL's in 2015-2016, Lavelle Prep recedes the District target. To better reach the non-English speaking communities in Staten Island, Lavelle Prep is collaborating with New Ventures Charter school on an outreach initiative beginning with the Hispanic community. During the 15-16 school year, the school created a joint task force of Hispanic Heritage Faculty. They began by identifying essential school materials which they are translating into Spanish for use in an outreach program. The task force has begun to engage Spanish-speaking high school students in the project and will reach out to the parent community in the fall. Together they will approach representative Hispanic community organizations. Both Lavelle Prep and New Ventures are fortunate to have a large percentage of New American faculty members. Based on the Hispanic outreach experience, the schools will draw on these resources to reach out to other communities. Currently, the Lavelle Prep lottery application can be accessed in Russian, Spanish, Arabic, Albanian, Haitian Creole, French and Mandarin.

Last year Lavelle Prep had retained 91.1% Special Education students, 92.6% Free/Reduced price lunch and 100% English Language Learners. Lavelle Prep works to improve the retention of all students. Lavelle Prep strives to ensure parents are making informed decisions at the time of admission. It is critical that parents understand the school's academic and promotional expectations. This is particularly true for parents whose students enter Lavelle Prep significantly behind academically. Students entering more than two years behind grade level are at significant risk of retention during their first year in the school. This may exist because the student has been on Modified Promotion Criteria in their previous school, or simply has been "pushed" ahead. If parents are well informed of Lavelle prep's program and expectations, they are less likely to withdraw their child as these challenges are confronted.



Entry 12 Teacher and Administrator Attrition

Last updated: 07/26/2016

Report changes in teacher and administrator staffing.

Page 1

Instructions for completing the Teacher and Administrator Attrition Tables

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

2015-16 Teacher Attrition Table

| | FTE Teachers on June 30, 2015 | FTE Teachers Departed 7/1/15 - 6/30/16 | FTE Teachers Filling Vacant Positions 7/1/15 - 6/30/16 | FTE Teachers Added in New Positions 7/1/15-6/30/16 | FTE of Teachers on June 30, 2016 |
|--|-------------------------------|--|--|--|----------------------------------|
| | 48 | 4 | 4 | 8 | 56 |

2015-16 Administrator Position Attrition Table

| | FTE Administrative Positions on June 30, 2015 | FTE Administrators Departed 7/1/15 - 6/30/16 | FTE Administrators Filling Vacant Positions 7/1/15 - 6/30/16 | FTE Administrators Added in New Positions 7/1/15-6/30/16 | FTE Administrative Positions on June 30, 2016 |
|--|---|--|--|--|---|
| | 2 | 0 | 0 | 2 | 4 |

Thank you



Entry 13 Uncertified Teachers

Last updated: 08/01/2016

Page 1

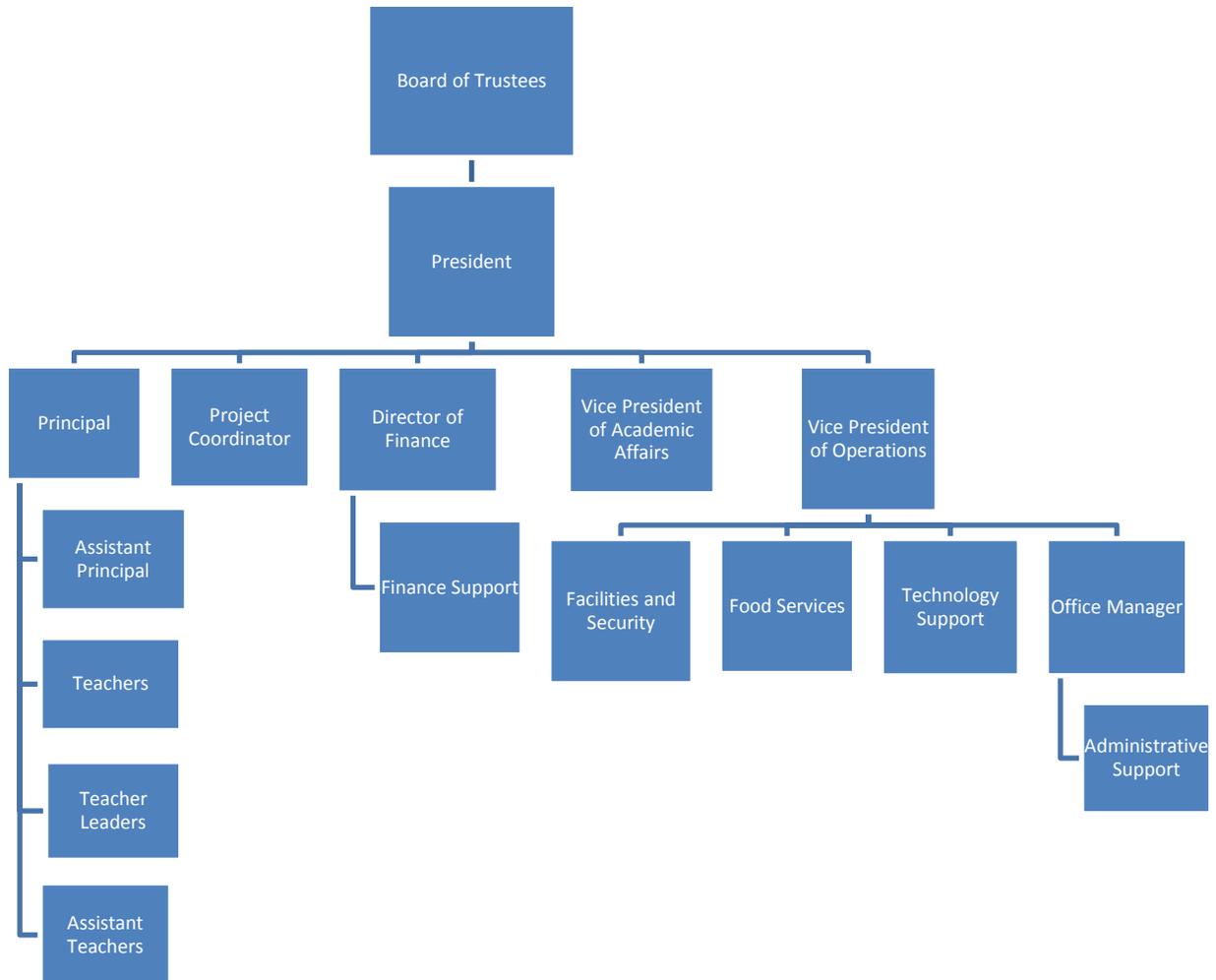
The table below is reflective of the information collected through the online portal for compliance with New York State Education Law 2854(3)(a-1) for teaching staff qualifications. Enter the relevant full time equivalent (FTE) count of teachers in each column. For example, a school with 20 full time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

Staff Qualifications (June 30, 2016)

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

| | |
|--|---|
| 1. Total FTE Count of Uncertified Teachers (6-30-16) | 3 |
| 2. FTE count of uncertified teacher with at least three years of elementary, middle or secondary classroom teaching experience (6-30-16) | 3 |
| 3. FTE count of uncertified teachers who are tenured or tenure track college faculty (6-30-16) | 0 |
| 4. FTE count of uncertified teachers with two years of Teach for America experience (6-30-16) | 0 |
| 5. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (6-30-16) | 1 |
| 6. FTE count of uncertified teachers who do not fit into any of the prior four categories (6-30-16) | 0 |

Thank you.



JOHN W. LAVELLE PREP | 2016-2017 CALENDAR

- 4** Independence Day
- 5** Summer School for Middle School begins
- 11** Summer School begins for High School

| JULY 2016 | | | | | | |
|-----------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

| JANUARY 2017 | | | | | | |
|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |
| | | | | | | |

- 1-2** School Closed (Winter Recess)
- 16** School Closed (M.L. King Day)
- 20** Half Day
- 24-27** High School Regents Exams

- 11** Summer School ends for Middle School
- 16** Summer School ends for High School
- 17-18** High School Regents Exams

| AUGUST 2016 | | | | | | |
|-------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| FEBRUARY 2017 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

- 3** 2nd Marking Period Ends / First semester ends for H.S.
- 16** Half Day / Parent- Teacher Conferences
- 17** Half Day
- 20-24** School Closed (Midwinter Recess)

- 5** School Closed (Labor Day)
- 6** Staff Returns
- 8** First Day of School
- 12** School Closed (Eid al-Adha)
- 23** Half Day

| SEPTEMBER 2016 | | | | | | |
|----------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| MARCH 2017 | | | | | | |
|------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

- 17** Half Day
- 28-30** ELA State Exam

- 3-4** School Closed (Rosh Hashanah)
- 10** School Closed (Columbus Day)
- 11** School Closed
- 12** School Closed (Yom Kippur)
- 21** Half Day

| OCTOBER 2016 | | | | | | |
|--------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

| APRIL 2017 | | | | | | |
|------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

- 10-18** School Closed (Spring Recess)
- 14** 3rd Marking Period Ends
- 20** Elementary Lottery Drawing
- 21** Half Day
- 24** Middle School Lottery Drawing
- 27** Half Day / Parent- Teacher Conferences

- 8** Half Day – Election Day
- 11** No School (Veterans Day)
- 18** Half Day / 1st Marking Period Ends
- 24-25** No School (Thanksgiving Recess)

| NOVEMBER 2016 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

| MAY 2017 | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

- 2-4** Math State Exam
- 9** Half Day
New Student Registration
- 18** Half Day
New Student Registration
- 22** Half Day
New Student Registration
- 24-31** 4th and 8th Grade Science Exams
- 29** School Closed (Memorial Day)

- 1** Half Day / Parent-Teacher Conferences
- 23** Half Day
- 26-31** School Closed (Winter Recess)

| DECEMBER 2016 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| JUNE 2017 | | | | | | |
|-----------|----|----|----|----|----|----|
| S | M | T | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | | | |

- 1-5** 4th and 8th Grade Science Exams
- 8** Half Day / New Student Registration
- 12** Half Day
- 14-22** High School Regents Exams
- 26** School Closed (Eid al-Fitr)
- 27** Half Day
Graduation
- 28** Half Day
(Last Day of School)

180 total days

*29th and 30th Makeup days in event of closure