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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2008

Department of the Treasury

Inte		anue Service	I ne organization may have									
	For th	e 2008 calendar year, o		11 1 ,	2008, and endin		, 2009					
В	Check if	f applicable Please use	C Name of organization			D Employ	er Identification Number					
	Add	dress change IRS label	New School for	the Arts			0794933					
	Nar	me change or type.	Number and street (or P O b	oox if mail is not delivered to st	reet addr) Room/s	uite E Telepho	one number					
	Initi	nal return specific	1216 E. Apache	Blvd		(48	0) 481-9235					
	\vdash	mination linstruc-	City, town or country		State ZIP code + 4							
	\vdash		Tempe		AZ 85281	G Gross receipts 1,980,721.						
	Ħ		and address of principal officer			H(a) is this a group retur						
		,	• •	nid Tempe	AZ 85281	H(b) Are all affiliates incl						
_			rdenas 1216 E. Apache			If 'No,' attach a list	(see instructions)					
÷			(c) (3) (insert no) 4947(a)(1) o	r 527		. 🛌					
<u>J</u> _		site: ► N/A				H(c) Group exemption no						
K		of organization X Corpora	ation Trust Association	on Other >	L Year of Forma	tion 1995 MS	State of legal domicile AZ					
	**********	Summary										
	1 6	Briefly describe the org	janization's mission or mos	st significant activities.	Educatio	<u>n</u>						
] _											
ĕ	} _											
Ē	-											
Š			if the organization disconti		disposed of mor	e than 25% of its as						
<u>ھ</u>			bers of the governing body	•	1 163		3 5					
9	1	•	t voting members of the go	overning body (Part VI,	line ID)		4 2					
¥		Total number of employ	yees (Part V, line 2a) eers (estimate if necessary	۸	•		5 62 6 5					
Activities & Governance			usiness revenue from Part		^ \		7a 0.					
•		_	taxable income from Form		رد)		7b					
	0 1	iver millerated publicass	taxable alcome nom rom	11 330-1, IIIIE 34			·					
						Prior Year	Current Year					
9		Contributions and grant	80. 1,860,881.									
Revenue		Program service reveni		1,915,5								
Š	ı		rt VIII, column (A), lines 3.	•		10,1						
		•	II, column (A), lines 5, 6d,	96,9								
			nes 8 through 11 (must equ), line 12)	2,099,4	24. 1,979,690.					
	13 (Grants and similar amo	iunts paid (Part IX, column	1 (A), lines 1-3)								
	14 E	Benefits paid to or for r										
ø	15 5	Salaries, other compen	1,199,3	41. 1,183,107.								
ğ	16a F	Professional fundraising										
Ехрепэев	1		ses (Part IX, column (D), I		0.							
ŭ	Į.	• ,	• • • • • • • • • • • • • • • • • • • •	·		0.41 6	16 016 010					
	17 (Jiner expenses (Part I)	X, column (A), lines 11a-11	10. 111-241)		941,6						
	18 7	i otai expenses. Add iin	nes 13-17 (must equal Part	A) column (A) me 23	WED 1	2,140,9						
_	19 F	Revenue less expenses	Subtract line 18 from line			-41,5	33119,627.					
ests or elercos				FEB 0 5	2010 00	Beginning of You	ear End of Year					
1	i	Fotal assets (Part X, lin	ie 16)	FEB 0 5		4,260,0	53. 3,983,634.					
Net As	21 1	Fotal liabilities (Part X,	line 26)	1	RS	4,338,9	59. 4,039,198.					
žį	22 N	Net assets or fund balar	nces, Subtract line 21 from	n ine 200 1 1 - FA!		-78,9	0655, 564.					
		Signature Bloc	k	UULLIN	, UI							
		Under penalties of periury	declare that I have examined this	rehito includino accompanyin	o echedules and sta	tements, and to the hest	of my kamuladae and ballet it is					
		true, correct, and complete	declare that I have examined this Declaration of preparer (other than	n officer) is based on all inform	nation of which prep	arer has any knowledge	or my rationicage and schor, it is					
Sig	ın	>				1 2	2-2-10					
He		Signature of officer		- 1/4 - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		Date						
		DATE L	ERRELL - CARAC	Luca Every	TIVE DEI	243						
		Type or print dame and	title	NAS CHELL	TIVE OFF	7.0						
		 			10-1-		Preparer's identifying number					
D-:	ا ا				Date	Check if self	Preparer's identifying number (see instructions)					
Pai		Preparer's	14. 17		1	employed 🏲						
Pre		signature > //)	thong of orenzo		11-18-1	0						
ya: Us:	rer's P	Firm's name (or LORE	ENZO, PLC									
On On		yours if self employed), > 1450	W. Guadalupe R	oad, Suite 111		EIN - 86	6-1097761					
- 11	·J	address, and Gilb			5233	Phone no P((480) 644-1097					
May	the IR		ith the preparer shown abo			11 none no	X Yes No					
					· · · · · · · · · · · · · · · · · · ·	TEE 10101						
,,,,,,	- FOFF	invacy Act and Paperw	vork Reduction Act Notice	, see uie separate instr	ucaons.	TEEA0101	04/23/09 Form 990 (2008)					

		Statement of Program Service Accomplishments (see instructions)				
1	Briefly	describe the organization's mission:				
	то о	ffer an alternative program for students with interest and talen	t			
		he arts.				
	Did the	organization undertake any significant program services during the year which were not listed on the prior				
_		90 or 990-EZ?		Yes	x	No
		describe these new services an Schedule O.				•••
•	-	organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	x	No
3			Ц	163	(A)	МО
		describe these changes on Schedule O.	^ I	E01/-	\(2\)	
4	and 501	e the exempt purpose achievements for each of the organization's three largest program services by expenses. S (c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to es, and revenue, if any, for each program service reported.	others	the to	otal	
	•					
		2.5	^ 1	0.0	0 70	
48) (Expenses \$ 1,930,241. including grants of \$ 0.) (Revenue				
	The I	School services approximately 241 high school students.	-			
		School offers an alternative program for students with				
	inte	rests and talents in the arts.				
						
			- - -			
4 t	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
					- - -	
					. — .	
			- -			
					-	
				-		
	-					
4 c	(Code.) (Expenses \$) (Revenue \$)	3)
	•		·			
	- -			- - -		
			-			-
					-	
				- .		
			-			
	-					
4d	Other pr	ogram services. (Describe in Schedule O.)				
	(Expens)	
40		poram service expenses > \$ 1 930 241 (Must equal Part IV Line 25 column (R))			' -	

Form 990 (2008) New School for the Arts

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86-0794933

Form 990 (2008) New School for the Arts

Part V Checklist of Required Schedules

mm			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
•	Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	1	х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
Į	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	_	<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19		19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (4), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		_ <u>x</u> _
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.	23		х
24 8	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete School by K. If 'No log to question 26	24-		
	complete Schedule K. If 'No, go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>x</u>
		2-0	\dashv	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u> x</u>
ŧ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25ь		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
AA6		Form	990 (2008)

Form 990 (2008) New School for the Arts Checklist of Required Schedules (continued)

28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		Yes	No
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	********	X
ļ	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28ь		<u>x</u>
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		_x_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	_	<u>x</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>x</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
$\Delta \Delta S$		Form	990 /	20081

234400				Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0		
- 1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	<u>0</u>		
•	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c		Х
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	2a 62	2		
2	$oldsymbol{b}$ if at least one is reported on line 2a, did the organization file all required federal employmen	it tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	•			
3:	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	. 3a		x
1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b	 	
4.	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		х
1	b If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank and			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5b		Х
•	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem Prohibited Tax Shelter Transaction?	pt Entity Regarding	5c		
6	a Did the organization solicit any contributions that were not tax deductible?		6a		X
l	b if 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontributions or gifts were not	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?	7a		Х
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		L
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7с		х
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	_		
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?	ns on a personal	. 7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		X
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as r	equired?	7g		Ĺ
ŧ	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a l	form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponsor excess business holdings at any time during the year?	section 509(a)(3) oring organization, have	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		X
t	Did the organization make any distribution to a donor, donor advisor, or related person?		9ь		х
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.				
а	Gross income from other members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) $$	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041? .	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
BAA		-	Form	990 (2008)

Form 990 (2008) New School for the Arts

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management								
	For each	n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, does, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No				
16	a Enter the	number of voting members of the governing body	1a 5	_						
1	b Enter the	number of voting members that are independent .	1b 2	_						
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ationship with any other	2		х				
3		organization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persor		3		x				
4	Did the o	organization make any significant changes to its organizational documents		4		X				
		prior Form 990 was filed?								
5	Did the o	organization become aware during the year of a material diversion of the organization	's assets?	5]	х				
		organization have members or stockholders?		6		х				
		organization have members, stockholders, or other persons who may elect one or m	nore members of the	7a		х				
	Are any	decisions of the governing body subject to approval by members, stockholders, or oth	ner persons? .	7b		х				
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
ä	The gove	erning body? .		8a	Х					
ı	Each con	nmittee with authority to act on behalf of the governing body?		_8b	Х					
98	Does the	organization have local chapters, branches, or affiliates?		9a		X				
1	olf 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b						
10	Was a co describe	ppy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	х					
	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who cani tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	11	х_					
Sec	tion B.	Policies								
					Yes	No				
12a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X					
Ŀ	Are office to conflict	ers, directors or trustees, and key employees required to disclose annually interests thes?	hat could give rise	12b		х				
c	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		x				
13	Does the	organization have a written whistleblower policy?	•	13		X				
14	Does the	organization have a written document retention and destruction policy?		14	X					
		rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	oproval by independent sion:							
	•	nization's CEO, Executive Director, or top management official?		15a		X				
Ŀ	Other offi	cers of key employees of the organization?		15b		X				
	Describe	the process in Schedule O. (see instructions)								
16a	Did the or entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similar aring the year?	rrangement with a taxable	16a		_X_				
b	ın joint ve	ias the organization adopted a written policy or procedure requiring the organization to inture arrangements under applicable federal tax law, and taken steps to safeguard the in respect to such arrangements?	o evaluate its participation ne organization's exempt	16b						
Sec	tion C.	Disclosures								
17	List the st	tates with which a copy of this Form 990 is required to be filed - Arizona								
18	Section 6 inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply.	990-T (501(c)(3)s only) ava	alable f	or pub	lic				
	Own v	website Another's website X Upon request								
19	Describe statement	in Schedule O whether (and if so, how) the organization makes its governing docume is available to the public	ents, conflict of interest police	cy, and	financ	ial				
20	State the	name, physical address, and telephone number of the person who possesses the boo	oks and records of the orga	ınızatıoı	n.					
		ization 1216 E. Apache Blvd., Tempe, AZ				235				
RAA					000 (

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 the organization did no	t compens	ate a	ny o	ffice	r, d	rector	, tru	istee, or key employee)	
(A)	(B)			(4	c)			(D)	(E)	(F)
Name and Title	Average hours		ition		k all 1	that app	ly)	Reportable compensation from	Reportable	Estimated amount of other
	per week	adividual trustee or director	mshluhonesi icustee	Officer	Key emphyee	High est commensaled employee	Eusner	compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
Donald Marshall										
President	1.00	X	L.		<u> </u>		_	0.	0.	0.
Ronald Caya			1		1				1	
VP	1.00	<u>X</u> .			<u> </u>	<u> </u>		0.	0.	0.
Bill Scheel			l						1	
Board Member	1.00	X	L	<u> </u>	<u> </u>		_	0.	0.	0.
Katy Ferrell-Cardenas]					ĺ				
Executive Dean/BD Mem	40.00	_X		Х	L		_	56,878.	21,947.	11,669.
Jane Dowell									ĺ	
Secretary Treasurer	1.00	X	_				_	9,074.	31,794.	7,896.
						ĺ	Ì		Ì	
			-					<u> </u>		
										
ВАА	·	T	EEAC	107	04/	24/09		· · · · · · · · · · · · · · · · · · ·		Form 990 (2008)

Section A. Officers, Directors, Trust		ey	Em			es,	anc			
(A) Name and Title	(B) Average	Posi	tion (c) k all i	that a	(vlaa	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week			Officer		Highest compensated employee		compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
									·	
							_			
1 b Total .							>	65,952.	53,741.	19,565.
2 Total number of individuals (including those in 1a) wl organization ►	no recei	ved	mor	e th	an S	§100	,000) in reportable cor	npensation from the	
 3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc. 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual. 	dividual ortable an \$150	com 0,000	pen:	satio 'Ye:	on a s' co	nd a ompl	ther lete	r compensation fro Schedule J for su	om ch	Yes No 3 X 4 X
Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete School Section B. Indoordood Contractors	mpensa edule J	tion for s	fror uch	n ar per	son	nrela	eted	organization for s	ervices	5 X
Complete this table for your five highest compensate compensation from the organization.	d indepi	ende	ent c	conti	racti	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business address	<u>. </u>							(B) Description o	f Services	(C) Compensation
			_							
2 Total number of independent contractors (including the compensation from the organization ►	nose in	1) w	ho r	ece	ved	moi	re th	nan \$100,000 in		
RAA						_			TEE 40109 10/12/09	Form 990 (2009

		Statement of Re	evenue				,	·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a t c c	a Federated campaigns b Membership dues c Fundraising events d Related organizations c Government grants (contributions) All other contributions, gifts, similar amounts not included	grants, and	2,065. 95,797. 1,731,964.	- 0000000000000000000000000000000000000			
E S	6	Noncash contribns included in	n ins 1a-1f \$		_			
<u>8</u> ₹		Total. Add lines 1a-1f		<u> </u>	1,860,881.			
KCE	_			Business Code	24 105	24 105		0
Ě	Za	Supply Sales-S Rental income	rudents_	611710	34,195. 18,650.	34,195. 18,650.	0.	0.
ZE I	ָ ;	: Performances_6	Shows	611710	6,231.	6,231.	0.	0.
ER	,	,	- 500.00	011.10	0,231.	0,201.	<u>-</u> -	
S W	e	`			<u> </u>			
Ğ.	f	All other program service	ce revenue					
2	ç			•	59,076.			
	3	Investment income (incother similar amounts)	luding dividend	s, interest and		34,108.	0.	0.
	4	Income from investmen	it of tax-exemp	bond proceeds	<u> </u>	ļ		
	5	Royalties		<u> </u>				
		Oues Deals	(i) Real	(ii) Personal	-			
		Gross Rents	<u> </u>	_{	-			
		Less rental expenses Rental income or (loss)			-			
		Net rental income or (lo	L					
		•	(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)		·				
REVENUE	8a	Gross income from function (not including \$	2,065.					
ΕĒΛ		of contributions reported	on line (c)	2 201				
OTHER		See Part IV, line 18 Less: direct expenses		a 3,381. b 1,031.				
6		Net income or (loss) from	m fundraising e		2,350.	2,350.	0.	0.
		Gross income from gam See Part IV, line 19	_	a	2,330.	2,330.	U.	0.
	Ь	Less, direct expenses		Ь				
	c	Net income or (loss) from	m gaming activ	rities				
	10 a	Gross sales of inventory and allowances	, less returns	a				
	b	Less, cost of goods sold	ı	b				
	С	Net income or (loss) from	m sales of inve	ntory -				
		Miscellaneous Reveni		Business Code				
- {		a Student Activities 900099 b Miscellaneous 900099			17,190.	17,190.	0.	0.
ĺ	Ь			900099	6,085.	6,085.	0.	0.
ļ	C	All other serves			 			
		All other revenue	<u> </u>		22 075			
		Total. Add lines 11a-11d			23,275.			
	12	Total Revenue. Add line 10c, and 11e	s in, ∠g, 3, 4, !	o, 6a, 7a, 8c, 9c,	1,979,690.	118,809.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	49,514.	24,757.	24,757.	(
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	956,495.	889,558.	66,937.	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	102,151.	92,840.	9,311.	(
	Other employee benefits				
10	Payroll taxes	74,947.	68,116.	6,831.	
	Fees for services (non-employees)				
	Management				
	Legal ,				
	Accounting	10,880.	0.	10,880.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
•	Other .				
	Advertising and promotion	40.	0.	40.	
13 14	Office expenses Information technology	92,590.	91,802.	788.	
15	Royalties				
16	Occupancy	132,073.	129,200.	2,873.	
	Travel	4,099.	123,200.	4,099.	(
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,033.	0.	4,099.	
19	Conferences, conventions, and meetings				
20	Interest	350,854.	337,513.	13,341.	(
21	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	200,284.	199,428.	856.	(
	Insurance .	19,241.	0.	19,241.	(
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Purchased Services	51,323.	47,233.	4,090.	0
	Miscellaneous	35,352.	35, 352.	0.	0
	Dues & Fees	11,632.	8,536.	3,096.	
	Monthly bond fees	1,936.	0.	1,936.	
	Equipment rental All other expenses	5,906.	5,906.	0.	0
	Total functional expenses. Add lines 1 through 24f	2,099,317.	1,930,241.	169,076.	
26	Joint Costs. Check here ► X If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	0.	0.	0.	Form 990 (200

			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	180,797.	1	67,521
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,334.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part ${\sf II}$ of Schedule L	9,379.	5	9,379
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	l	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	6		
Š	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost basis 10a 5,143,361			
	b	Less. accumulated depreciation. Complete Part VI of			
		Schedule D 10b 1,246,525	. 4,050,543.	10c	3,896,836.
	11	Investments - publicly-traded securities		11	ļ
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	ļ	13	
	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11	<u> </u>	15	9,898.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,260,053.	16	3,983,634.
	17	Accounts payable and accrued expenses	3,452.	17	817.
	18	Grants payable		18	
	19	Deferred revenue	4 100 000	19	2 225 212
Ī	20	Tax-exempt bond liabilities	4,190,828.	20	3,925,812.
B	21	Escrow account liability. Complete Part IV of Schedule D		21	
ABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L	43,898.	22	27,441.
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable	24		
	25	Other habilities. Complete Part X of Schedule D	100,781.	25	85,128.
	26	Total liabilities. Add lines 17 through 25	4,338,959.	26	4,039,198.
Ŋ		Organizations that follow SFAS 117, check here > X and complete lines			
Ě		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets .	-80,678.	27	-55,564.
Annua-v	28	Temporarily restricted net assets .	1,772.	28	
- 1	29	Permanently restricted net assets		29	
Ŗ		Organizations that do not follow SFAS 117, check here in and complete			
5		lines 30 through 34.			
В	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本してまない	33	Total net assets or fund balances.	-78,906.	33	-55,564.
	34	Total liabilities and net assets/fund balances.	4,260,053.	34	3,983,634.
		Financial Statements and Reporting			Yes No
		ounting method used to prepare the Form 990. Cash X Accrual	Other		
		te the organization's financial statements compiled or reviewed by an independent	accountant?		2a X_
		e the organization's financial statements audited by an independent accountant?			2b X
	t If 'Y ייעפן	es' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acco	ty for oversight of the au-	dıt,	2c X
	a As a	a result of a federal award, was the organization required to undergo an audit or au it Act and OMB Circular A-133?			3a X
		es,' did the organization undergo the required audit or audits?			3b
BA/		<u></u>			Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2008

Coerror Positi Impression

Employer identification numb

New	S	cho	1_	for	tł	ne_	Art	<u>s</u>										86-0	79493	3		_
		Rea	102	ı fo	r Pu	blic	: Ch	arity	Statu	ıs (All or	ganız	ations	must o	compl	ete this	s part.)	(see i	nstruct	tions)		
The c	orga	nızatı	on IS	not	a pr	vate	foun	datior	n becau	use I	ıt ıs. (F	Please	check o	nly one	organız	ation.)						
1		A ch	urch,	con	vent	on o	of chu	rches	or ass	SOCIE	ation o	f churc	hes des	cribed in	1 sectio	n 17 0 (b)	(1)(A)(i).	•				
2	X	A scl	loor	desc	ribed	i in :	sectio	n 170	хьх1х	A)(ii). (Att	ach Sc	heduie E	Ξ)								
3		A ho	spita	l or o	coop	erati	ve ho	spital	servic	e or	ganıza	ation de	scribed	ın secti	on 1 70 (ЬХ1ХАХ	iii). (Att	ach Sch	edule H)		
4		A me	dica	i res	earcl	h or	ganıza	ation	operate	ed in	conju	ınction	with a h	ospital d	describe	d in sec	tion 170	(Ъ)(1)(А)	(iii) . Ent	ter the hosp	oital's	
_		name						- -	- .	- ;											- <u>-</u> -	
5		170(1	χ1χ	Αχiν). ((Com	plete	Part	II.)						-			nmental	unit des	cribed in s	ection	
6 7		An o	rgan:	zatio	n th	at no	ormal	ly rec		sut	ostanti			bed in s				or from	the gene	eral public	descrit	oed
8												4)(vi). (Complet	te Part II	l.)							
9	_	from	activ tmer	rities nt inc	rela ome	ted i	to its i Lunre	exem lated	pt func busine	tion:	s – su axable	ibject to	o certain le (less :	excepti	ions, ar	d (2) na	more th	ian 33-1	/3 % of it	es, and gro ts support e organizat	from g	ross
10	П	An o	rgani	zatio	n or	ganı	zed a	nd op	erated	exc	lusive	ly to te	st for pu	iblic safe	ety. See	section	509(a)(4). (see	instructi	ions)		
11		An or	rganı pub	zatio licly	n or	ganı orte	zed a	nd op anıza	erated	exc desc	lusive ribed i	ly for th	ne benef on 509(a	it of, to	perform section	the fun 509(a)(2	ctions o	f, or car	y out the	e purposes Check the	of one box t	∍ or hat
		a 🔲	Тур	e I			b	· 🗌 :	Type II			c [] Type II	II — Fun	ctionall	/ integra	ited		d 🗌	Type III-	- Other	r
6		By ch than 509(a	foun	datio	ns be	ox, i anaç	certif ers a	y tha	t the or her tha	rgan ın or	ization ne or n	n is not nore pu	controllablicly su	ed direc upportec	tly or in i organi	directly zations	by one o describe	or more o	disqualifi tion 509(ied person (a)(1) or se	s othe	r
f		If the	orga c this	anıza box	tion	rece	eived	a writ	ten det	term	ination	n from	the IRS	that is a	Туре І	Type II	or Type	III supp	orting or	rganization	,	
g		Since	. Aug	gust	17, 2	006	has	the o	rganiza	ation	accep	oted an	y gift oi	r contrib	ution fr	om any	of the fo	llowing p	ersons?	•		·
		(i)	a pe belo	rson w, tr	who	dırı veri	ectly o	or ind	rectly	cont	rols, e orted o	either al organiz	lone or t ation?	ogether	with pe	rsons d	escribed	ın (ıı) aı	nd (111)	11g (i)	Yes	No
		(ii)	a fa	nıly	mem	ber	of a	perso	n desc	cribe	d in (i)) above	?							11 g (ii)		
		(iii)	a 35	% c	ontro	lled	entity	of a	persor	de:	scribed	d in (i)	or (11) ab	ove?						11 g (iii)		
<u>h</u>		Provi	de th	e fo	lowir	ng ir	forma	ation	about t	he c	organiz	zations	the orga	anızatıor	suppo	rts						
	ወ	Name Orga	of Sup anazah	porte on	đ		Œ	i) EIN			(describ above	e of organ bed on line or IRC so instruction	es 19 ection	organiza (i) liste	Is the ition in color of in your erning iment?	the orga	you notify inization in (i) of support?	organizat	s the ion in cot zed in the S ?	(vri) Amou	nt of Sup	port
										<u> </u>				Yes	No	Yes	No	Yes	No			
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- and stop here. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
 - **b 10%-facts-and-circumstances test 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Schedule A (Form 990 or 990-EZ) 2008 New School for the Arts 86-0794933 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2007 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2004 Calendar year (or fiscal yr beginning in) **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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

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

	Part II, II	ne 17a or	17b; or Pa	art III, line	12. Provide	any other	additional in	formation. (s	Part II, line 10; ee instructions)
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Schedule A (Form 990 or 990-EZ) 2008 New School for the Arts

86-0794933

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545 0047

Schedule **D** (Form 990) 2008

Depart	tment of the Treasury al Revenue Service	Attach to answered "	o Form 990. To be completed by organizations t Yes,' to Form 99 0, Part IV, lines 6, 7, 8, 9, 10, 11.	that , or 12.	Con-	i to Papalit.
_	of the organization				Employer Identification	number
New	School for	r the Arts			86-0794933	
	Organizati the organi	ions Maintaining Donor zation answered 'Yes' to	Advised Funds or Other Similar Fund Form 990, Part IV, line 6.	is or Acco	unts Complete	ıf
			(a) Donor advised funds	(b) F	unds and other acc	counts
1	Total number at e	end of year				
2	Aggregate contrib	outions to (during year)				
3	Aggregate grants	from (during year)				
4	Aggregate value	at end of year				····
5	Did the organization funds are the organization	on inform all donors and don anization's property, subject t	or advisors in writing that the assets held in doing the organization's exclusive legal control?	nor advised	Yes	☐ No
	used only for char impermissible private	ritable purposes and not for to vate benefit??	s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or othe	er 	Yes	_ ∏ No
	Conservat	tion Easements Comple	te if the organization answered 'Yes' t	o Form 99	0, Part IV, line	7
1	— ' ''	•	the organization (check all that apply).			
	Preservation	of land for public use (e.g., re			ally important land a	area
	Protection of	natural habitat	Preservation of	of certified his	storic structure	
		of open space				
2	Complete lines 2a of the tax year	a-2d if the organization held a	qualified conservation contribution in the form	of a conserva	ation easement on t	he last day
					Held at the End of	f the Year
а	Total number of c	onservation easements		2a		
ь	Total acreage res	tricted by conservation easen	nents	2b		
c	Number of conser	vation easements on a certifi	ed historic structure included in (a)	2c		
d	Number of conser	vation easements included in	(c) acquired after 8/17/06	2d		
3	Number of conser	vation easements modified, t	ransferred, released, extinguished, or terminate	ed by the org	anization during the	taxable
	year ►					
4	Number of states	where property subject to cor	nservation easement is located •	_		
5		ition have a written policy reg e conservation easement it h	arding the periodic monitoring, inspection, violated of the periodic monitoring, inspection, violated are the periodic monitoring.	ations, and	Yes	☐ No
6	Staff or volunteer	hours devoted to monitoring,	inspecting, and enforcing easements during th	e year 🕨 _	····	
7	Amount of expens	ses incurred in monitoring, ins	specting, and enforcing easements during the y	ear 🕨 \$		
8	Does each conser 170(h)(4)(B)(i) and	vation easement reported on d 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
	In Part XIV, descrinctude, if applical conservation ease	ble, the text of the footnote to	orts conservation easements in its revenue and the organization's financial statements that de	expense sta scribes the o	tement, and balanc rganization's accou	e sheet, and nting for
	Organizat Complete	ions Maintaining Collect of the organization answ	ctions of Art, Historical Treasures, or evered 'Yes' to Form 990, Part IV, line	Other Simi 3.	lar Assets	
	treasures, or othe	r sımılar assets held for publi	SFAS 116, not to report in its revenue stateme c exhibition, education, or research in furtherar its that describes these items.	nt and baland ice of public	ce sheet works of ar service, provide, in	rt, historical Part XIV,
	If the organization treasures, or othe amounts relating t	r similar assets held for publi	SFAS 116, not to report in its revenue stateme c exhibition, education, or research in furtherar	nt and baland ice of public :	ce sheet works of ar service, provide the	t, historical following
	(i) Revenues incl	uded in Form 990, Part VIII,	line 1 .		* \$	···
	(ii) Assets include	ed in Form 990, Part X			• \$	
2	If the organization amounts required	received or held works of art to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 relating to these items:	r financial ga	in, provide the follo	wing
a !	Revenues included	d in Form 990, Part VIII, line	1		► \$	
h	Assats included in	Form 990 Part X			. €	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008 New					86-07		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art,	<u>Historica</u>	il Treasures, or	Other Similar Ass	ets (conti	nued)
3 Using the organization's accession that apply):	on and other	records, check an	y of the fol	lowing that are a si	ignificant use of its colli	ection items	(check all
a 🔲 Public exhibition		d [Loan or e	xchange programs			
b Scholarly research		e [_	Other				
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV.				-	·	se in	
5 During the year, did the organiza assets to be sold to raise funds r						Yes	No
Trust, Escrow and Cu	stodial Arı an amoun	angements C t on Form 990	omplete , Part X,	if organization a line 21.	answered 'Yes' to	Form 990, 	Part
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other interm	ediary for (contributions or oth	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV a	ind complete the	following ta	ble.		·	
						Amount	
c Beginning balance .					1c		
d Additions during the year					1d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on For	m 990, Part X, lir	ne 21?			Yes	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	nplete if o	ganization an	swered "	es' to Form 99	0, Part IV, line 10.		
	(a) Curren	year (b) f	Prior year	(c) Two years bac	k (d) Three years back	(e) Four	years back
1a Beginning of year balance							
b Contributions .							
c Investment earnings or losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the year	end balance held	as.				
a Board designated or quasi-endow	ment ►	8					
b Permanent endowment ►	8						
c Term endowment	8						
3a Are there endowment funds not in organization by.	the possess	ion of the organiz	ation that	are held and admir	nistered for the	[Y	es No
(i) unrelated organizations						3a(i)	
(ii) related organizations .				·		3a(ii)	
b If 'Yes' to 3a(ii), are the related o	roanizations l	isted as required	on Schedu	le R?		3b	
4 Describe in Part XIV the intended	-	-				<u> </u>	
Investments-Land, B					line 10		
Description of investment	indings, a	(a) Cost or other		Cost or other	(c) Depreciation	(d) Boo	k Value
		(investment)	basis (other)	(c) Depreciation	(4) 500	N Value
1a Land .		40,0	00.				40,000.
b Buildings		3,650,0			858,681.		91,319.
c Leasehold improvements		873,9			189,653.		84,307.
d Equipment		147,7			97,477.		50,293.
e Other		431,6			100,714.		30,917.
otal. Add lines 1a-1e (Column (d) sho	uld equal For			ine 10(c).)	• • • • • • • • • • • • • • • • • • •		96,836.
BAA					Sche		n 990) 2008

TEEA3302 12/23/08

Schedule D (Form 990) 2008 New School for th		86-07	94933 Page 3
Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products			
Closely-held equity interests			
Other		 	
			
	 		
	 		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Par Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
T-1-1 0-1 (A)			
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13) Other Assets (See Form 990, Part X, I	ine 15)		
	scription		(b) Book value
Due from government			9,898.
			·-···
Total. Column (b) Total (should equal Form 990, Part X, col.	(B) line 15)	>	9,898.
Other Liabilities (See Form 990, Part)			3,000.
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Due to student groups	3,3	10.	
Credit Line payable	59,7	12.	
Capital lease payable	15,6		
Accrued salary and benefits	6,4	79.	
		_	
			
	- 		
	 		
Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	85,12	28	
		- valuation and a second a second and a second a second and a second a second and a	manufacture and the second

In Part XIV, 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

`Sche	dule D (Form 990) 2008 New School for the Arts	86-0794933	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,	979,690.
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2,	099,317.
	Excess or (deficit) for the year. Subtract line 2 from line 1	_	119,627.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8	,	<u></u>
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	_	119,627.
	Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements		980,721.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
_	Recoveries of prior year grants 2c		
		031.	
	Add lines 2a through 2d	2e	1,031.
	Subtract line 2e from line 1		979,690.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		<u> </u>
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		979,690.
3	Reconciliation of Expenses per Audited Financial Statements With Expenses		913,030.
			100,348.
	Total expenses and losses per audited financial statements	2,	100,340.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments 2b		
	Losses reported on Form 990, Part IX, line 25		
	· · · · · · · · · · · · · · · · · · ·	031.	
	Add lines 2a through 2d	2e	1,031.
_	Subtract line 2e from line 1	3 2,	099,317.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 2,	099,317.
	Supplemental Information		
Com line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	rt IV, lines 1b and 2b,	Part V,
Pt.	XII Line 2d Fundraising revenue and expenses are netted on t	he Form 990	
	but the gross amounts were presented on the audi	ted	
	financial statements.		
<u>Pt</u>	XIII Line 2d Fundraising revenue and expenses are netted on t	he Form 990	
	but the gross amounts were presented on the audi	ted	-
	financial statements.		

'Schedule D (Form 990) 2008 New School for the Arts	86-0794933	Page 5
Schedule D (Form 990) 2008 New School for the Arts Supplemental Information (continued)		
+		
		 -
		- -

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

OMB No 1545 0047

Open & Platic

Employer identification number

86-0794933 New School for the Arts YES NQ 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, 2 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 had 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 3 X The School is an Arizona public charter school. As such, discrimination is prohibited, and Arizona residents are aware that no school can discriminate in any manner. 4 Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially 4b nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with 4 c Х student admissions, programs, and scholarships? 4d х d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement.) The School does not provide scholarships or other financial assistance. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5a Х **b** Admissions policies? 5b Х c Employment of faculty or administrative staff? 5c Х d Scholarships or other financial assistance? 5d X e Educational policies? 5e Х f Use of facilities? Х 5f a Athletic programs? 5<u>g</u> Х h Other extracurricular activities? 5h If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х b Has the organization's right to such aid ever been revoked or suspended? 6b X If you answered 'Yes,' to either line 6a or line b, please explain using an atfached statement. See L-6 Stmt 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,' attach an explanation

7

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered

Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Cipen to Poblic

Employer identification number

Schedule L (Form 990 or 990-EZ) 2008

New School for the Arts						86	5-0 <u>7</u>	9493	33			
Excess Benefit Transactions To be completed by organizations that	s (sect	tion 501 ered 'Yes	l(c)(3) a ' on Form	and section 990, Part IV, I	501(c)(ine 25a o	4) organiza r 25b, or Form	tions 990-E	only Z, Par). t V, lin	e 40b		
1 (a) Name of disqualified person				((b) Descripti	on of transaction					(c) Cor	rected
											Yes	No
			 .									
								-			Ĺ <u>.</u>	
2 Enter the amount of tax imposed on the or section 49583 Enter the amount of tax, if any, on line 2, and the section 4958	•		•		rsons dur	ing the year u	nder	► \$ ► \$				
Loans to and/or From Interes				organization	·			, ,				
To be completed by organiza Part V, line 38a.	tions	that ans	swered	'Yes' on For	rm 990	, Part IV, lır	ne 26	or F	orm ^s	990-1	ΞZ,	
(a) Name of interested person and purpose	(b) Loan the org	to or from anization?	(c princ) Original ipal amount	(d) E	Balance due	(e) In c	lefault?	(f) App by box comm	ard or	agreer (g) W	/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
Ron Caya School Improvements	Х			77,793.		27,441.	-	х	Х		Х	
T-A-1	<u> </u>	نـــــــــــــــــــــــــــــــــــــ	l							333333	3333333	*****
Total Par II Grants or Assistance Benefi	Hina I	nterest	od Pars	► \$		27,441.						
To be completed by organiza	tions	that ans	swered	'Yes' on For	m 990,	Part IV, lir	ne 27	•				
(a) Name of interested person		(b) Relations	ship between the organ	interested person nization	and	(с) Ап	nount of	grant o	r type of	assista	ince	
Business Transactions Invol To be completed by organizat	ving (ntereste	ed Pers	ons. Yes' on For	m 990.	Part IV. lin	ne 28:	 a. 28	b. or	28c.		
(a) Name of interested person	(b) R	elationship t sted person organizatio	between and the	(c) Amoun transaction	t of	(d) Desc					(e) Shar organiz reven	ation's
New School for the Arts Middle School	Commor	n board	members	95	797.	Mgmt ser	Vice	s aı	nd r	ent	Yes	No X
	··											
BAA For Privacy Act and Paperwork Reduction	Act No	tice, see	the instru	ctions for Fon	m 990.	Sch	edule	L (For	m 990	or 99	0-EZ)	2008

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545 0047

Employer identification number

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

New School for the Arts	86-0794933
Pt_VI-A, Line 10 All members receive the Form 990 direct	ctly from CPA, read
the return for accuracy, address guest	tions or concerns
prior to filing, and then approve to	file return.
Pt VI-C, Line 19 All documents are available upon reque	est.
Pt XI, Line 2c Oversight, financial statement review	and auditor selection
are all performed directly by the Gove	erning Board.
	•

SCHEDULE R

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

OMB No 1545 0047

(F)
Direct controlling
entity Employer identification number 86-0794933 (E) (End-of-year assets (**D)** Total income (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity Identification of Disregarded Entities New School for the Arts

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
New School for the Arts Middle School 90-0063833	Education	AZ	501(c)(3)	170(b)(c)(d)(c)	
					5
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	TEK	TEEA5001 12/23/08	Sched	Schedule R (Form 990) (2008)

Schedule R (Form 990) (2008)

86-0794933

Tark III Identification of Related Organizations Taxable as a Partnership

Prim	(B) Primary Activity	Legal domicile (state or foreign	(C) (D) Legal Direct domicile controlling entity (state or foreign)	(E) Predominant income (related, investment, unrelated)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	Disproportionale	Code V-UBI amount in Box 20 of Schedule K-1	(J) General or managing partner?
	1	couriny)					Yes No	(Form 1065)	Yes No
							<u>.</u>		
									
	-						 		

Identification of Related Organizations Taxable as a Corporation or Trust	axable as a Cor	poration or Tru	st			
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (State or foreign country)	(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	Primary Activity Legal domicile Direct Type of entity (C cop. S corp. counity) (B) (F) (G cop. S corp. counity)	(G) Share of end-of-ye assets
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
					-	

(H) Percentage ownership Schedule R (Form 990) (2008)

TEEA5002 12/23/08

BAA

Page 3

Transactions With Related Organizations

				١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	2
Unring the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.			*	
a Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity		1a	1	×
b Grift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		10	-	×
d Loans or loan quarantees to or for other organization(s)		19		×
e Loans or toan quarantees by other organization(s)		9		×
		2		₩
f Sale of assets to other organization(s)		1.	. :	×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		<u>۔</u>		×
i Lease of facilities, equipment, or other assets to other organization(s)		11	×	
Lease of facilities, equipment, or other assets from other organization(s)		=		* ×
k Performance of services or membership or fundraising solicitations for other organization(s)		=	×	
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1m		×
n Sharing of paid employees		1n	×	
				▓
 Reimbursement paid to other organization for expenses 		9		×
p Reimbursement paid by other organization for expenses		1p		×
q Other transfer of cash or property to other organization(s)		19		* ×
r Other transfer of cash or property from other organization(s)		=		×
2 if the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	d transaction threshold	·š.		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	c) involved	
(1) New School for the Arts Middle School	·H		87,397	[
(2)	:			
(3)				i
(4)				j
(9)				
(9)				
BAA TEFAKINA (27/22/18	Parto	Schedule R (Form 990) (200)	000	18

86-0794933

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(B) Legal Domicile Are all partners Section (State or Foreign 501(c)(3) organizations?	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportonate allocations?	Code V-UBl amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	ان ق
			Yes No		Yes No	,	Yes	ş
							 	
			-					
			<u></u> -					
							-	
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ВАА		TEEA5004 01/21/09	-		_	Schedule R (Form 990) (2008)	Z) (066 u	(800

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 11 (continued)

Name	Address ·	City	St	ZIP
Donald Marshall	22215 Arrellaga	Sun City West	AZ	85375
Ronald Caya	740 West Elm #217	Phoenix	AZ	85013
Bill Scheel	301 W. Lynnwood St.	Phoenix	AZ	85003

Explanation Statement

Form/Line: Schedule E Line 6

Explanation of: Financial Aid or Assistance from a Governmental Agency

The School receives monthly and payments from the State of Arizona based on the number of students enrolled and attending the School. Additionally, the School has received federal and State grants. These funds are used in accordance with the requirements set forth by the State of Arizona and the federal government.

Form 990 p 9/Related Organizations

Description	Amount
New School Middle School Rent_	87,397.
New School Middle School Management Services	8,400.
Total	95,797.

Supporting Statement of:

Form 990 p 9/Government Grants

Description	Amount
State equalization assistance	1,605,017.
Classroom site fund	93,891.
Instructional improvement funds	9,874.
Federal & State grants	23,182.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount		
Extracurricular tax credit contributions	20,918.		
Contributions - Other	10,137.		
Total	31,055.		

Form 990 p 11/Line 5, column (A)

Description	Amount
Due from related party	9,379.
Total	9,379.

Supporting Statement of:

Form 990 p 11/Line 5, column (B)

Description	Amount
Due from related party	9,379.
Total	9,379.

Supporting Statement of:

Form 990 p 11/Line 20, column (A)

Description	Amount
Note payable to the Industrial Development Authority of the County of Pima (IDA), with stated	
interest rates ranging from 6.25% to 7.25% Notes Payable to IDA, including interest	4,535,000.
ranging from 6.50% to 6.75%	510,000.
Less amount in reserve funds (serves as prepaid)	-854,172.

Total _____4,190,828.

Form	990	n	11.	/T.ine	20	column	(R)
FOLIU	220	$\boldsymbol{\nu}$	44	, ,,,,,,,,	20,	COTMILL	101

Description	Amount
Note payable to the Industrial Development	
Authority of the County of Pima (IDA), with stated	
interest rates ranging from 6.25% to 7.25%	4,303,758.
Notes Payable to IDA, including interest	
ranging from 6.50% to 6.75%	500,000.
Less amount in reserve funds (serves as prepaid)	-877,946.

Supporting Statement of:

Form 990 p 11/Line 22, column (A)

Description	Amount
N/P to Ron Caya	43,898.
Total	43,898.

Supporting Statement of:

Form 990 p 11/Line 22, column (B)

Description	Amount
Note payable to Ron Caya	27,441.
Total	27,441.

Form 990 p 11/Line 27, column (A)

Description	Amount
Unrestricted:	
Undesignated	-96, 438.
Designated-classroom site fund	15,760.

Supporting Statement of:

Sch D, page 2/Other col (a)

Description	Amount
Issuance costs related to building	
acquired by note payable to IDA	431,631.
Total	431,631.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, complete only Part I and check this bo		
•	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II mplete Part II unless you have already been granted an automatic 3-month extension on a		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	eded).	
A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box a	and complete
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form a income tax returns.	7004 to red	quest an extension of
one of the electronica returns, or	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at returns noted below (6 months for a corporation required to file Form 990-T). Howe ally if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed armore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	over, you ca is 990-BL, (and signed pa	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer	identification number
print	New School for the Arts	86	0794933
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 1216 East Apache Blvd.		
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions.	Tempe, Arizona 85281		
Check typ	e of return to be filed (file a separate application for each return):		···
Form 9			Form 4720
☐ Form 9		$\bar{\Box}$	Form 5227
☐ Form 9		\Box	Form 6069
☐ Form 9		ō	Form 8870
If the orIf this is	te No. ► (480) 481-9235 FAX No. ► (480) 970 ganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ole group, check this box ►	box	. If this is
	the names and EINs of all members the extension will cover.		
until for th ► □	e organization's return for:	named abo	extension of time extension is 20 09
2 if this	tax year is for less than 12 months, check reason: Initial return Final return [☐ Change	in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative taxing nonrefundable credits. See instructions.	(, 3a	\$
b if this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta		-
<u> </u>	ents made. Include any prior year overpayment allowed as a credit.	3b	\$
depo	ice Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer m). See instructions.	t 3c	\$
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 848 at Instructions.	53-EO and	Form 8879-EO

Fa	rt II	Additional (Not Automatic) 3-Month Extension of Time	Only fil	e the origina	l (no copie	s needed)
Typ prin	e or it	Name of Exempt Organization				identificatio
exter due	by the nded date for	Number, street, and room or suite no. If a P.O. box, see instructions			For IRS us	e only
instr	n. See uctions.	City, town or post office, state, and ZIP code For a foreign address, see inst			夏 孫川道	
		of return to be filed (File a separate application for each return	ר):			
_	Form 99	— · • · · · · · · · · · · · · · · · · ·	_	orm 1041-A		Form 6069
=	Form 99			orm 4720		Form 8870
	Form 99			orm 5227		
STC	P! Do n	t complete Part II if you were not already granted an automatic	c 3-mont	h extension o	n a previou	sly filed Fo
for t	the whol- with the	r a Group Return, enter the organization's four digit Group Exerce group, check this box ▶ ☐ . If it is for part of the gnames and EINs of all members the extension is for.	roup, ch	eck this box.	▶ [
for t	the whole with the I reque For call If this t State in	e group, check this box \ldots \blacktriangleright \square . If it is for part of the g	roup, ch	eck this box, and ending Final return	▶ ☐ , 20]] Change	and attac
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