

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

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

Open to Public

AF	or the	2009 ca	lendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	1
		1	C Name of organization		notion aumbor
B (Check if applicable	Please use IRS	Name of organization	D Employer identific	cation number
_	Address		NAME AND POST OF POST OF		
F	change □Name	print or	NATIONAL ACADEMY OF DESIGN		
╘	_lchange	type	Doing Business As	13-1	628183
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone number	r
<u> </u>	Termin- ated	Specific Instruc-	1083 FIFTH AVENUE	(212	<u>)369-4880</u>
	Amende return	tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	30,966,052.
	Application	·	NEW YORK, NY 10128	H(a) Is this a group re	eturn
	pending	F Nar	ne and address of principal officer:DAVID KAPP	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	
	Fav-ova		us: X 501(c) (3) ◀ (insert no.)	⊣ `′	list. (see instructions)
			W.NATIONALACADEMY.ORG		
				H(c) Group exemption	State of legal domicile: NY
		Summ		ar or formation. 1023 N	A State of legal domicile. IN I
L				100E MITE	N72 m T (N72 T
e	1		scribe the organization's mission or most significant activities: FOUNDED		NATIONAL
ā	1 -		MY IS THE ONLY INSTITUTION OF ITS KIND T		
Governance	1		s box if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	
Š	3 1	lumber d	of voting members of the governing body (Part VI, line 1a)	3	15
	4 1	lumber c	of independent voting members of the governing body (Part VI, line 1b)	. 4	15
Activities &	5 7	otal num	nber of employees (Part V, line 2a)	5	36
₹	6 7	otal num	nber of volunteers (estimate if necessary)	. 6	20
₹	7a 7	otal gros	ss unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.
	b 1	let unrel	ated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
a)	8 (Contribut	ions and grants (Part VIII, line 1h)	1,093,323.	2,855,514.
בַּ			service revenue (Part VIII, line 2g)	1,470,723.	1,404,386.
C.V.II Revenue	1	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	11,085,416.	2,191,629.
Œ.	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,893.	237,802.
)	i		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,973,355.	6,689,331.
J			nd similar amounts paid (Part IX, column (A), lines 1-3)	178,964.	200,825.
				110,004.	200,025.
5	ء حدا		paid to or for members (Part IX, column (A), line 4)	1,583,279.	2,163,128.
Expenses	15 5		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,303,413.	4,103,140.
5	16a F		nal fundraising fizes (Flari IX, Column (A), Ine 11e)		
3 1	b		draising expenses (Part IX, column (D) Girle 25) 448,514.	0.001.606	0 510 005
5	17 (Other exp	penses (Part IX, column (A), Jines 11a (Od, 11f-24f)	2,981,626.	2,512,287.
)			enses Add lines 13-17 (must equal Page X, column (A), line 25)	4,743,869.	4,876,240.
	19 F	Revenue	less expenses Subtract line 18 from line 12	9,229,486.	1,813,091.
Net Assets or Find Balances			UGUCIN, UI	Beginning of Current Year	End of Year
Sec	20 1	otal ass	ets (Part X, line 16)	24,418,751.	25,465,871.
Ž,	21	otal liab	nities (Part X, line 26)	1,164,079.	1,147,532.
			ts or fund balances. Subtract line 21 from line 20	23,254,672.	24,318,339.
P	art II		ture Block		
	ì	Under pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and statemen The Declaration of producer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowled loe	ge and belief, it is true, correct,
		7//	1. On 1 M//////		
Sig	ın		(12 Very 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	05-1	[-1]
He	i	Sig	nature of officer	Date	
		M)	CHAEL MCKAY, DIRECTOR OF FINANCE		
			e or print name and title		
_		Preparer'	Date,	Check If Prepar	er's identifying number
Pai	d	signature		self- employed \blacktriangleright \Box (see in:	structions)
Pre	parer's	Firm's nam		EIN >	
Use	Only	yours if self-emplo	· ·	LIN	
		address, a	ng 💌	Dhana na 🕨 2	12_607_220
		ZIP + 4	NEW YORK, NY 10017		12-697-2299
Ma	y tne IF	o discus	ss this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2009) NATIONAL ACADEMY OF DESIGN
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	-	X
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 similar funds or 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	X	
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	Э.		Α_
	If "Yes," complete Schedule D, Part V	40	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable	4.4	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	Α.	
	Part VI.			
•	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? If "Yes," complete Schedule D, Part VII			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	- 21	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 		
_	and program service activities outside the United States? 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	<u></u>	_	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	.5		
	Joseph A outside the Lighted States 2 If "Vee " complete Schodule F. Dort III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	COLUMN (A) lines 6 and 11e2 If "You " complete Schodule C. Bort I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-12
	1c and 9a2 If "Van " complete Schoolide C. Port II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 47	
	complete Schedule G. Part III	19		<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The state of the s		!	 _

Form 990 (2009) NATIONAL ACADEMY OF DESIGN
Part IV Checklist of Required Schedules (continued)

04	Did the erganization report more than \$5,000 of greats and other assistance to accomments and ergangations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			-23
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì		
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	İ	ĺ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		\	
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	1	 	}
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	ŀ		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	Ì	l ˈ	
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	'	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	١	1	17
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
24	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Mark the state of the order of the state of	24	ļ	X
35	If "Yes," complete Schedule H, Parts II, III, IV, and V, line 1	34	 	_A
33	If \$Voc & complete Schoolide D. Boot V. Inc. 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	35		
-	If "Von " complete Schoolule P. Port V. Inc. 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2009) NATIONAL ACADEMY OF DESIGN

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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 166			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	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 Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	L	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.7
	to file Form 8282?	<u>7c</u>		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			v
4	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	. / 11		
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		_	000	

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b				
2		ì		
		2		X
3				
		3		X
4		4		X
5	·	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Either the number of voting members that are independent Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assests? Did the organization have members or stockholiders? Does the organization have members or stockholiders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholiders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 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. Does the organization's mailing address? If Yes, Provide the names and addresses in Schedule O. Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? If Yes, I does the organization have written policies and procedures governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O they process, if any, used by the organization to review this Form 990. Does the organization provide		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	ļ
b				
		12b_	X	
С				
	· · · · · · · · · · · · · · · · · · ·	12c	X	77
13		13		X
14	. ,	14		<u>X</u>
15			'	
			v	
		15a	X	-
Þ		15b		<u> </u>
16-				
ioa	Cycon and security district and security visiting allowed	16a		х
h	, , , , , , , , , , , , , , , , , , , ,	104		
•				
		16b		
Sec				
17				
18	· · · · · · · · · · · · · · · · · · ·	for		
	public inspection, indicate how you make these available. Check all that apply.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	-	
	MICHAEL MCKAY, DIRECTOR OF FINANCE AND ADMIN (212)369-4880			
	1083 FIFTH AVENUE, NEW YORK, NY 10128			

Part VII 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees.
- 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.

Average hours per week	Individual trustee or director			that	арр		Reportable compensation from the	Reportable compensation from related	Estimated amount of other
per week	_						from	from related	
F 00			Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
							_	_	_
5.00	X		X	_	ļ .		0.	0.	0
		ĺ					_	_	
5.00	X	<u> </u>	X	<u> </u>	_	L	0.	0.	0
	Ì	Ì			Ì]	_]		
5.00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
						l			
5.00	X.	ļ	X	_	ļ		0.	0.	0
5.00	X		X	_			0.	0.	0
2.00	X	-			 —		0.	0.	0
2 00	,,	Ì							•
2.00	<u> </u>	-		-	┝		<u>U.</u>		0
1 2 00	·-					i	ا م		
2.00	^			-	┼─	-			0
2 00							0		0
2.00	<u> </u>	-		-	1	-	<u>U •</u>		
2 00	-	ļ				ļ			0
2.00	^	 	-	-	╁	┢	<u>U.</u>		
2 00	Y						ا ۱	ا م	0
2.00	Λ	1	1	1	\vdash	 	- 0.		
2.00	x						ا. ا	ا م	0
2.00	-		\vdash		†	_			<u>_</u>
2.00	x						0.	0.1	0
					t				
2.00	x						o.,	o.)	0
1		—		Γ	1				
2.00	X						0.	0.1	0
					\top				
40.00		L	X				292,123.	0.	7,743
40.00			X				64,481.	0.	10,536 Form 990 (2009
	5.00 5.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 40.00	5.00 X 5.00 X 5.00 X 2.00 X 40.00	5.00 X 5.00 X 5.00 X 2.00 X	5.00 x x 5.00 x x 5.00 x x 2.00 x 40.00 x	5.00 X X 5.00 X X 5.00 X X 2.00 X 40.00 X	5.00 X X 5.00 X X 5.00 X X 2.00 X 40.00 X	5.00 X X 5.00 X X 5.00 X X 2.00 X 40.00 X	5.00 x x 0. 5.00 x x 0. 5.00 x x 0. 2.00 x 0.	5.00 x x 0. 0. 5.00 x x 0. 0. 5.00 x x 0. 0. 2.00 x 0. 0. 0. 40.00 0. 0. 0. 40.00 0. 0. 0.

(A) Name and title	(B) Average			(C Posi	tion			(D) Reportable	(E) Reportable			(F) mate	d
	hours per week	Individual trustee or director	heck hestitutional trustee	all t		Highest compensated Co		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISG		comp	m the nızatı relate	tion e ion ed
MICHAEL W. MCKAY FINANCE & ADMIN. DIRECTOR	40.00			Х				36,950.		0.	3	, 5	48.
												_	
<u></u>													
							_			1			
			-		!		_			_		-	
	 		 				-			-			
			' -			-			<u> </u>	\dashv			
			-			-	-						
1b Total		<u> </u>	<u> </u>	<u> </u>			<u> </u>	393,554.		0.	21	. 8	27.
Total number of individuals (including by compensation from the organization		nose	liste	ed al	bove	e) wh	no re),000 in reportable				1
											7	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J formation			э, кө _.	y em	ıbıo	yee,	or r	nignest compensated ei	npioyee on		3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							•	the organization		4	x	
5 Did any person listed on line 1a receive	or accrue compe	nsat	tion f						ices rendered to	•			
the organization? If "Yes," complete Sch Section B. Independent Contractors	hedule J for such	pers	son								5		<u>X</u>
 Complete this table for your five highest the organization. 	compensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fro	om	
(A) Name and busin	ese addrese	_				-		(B) Description of s	epnuces		(C)		
CARNEY SECURITY								SECURITY PER					_
45 EAST 28TH STREET, NE	W YORK,	NY	10	00:	16			(GUARDS)			264	. 6	<u>14.</u>
31 MILK STREET, SUITE 3	B10, BOST	<u>ON</u>	<u>, 1</u>	AM	0	210	09	STRATEGIC CO	NSULTING		114	. , 9	<u>44.</u>
							_						
2. Total number of independent controls	re (includes but	net '	umit c	d +-		100 I		d abovo) who recoursed	nare than				_
2 Total number of independent contracto \$100,000 in compensation from the org	-	iot I		- IO		2 2	sieC	anove) who received h	TOTE UIATI				
											Form 9	90 (2009)

Form 990 (2009)

932009 02-04-10

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			(D).
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	ì	j		
	organizations in the U.S. See Part IV, line 21		·		
2	Grants and other assistance to individuals in	222 225			
	the U.S. See Part IV, line 22	200,825.	200,825.		
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,	400 555	150 000	011 022	00 040
	trustees, and key employees	420,775.	179,093.	211,833.	29,849.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 252 222	254 244		056 505
7	Other salanes and wages	1,358,232.	861,311.	220,216.	276,705.
8	Pension plan contributions (include section 401(k)	22 252	40.000	0.605	0.0
	and section 403(b) employer contributions)	22,073.	19,386.	2,607.	80.
9	Other employee benefits	155,269.	105,367.	30,994.	18,908.
10	Payroll taxes	206,779.	142,716.	37,859.	26,204.
11	Fees for services (non-employees):				
а	Management	01 000		21 000	
ь	Legal .	21,098.		21,098.	
С	Accounting	68,220.		68,220.	
ď	, ,				
е	,	04 600		04 600	
f	Investment management fees	84,682.	70 500	84,682.	11 242
g	Other .	224,618.	79,508.	133,868.	11,242.
12	Advertising and promotion	94,760.	93,326.	129.	1,305.
13	Office expenses	205,915.	98,482.	72,523.	34,910.
14	Information technology	98,028.	42,343.	43,116.	12,569.
15	Royalties	220 202	210 105	12 722	6,356.
16	Occupancy	329,283. 11,314.	310,195. 5,224.	12,732. 5,841.	249.
17	Travel	11,314.	5,224.	2,041.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	69,793.	61,744.	4,085.	3,964.
19	Conferences, conventions, and meetings Interest	09,193.	01,/44.	4,000.	3,304.
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	179,954.	169,157.	7,198.	3,599.
23	Insurance	60,681.	22,957.	37,724.	
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.)	00,001.	22,337.	37,721.	
_	SCHOOL FACULTY & MODELS	623,096.	623,096.		
a b	CHOUD THU C ARM HANDI THO	289,246.	275,789.	1,056.	12,401.
C	DDTMTMA	58,083.	49,008.		9,075.
d	ADM GUITDDING & GUDDI TOG	48,321.	48,321.		<u> </u>
_	MISCELLANEOUS	45,195.	2,361.	41,736.	1,098.
	All other expenses	<u> </u>	2,001.	<u> </u>	1,000
25	Total functional expenses Add lines 1 through 24f	4,876,240.	3,390,209.	1,037,517.	448,514.
26	Joint costs Check here If following		3,330,203.		220,024
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	occounting compargit and fundraloung sometication				Form 990 (2009)

	t X	Balance Sheet		<u> </u>	1020105 1 age 11
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	249,518.	1	99,935.
	2	Savings and temporary cash investments	1,223,243.	2	367,770.
	3	Pledges and grants receivable, net	438,636.	3	343,735.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
	ļ	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S.	7	Notes and loans receivable, net	302,803.	7	98,542.
Assets	8	Inventones for sale or use	47,173.	8	
ž	9	Prepaid expenses and deferred charges	76,776.	9	192,825.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 3,519,436.			
	ь	Less: accumulated depreciation 10b 2,083,874.	1,507,027.	10c	1,435,562.
	11	Investments - publicly traded securities	20,412,531.	11	22,767,363.
	12	Investments - other securities. See Part IV, line 11	146,014.	12	149,014.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	15,030.	15	11,125.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,418,751.	16	25,465,871.
	17	Accounts payable and accrued expenses	185,709.	17	131,328.
	18	Grants payable		18	
	19	Deferred revenue	51,585.	19	35,726.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons. Complete Part II			
۔	Ì	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	926,785.	25_	980,478.
	26	Total liabilities, Add lines 17 through 25	1,164,079.	26	1,147,532.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	14,052,116.		13,155,347.
Bal	28	Temporanly restricted net assets	4,339,234.	28_	6,335,228.
2	29	Permanently restricted net assets	4,863,322.	29	4,827,764.
Ţ		Organizations that do not follow SFAS 117, check here and			
ğ		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30_	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Vet.	32	Retained earnings, endowment, accumulated income, or other funds	02 054 656	32	04 210 222
,	33	Total net assets or fund balances	23,254,672.	33	24,318,339.
	34	Total liabilities and net assets/fund balances	24,418,751.	34	<u>25,465,871.</u>

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 *

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

_			NATIONA	L ACADEMY OF	DESI	GN				13	3-1 <u>628183</u>
	ırt I			ity Status (All organiz				_	tructions		
he	organ			because it is: (For lines 1	-		-	-			
1				s, or association of chur		ribed in se	ction 170	(b)(1)(A)(i))_		
2	X			'0(b)(1)(A)(ii). (Attach Sc							
3				tal service organization (
4	ш			operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,
		city, and state				-			-		
5	لـــا			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in
			(b)(1)(A)(iv). (Comple	•							
6	\vdash			ent or governmental uni							
7	لـــا			eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in
	$\overline{}$	-	b)(1)(A)(vi). (Comple	•							
8	뭐			ection 170(b)(1)(A)(vi).							
9	ш			eives (1) more than 33 1						•	•
				nctions - subject to certa							-
		_		axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	ifter June 30, 1975.
10			509(a)(2). (Complete	•	at far mulali		>	- 500(-)/-			
11	\exists			perated exclusively to te perated exclusively for the						v out the	numana of ano or
''				ations described in section		-				-	•
				organization and comple				.) See see	Jeoe Hous	a)(3). One	ick the box that
		a Type I		7 Š.		e III - Func		egrated		4	Type III - Other
e		• •		it the organization is not	• •		•	•	r more dis	oualified r	• • • • • • • • • • • • • • • • • • • •
				han one or more publicly		-	-	-			
f				ten determination from t		-				σ(α)(1) σ. τ	30011011 000(a)(b)
			rganization, check th				pu ., . , pu	., ,			
g	ı		•	organization accepted ar	nv aift or co	ontribution	from anv	of the follo	owina per	sons?	—
Ī		_		rectly controls, either al			-				Yes No
				upported organization?	·				.,		11g(ı)
		(ii) A family		11g(II)							
		(iii) A 35% d		11g(iii)							
h	1	Provide the fo	ollowing information	about the supported or	ganızatıon((s).					
				<u> </u>							
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ((vii) Amount of support
				above or IRC section							
				(see instructions))	Yes	No	Yes	No	Yes	No	
									1		
					-						
		•						1			
											
						<u> </u>		-		1	
					}]		
		<u> </u>			-		-	 		 	
-					 	-		ļ			
Γot	al					ĺ					
		Privacy Act an	d Panerwork Redu	ction Act Notice, see the	he Instruc	tions for	1	!	Schodul	e A /Ears	n 990 or 990-EZ) 2009
/	J. F	uo, not all	upo work negu	A HOULE, 366 N	ne mou de	10112 101			Juittuli	E W (LOLU	1 330 01 330-E4] 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for 0	Organizations	Described in S	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I.)
Section A. Public Support	 -			· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	Į į			Ļ		
membership fees received. (Do not						
include any "unusual grants.")					 	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				<u> </u>	 	
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					<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thin	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here					. , , , - , - , - , - , - , - , - , - ,	▶ □
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2009			olumn (f))		15	%
16 Public support percentage from 200	8 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	009 (line 10c, colur	nn (f) divided by lir	e 13, column (f))		17	%
18 Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	_					▶□
b 33 1/3% support tests - 2008. If the	-			•		and
line 18 is not more than 33 1/3%, ch					-	
20 Private foundation. If the organization	on did not check a	DOX ON line 14, 19	a, or 19b, check t		hadula A (Farm 90)	0 000 57) 0000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL ACADEMY OF DESIGN 13-1628183 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		L ACADEMY				011		-162818					
3	Using the organization's acquisition, accessing	on, and other record	s, check	any of the	following tha	t are a s	ignificant use	of its collection	in item	S			
	(check all that apply).		₹.										
a	X Public exhibition	đ			nange progra								
þ	X Scholarly research	е	(Other									
C	X Preservation for future generations												
4	Provide a description of the organization's co				_			ın Part XIV.					
5	During the year, did the organization solicit o					er sımılaı	r assets			٦			
	to be sold to raise funds rather than to be ma							Yes	<u> </u>	<u>No</u>			
Par	t IV Escrow and Custodial Arran		te if org	anızatıon ar	swered "Yes	s" to For	m 990, Part IV	/, line 9, or					
	reported an amount on Form 990, Pa	rt X, line 21.	. — -										
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for	contribution	s or other as	sets not	ıncluded			-			
	on Form 990, Part X?							L Yes		No			
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:												
	Amount												
С	December 1997												
d	Additions during the year						. 1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No			
	if "Yes," explain the arrangement in Part XIV.					•	-						
Par			swered	"Yes" to Fo	rm 990, Part	IV, line 1	0						
_		(a) Current year		nor year			(d) Three years	back (e) For	ır vears	back			
1a	Beginning of year balance	7,699,875.		47564.			19						
h	Contributions	3,172.		9,017.									
	Net investment earnings, gains, and losses	307,567.		86706.									
d	Grants or scholarships	30,730,1		007001									
u	Other expenditures for facilities												
-	and programs	68,697.						1					
4	Administrative expenses	00,057.	-										
		7,941,917.	7 60	0 075									
g				5,615.			·						
2	Provide the estimated percentage of the year												
a	Board designated or quasi-endowment	.00	_%										
b	Permanent endowment ► 60.50	%											
C		%											
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held a	nd administe	ered for t	he organizatio	on					
	by.							[Yes	No			
	(i) unrelated organizations		•				-	. 3a(i)	$\overline{}$	X			
	(ii) related organizations						•	3a(ii	├	X			
b	If "Yes" to 3a(II), are the related organization:				•			3b					
4	Describe in Part XIV the intended uses of the												
Pai	rt VI Investments - Land, Building												
	Description of investment	(a) Cost or o			or other	٠,,	ccumulated	(d) Bo	ok valu	е			
		basis (investr	nent)		(other)	de	preciation	ļ <u></u>					
1a	Land				9,958.				<u>19,9</u>				
b	Buildings				<u>0,772.</u>		<u>610,772</u>			0.			
С	Leasehold improvements			1,76	<u>6,658.</u>	1,	<u>433,518</u>	. 33	3,1	<u>40.</u>			
đ	Equipment			10	2,048.		39,584	. 6	2,4	64.			
e	Other												
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	X, colun	nn (B), line 1	0(c))			1,43	5,5	62.			

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 NATIONAL ACADEMY OF DESIGN	A 174		. 101 1		628183	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Finan	cial State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		6,689	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,876	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,813	
4	Net unrealized gains (losses) on investments			4		<749	<u>,424.</u> >
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Pnor penod adjustments			7_			
8	Other (Describe in Part XIV.)			8_			
9	Total adjustments (net) Add lines 4 through 8			9		<749	,424.>
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	<u>d9</u> .		10		1,063	667.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Rever	nue per f	Return		
1	Total revenue, gains, and other support per audited financial statements				1	5,573	544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	<74	9,424	.b		
þ	Donated services and use of facilities	2b			7		
С	Recovenes of pnor year grants	2c			7		
đ	Other (Describe in Part XIV.)	2d			7		
е	Add lines 2a through 2d	<u></u>			2e	<749	,424.>
3	Subtract line 2e from line 1		• •	•	3	6,322	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		•	•			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8	4,682	.))		
b	Other (Describe in Part XIV)	4b		1,681			
c	Add lines 4a and 4b				4c	366	,363.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• •	•	•	5	6,689	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses pe			, , , , , , , , , , , , , , , , , , ,
1	Total expenses and losses per audited financial statements		·		1	4,509	877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	•	•	-	<u> </u>	70770
a	Donated services and use of facilities	2a			1 1		
b	Prior year adjustments	2b			-		
	Other losses	2c			7		
C	Other (Describe in Part XIV)	2d			-		
d	Add lines 2a through 2d	20			ا ۵- ا		0
e	Subtract line 2e from line 1			•	2e 3	4,509	977
3	Amounts included on Form 990, Part IX, line 25, but not on line 1.		•		3	4,303	, 0 / / •
4	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1	٥	1 600			
a	•	4a		<u>4,682</u> 1,681	4		
D	Other (Describe in Part XIV)	4b	40	1,001	4.∣	266	262
	Add lines 4a and 4b	•	•		4c		,363.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information				5	4,876	,240.
					45 d C	De De d V les e	4 D-+
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III						4, Pan
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp RT III, LINE 1A: THE ACADEMY HAS EXTRAORDIN			-		intormation.	
PAI	(1 111, DINE IA: THE ACADEMI HAS EXTRAORDID	MAKI	COUPE	CITON	5 Or		
ר א כד	INTINCE CCITIONITORS AND MODES ON DADED DAM!	TNC E	יד אר ∩מי	יא ד ישנוי	ים סח	COMPENI	กษ
PA.	INTINGS, SCULPTURES AND WORKS ON PAPER DAT	TIAG L	KOM 1	ne DA	Le el	GUI EEN.	I'II
ar.	אינו אד הארשומע און האינים שטא איני איני איני איני איני איני איני אי	7 CT	ID CID A N	m	PODV	OF	
CEI	NTURY TO THE PRESENT. IN ADDITION, IT HAS	A SU	DOTAI	LITAL	ז עטס	<u> </u>	
X 17)	ים אין עמר שום אום הוא ומשוניםם וגדמסשגא וגעדעי	מ שנות	CADEM	רוגג אור	TMC	X D M T C M	
AR	CHIVAL MATERIAL RELATED TO THE HISTORY OF T	THE A	CADEM	LY AND	115	ARTIST	
	ADEDG & DOMANTING ADI DANTON EDON MUE COLL	DOME		n 11011		DWW-D-1	
MEI	MBERS. A ROTATING SELECTION FROM THE COLLE	ECTIC	NS AR	E_USU	ALLY	EXHIBI.	LED
	TMG G111 FD THG 11TD FUT GG11 FGMTG1/G 1.D. 1.G.						
IN	ITS GALLERIES AND THE COLLECTIONS ARE ALSO	U MAI	E AVA	TLABL	Ł FOI	K RESEAL	KCH_
<u>BY</u>	SCHOLARS OR OTHER INTERESTED PARTIES. THE	E ACA	DEMY	EMPLO.	YS A	CURATO	K TO
		==					_
EN:	SURE THAT THE COLLECTIONS ARE PROTECTED AND	D PRE	SERVE	D. M		VORKS O	
					Sched	ule D (Form 9	90) 2009

ART OWNED BY THE ACADEMY HAVE BEEN GIVEN BY ITS ARTIST MEMBERS IN ORDER TO
FULFILL MEMBERSHIP REQUIREMENTS WHILE A SMALLER GROUP OF WORKS HAVE BEEN
DONATED BY OTHERS. THE COLLECTIONS ARE MAINTAINED FOR THE PROMOTION OF
AMERICAN ART, RATHER THAN FOR FINANCIAL GAIN.

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS,

THE VALUE OF THE ACADEMY'S COLLECTIONS HAS BEEN EXCLUDED FROM THE

STATEMENT OF FINANCIAL POSITION.

THERE WERE NO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2010. THERE
WERE TWO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2009 TOTALING
\$13,500,000.

PART III, LINE 4: THE COLLECTIONS ARE COMPRISED OF APPROXIMATELY 7,000

PAINTINGS, DRAWINGS, SCULPTURES, AND WORKS ON PAPER, ALL CONTRIBUTED BY

INDIVIDUALS ELECTED AS ACADEMICIANS. THE COLLECTIONS ENABLES ONE TO

CONTEXTUALIZE THE PLACE OF THE NATIONAL ACADEMY WITHIN THE NARRATIVE OF

AMERICAN ART AND SHOWCASE THE PROMINENT ROLE IT HAS PLAYED IN THE CULTURAL

AND ARTISTIC LIFE THROUGHOUT THE NINETEENTH, TWENTIETH AND INTO THE

TWENTY-FIRST CENTURY.

PART V, LINE 4: EARNINGS FROM THE ACADEMY'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE ACADEMY'S PROGRAMS AND GENERAL OPERATIONS.

PART X: NATIONAL ACADEMY OF DESIGN IS A NOT-FOR-PROFIT

ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND HAS BEEN DESIGNATED AS AN ORGANIZATION WHICH

IS NOT A PRIVATE FOUNDATION. MANAGEMENT HAS EVALUATED ALL INCOME TAX

Schedule D (Form 990) 2009

932055 02-01-10

Schedule D (Form 990) 2009 NATIONAL ACADEMY OF DESIGN 13-1628183 Page 5 Part XIV Supplemental Information (continued)
POSITIONS AND CONCLUDED THAT NO DISCLUSURES RELATING TO UNCERTAIN TAX
POSITIONS WERE REQUIRED IN THE FINANCIAL STATEMENTS.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
STUDENT FINANCIAL ASSISTANCE NET WITH REVENUE: 281681.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:
STUDENT FINANCIAL ASSISTANCE NET WITH REVENUE: 281681.

Schedule D (Form 990) 2009

932055 02-01-10

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2009

Open to Public Inspection

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

Schedule E (Form 990 or 990-EZ) 2009

		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?	1	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?	2	Х	
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 Schedule O (Form 990)	_3_	X	
THE ORGANIZATION UTILIZES PUBLIC TELEVISION AND INDUSTRY	i		
MAGAZINES TO PUBLICIZE ITS RACIALLY NONDISCRIMINATORY POLICY.			
4 Does the organization maintain the following?			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	L
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
admissions, programs, and scholarships?	4c	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	4d 5a	X	x
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to.		X	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges?	5a	X	Х
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies?	5a 5b	X	X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff?	5a 5b 5c	X	X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?	5a 5b 5c 5d	X	X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5a 5b 5c 5d 5e	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?	5a 5b 5c 5d 5e 5f	X	X X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5a 5b 5c 5d 5e 5f	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities?	5a 5b 5c 5d 5e 5f	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities?	5a 5b 5c 5d 5e 5f	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities?	5a 5b 5c 5d 5e 5f	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	5a 5b 5c 5d 5e 5f	X	X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	5a 5b 5c 5d 5e 5f 5g		X X X X X
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency?	5a 5b 5c 5d 5e 5f 5g 5h		X X X X X X
if you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		X X X X X X

SEE SCHEDULE O FOR LINE 6 STATEMENT

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

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047 *

Open To Public

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

Inspection

Name of the organization						Employer ide	ntification number
	ACADEMY OF DESIG		.,.			<u>13-1628</u>	
Part I Fundraising Activities. Correquired to complete this part.	mplete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	line 17	. Form 990-EZ	filers are not
1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individual.	e Solicitat f Solicitat g Special al agreement with any individual All) or entity in connection with p uals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees (Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contrib	Did aiser istody trol of itions?	(iv) Gross receipts from activity	tò (or	Amount paid retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
		<u> </u>					
Total		unds (or has	been notified it is ex	(empt	from registrati	on or licensing
							
LHA For Privacy Act and Paperwork Reduc	ction Act Notice see the Instru	ctions	for F	orm 990 or 990-F7		chedule G (For	m 990 or 990-EZ) 2009

$\overline{}$							
		•	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total ev	
			ART GALA			col. (c))	
<u>و</u> ا			(event type)	(event type)	(total number)	CO. (C)/	
Revenue	1	Gross receipts	250,283.			250,	283.
	2	Less: Charitable contributions	219,558.			219,	<u>558.</u>
_	3	Gross income (line 1 minus line 2)	30,725.			30,	725.
	4	Cash prizes					
ses	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Direct	7	Food and beverages	30,725.			30,	725.
	8	Entertainment					
	9	Other direct expenses					
-	10	Direct expense summary Add lines 4 through	• •			(30,	725)
Par	<u>11</u>			000 D-+ N/ h 40	<u> </u>	1	0.
, ai		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered tes to romi	990, Part IV, line 19, or r	eported more than		
		\$10,000 0111 01111 000 EZ, III10 0a	γ	(b) Pull tabs/instant		(d) Total gamır	na (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through	
8		Grass revenue					
-		Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
\neg		Oliver direct experience	Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	No No		
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)	· · ·	•	()
\bot	8	Net gaming income summary. Combine line	1, column (d), and line 7				
				-		Ye	s No
		ter the state(s) in which the organization opera	_				
		he organization licensed to operate gaming ac	ctivities in each of these s	states?		9a	ļ
ь	lf "	No," explain:					
	_						
		ere any of the organization's gaming licenses r	evoked, suspended or te	rminated during the tax y	/ear?	10a	
b	If "	Yes," explain					
	_						
		es the organization operate gaming activities the organization a graptor, beneficient or trust		af a madagashin an etti.		11	
		he organization a grantor, beneficiary or trustominister charitable gaming?	ee or a must or a member	or a partnership or other	entity formed to	12	
		2-03-10	· · · · · · · · · · · · · · · · · · ·	 	Schedule G (For		Z) 2009

Schedule G (Form 990 or 990 EZ) 2009 NATIONAL ACADEMY OF DESIGN I	3-162	<u>8 T 8</u>	<u> ქ Pa</u>	<u>ige 3</u>
•			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%			
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:			
Name				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amoun	nt			
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	İ			
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?		17a		
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 > \$				

932083 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

Schedule I (Form 990) 2009 **Employer identification number** Š 13-1628183 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable DESIGN Enter total number of section 501(c)(3) and government organizations OF General Information on Grants and Assistance NATIONAL ACADEMY (P) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

13-1628183 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 NATIONAL ACADEMY OF DESIGN Schedule I (Form 990) 2009 Part III

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

Schedule I (Form 990) 2009 (f) Description of non-cash assistance STUDENT FINANCIAL ASSISTANCE (e) Method of valuation (book, FMV, appraisal, other) SCHOLARSHIPS - SCHOLARSHIPS ARE AWARDED BASED ON FINANCIAL NEED, LETTERS OF OF ANY AWARD, PRIZE OR SCHOLARSHIP MAY BE RESTRICTED BY THE FUNDING DONOR. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ARE SCHOOL PRIZES AND AWARDS: STUDENT ARTISTS EXHIBITING IN AN THE PARTICULARS VALUE OF TUITION ANNUAL EXHIBITION ARE SELECTED BY A JURY OF THREE NATIONAL ACADEMICIANS. ARTISTS EXHIBITED IN THE ACADEMY'S ANNUAL EXHIBITION AND THE AWARDEES 5 F 127,300, FORGONE THE PRIZES ARE AWARDED ACCORDINGLY, MONITORING THE USE OF GRANT FUNDS IS NOT APPLICABLE. SELECTED BY THE AWARDS COMMITTEE, WHICH IS COMPOSED OF NATIONAL (d) Amount of non-cash assistance o RECOMMENDATION, AND QUALITY OF ART SUBMITTED FOR REVIEW. ö 55,925 17,600 (c) Amount of cash grant 2: MUSEUM PRIZES: 53 48 (b) Number of recipients (a) Type of grant or assistance LINE STUDENT FINANCIAL ASSISTANCE н PART ACADEMICIANS. Н MUSEUM GRANTS SCHOOL GRANTS SCHEDULE 932102 02-02-10 Part IV

Schedule	/ Supplemental	NATIO	<u>IAI</u>	ACADEMY O	F DESIGN			13-1	L628183 Page 2
Parti	Jupplemental	information							
EACH.	SCHOLARSHIP	RECIPIENT	IS	MONITORED	THROUGH	REVIEW	OF	THEIR	ACADEMIC
RECO	RD.								
<u></u>									 - -
		 	<u>.</u>						
									·
		 .		·····				 	
	<u> </u>								· · · · · · · · · · · · · · · · · · ·
						•			
								.	
				-		,			
				· · · · · · · · · · · · · · · · · · ·				•	
	····	<u>-</u>							
									
									, , , , , , , , , , , , , , , , , , , ,
									
									
								·	
				-	<u>.</u>				
						_			

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No *1545-0047 *

Open to Public Inspection

1501___1

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

► Attach to Form 990. ► See separate instructions

NATIONAL ACADEMY OF DESIGN

Employer identification number

13-1628183

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			Ì
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2	↓ —	ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	e e		İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization	ľ		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	}		1
а	The organization?	5a		X
	Any related organization?	5b	1	Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.	ł		
а	The organization?	. 6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53 4958-6(c)?	9	<u> </u>	
LHA	A For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	hedule J (Forr	n 990)	2009

13-1628183

Page 2

NATIONAL ACADEMY OF DESIGN

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
				•				Form 990-EZ
	(i)	292,123.	0	0.	7,000.	743.	299,866.	0.
CARMINE BRANAGAN	(ii)		0	0	0	0	0.	0.
	(i)							
	(ii)							
	(i)							
	: (3)							
	Ξ							
	(E)							
	Ξ							
	(iii)							
	(ι)							
	(ii)							
	Θ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	3							
	Ξ							
	(1)							
	Ξ							
	⊞							
	Ξ							
	9							
	Ξ							
	⊞							
	Ξ							
	Ξ							
	Ξ							
	(iii)							

Schedule J (Form 990) 2009.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

	NATIONAL ACA	DEMY O	F DESIGN		13-1	<u> 628</u>	<u> 183</u>	
Par	t I Types of Property							
_		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of d reven	etermın	ing	
1	Art - Works of art	Х	29		N/A			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures .							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies .							_
21	Taxidermy .							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other • ()							
26	Other ()							
27	Other							
<u> 28</u>	Other (_			<u> </u>			
29	Number of Forms 8283 received by the organi		•	1 1				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gment 29			3	 -
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 th	at it must hold for		'	1
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
						30a		X
b	If "Yes," describe the arrangement in Part II.							1
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions? .	31	<u>X</u>	
32a	Does the organization hire or use third parties	or related or	ganizations to sol	cit, process, or sell noncash	1			}
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			ļ
	describe in Part II.							<u> </u>
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	, see the Instruct	ions for Form 990.	Schedule I	M (Forr	n 990	2009

Schedule M (Form 990) 2009 NATIONAL ACADEMY OF DESIGN 13-1628183 Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
•
SCHEDULE M, PART I, COLUMN (B): THE ACADEMY RECEIVED 29 DONATED WORKS
OF ART DURING THE YEAR.
SCHEDULE M, LINE 33: THE ACADEMY RECEIVED DONATED WORKS OF ART DURING
THE YEAR. THE ACADEMY HAS ELECTED UNDER GENERALLY ACCEPTED ACCOUNTING
PRINCIPLES TO NOT REPORT DONATED WORKS OF ART AS REVENUES ON ITS
STATEMENT OF ACTIVITIES.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

1501___1

Name of the organization

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MUSEUM, ART SCHOOL, AND ASSOCIATION OF ARTISTS AND ARCHITECTS DEDICATED
TO CREATING AND PRESERVING A LIVING HISTORY OF AMERICAN ART. MODELED
AFTER THE ROYAL ACADEMY IN LONDON, THE NATIONAL ACADEMY WAS FOUNDED
WITH THE SIMPLE YET POWERFUL MISSION TO "PROMOTE THE FINE ARTS IN
AMERICAN THROUGH INSTRUCTION AND EXHIBITION."
FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE ACADEMY
CONSISTS OF PAINTERS, SCULPTORS, ARCHITECTS AND WORKERS IN THE GRAPHIC ARTS
WHO HAVE BEEN ELECTED TO MEMBERSHIP. THE NUMBER OF ACADEMICIANS SHALL BE
LIMITED TO 450. THE ACADEMY HAS FOUR (4) CLASSES OF ACADEMICIANS,
CORRESPONDING TO THE FOUR (4) PROFESSIONAL CLASSES PROMOTED BY THE ACADEMY:
PAINTING, SCULPTURE, ARCHITECTURE AND GRAPHICS ARTS.
FORM 990, PART VI, SECTION A, LINE 7A: ACADEMICIANS (MEMBERS), WHO ARE
ARTISTS AND ARCHITECTS SELECTED BY PEERS, ELECT THE GOVERNING BODY. MEMBERS
ALSO HAVE THE SOLE POWER TO AUTHORIZE THE MORTGAGE OR DISPOSITION OF ANY
REAL PROPERTY OWNED BY THE ACADEMY AND THE SALE OR OTHER DISPOSITION OF ANY
WORK OF ART OWNED BY THE ACADEMY.
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE
990 BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
COVERS BOARD MEMBERS, WHO REVIEW POTENTIAL CONFLICTS AND MAKE A
DETERMINATION ON WHETHER A CONFLICT IN FACT EXISTS. THE PERSON WITH A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

SCHEDULE O

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

POTENTIAL CONFLICT OF INTEREST LEAVES DURING THE DISCUSSION OF AND VOTING
ON THE ISSUE.
FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE DIRECTOR IS
BASED ON REVIEWING THE CHIEF EXECUTIVE OFFICER SALARIES REPORTED ON 990
FILINGS OF SIMILAR ORGANIZATIONS. THE COMPENSATION IS APPROVED BY THE BOARD
OF GOVERNORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING
DOCUMENTS, CONFLICTS OF INTEREST POLICIES, AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
NYC DEPARTMENT OF CULTURAL AFFAIRS \$22,405
,

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	170,505. 9,449. 179,954.	. IC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction. I IC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction. I IC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction. I I I I I I I I I I I I I I I I I I I
Current Sec 179	o	mercial Revita
Accumulated Depreciation	610,772. 1263013. 30,135.	'age, Bonus, Com
Basis For Depreciation	610,772. 1766658. 1039958. 3519436.	Section 179, Salv
Reduction In Basis	Ċ	,011
Bus % Excl		
Unadjusted Cost Or Basis	610,772. 1766658. 1039958. 3519436.	(D) - Asset disposed
No o	1 1 0 1 1 0 1 1 0	(2)
Lıfe	.000 11.0011	
Method		
Date Acquired	VARIESSI VARIESSI VARIESSI VARIESSI VARIESSI	
Description	BUILDINGS BUILDING 2IMPROVEMENTS FURNITURE, FIXTURES 3AND EQUIPMENT * TOTAL 990 PAGE 10 DEPR	
Asset		928102 06-24-09