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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

Department of the Treasury

Open to Public

_		The organization may have to use a copy of this fetuli to sa	tisty state i	eporting requirements.	inspection
A	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifica	ation number
		SCHOOL ART LEAGUE OF NEW YORK			
L	Addres Change	C/O GOLDGLIT & CO., CPA'S LLP			
L,	Name change	Doing Business As		11-16	67626
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin-	499 SEVENTH AVENUE #14 SOUTH			68-7200
	Amend			G Gross receipts \$	156,138.
	Application			H(a) Is this a group reti	
	pendin	F Name and address of principal officer: JANE CLARK CHERMAY!	EFF	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inclu	ded? Yes No
1 1	——— Гах∙ехе	mpt status: X 501(c)(3)	or 527		st. (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: NY
		Summary		<u> </u>	
		Briefly describe the organization's mission or most significant activities: SEE	ЗТАТЕМ	ENT	
Governance		<u></u>			
, <u>e</u>	2 0	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ete ete
ΣŽ	1	Number of voting members of the governing body (Part VI, line 1a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	0
ွဲ ဗိ	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	0
ଔ	1	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Activities &	1	otal number of volunteers (estimate if necessary)		6	0
ş	1	otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a	6,300.
¥	ı	Net unrelated business taxable income from Form 990-T, line 34		- 7a 7b	0,300.
	- 6 1	Not chiefated business taxable income non Form 990-1, line 34			
	ا ، ا	Contributions and grants (Part VIII, line 1b)	-	Prior Year 12,500.	Current Year 14,799.
Revenue	ł	Contributions and grants (Part VIIIline 1h)	12,500.	0.	
Ver		Program service (evenue (Rarf VIII, line 2g)		6,274.	6,300.
æ	10 1	nvestment income (Part VIII. column (A), lines 3, 4, and 7d)			
<i>:</i>	11 0	Other revenue (Part VIII, column (A) (files 5, 6d, 8c, 9c, 10c, and 11e)		10.774	21 000
		otal revenue Fadd lines 8/through 11 1 (must equal Part VIII, column (A), line 12)		18,774.	21,099.
	Į.	Grants and similar amounts paid (Parti), column (A), lines 1-3)	·	7,000.	12,000.
		Benefits paid to or for members (Part IX) column (A), line 4)	·	0.	0.
Expenses		dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	<u> </u>	
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)	· -	0.	0.
ង	ı	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	00 515	10.665
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ	22,616.	10,665.
	l .	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	29,616.	22,665.
- 0	19 F	levenue less expenses. Subtract line 18 from line 12		<10,842.>	<u><1,566.</u> >
S Of	Ì		Beg	inning of Current Year	End of Year
Sset	20 T	otal assets (Part X, line 16)		333,806.	332,240.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	 	0.	0.
	22 N	let assets or fund balances. Subtract line 21 from line 20		333,806.	332,240.
		Signature Block		<u>-</u>	
Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my k	knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
	{	The Colonial		(0 LOD 1	
Sigr	,	Signature of afficer		Date	_
Here	e ˈ	JANE CLARK CHERMAYEFF			
		Type or print name and title			
	1	Print/Type preparer's name Preparer's signatur	NAID	ate Check	PTIN
Paid		STEVEN P. GOLDGLIT	1141	2/6/12 sett-employed	1 P00092091
Prep	arer	Firm's name GOLDGLIT & COMPANY, LLP	// ·	Firm's EIN	32-0047/31(
Use	_	Firm's address 499 SEVENTH AVENUE - 14 SOUTH			
	· }'	NEW YORK, NY 10018	•	Phone no. (2)	12) 868-7200
May	the ID	S discuss this return with the preparer shown above? (see instructions)	 	15 HOHE HO. \ 2.	X Yes No
					Form 990 (2010)
U3200	01 02-22-	in thin for Paperwork neduction Act Notice, see the separate instruction	กร.		runn 334 (2010)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SCHOOL ART LEAGUE OF NEW YORK C/O GOLDGLIT & CO., CPA'S LLP

_	n 990 (2010		11-16	<u>67626</u>	Page 2
Pa	rt III St	atement of Program Service Accomplishments			
		eck if Schedule O contains a response to any question in this Part III	- <u></u>		X
1	-	escribe the organization's mission:			
		MISSION OF THE SCHOOL ART LEAGUE IS TO ORGANIZE F			
		EDUCATION, SUPPORT ART EDUCATION AND CAREER DEVEL			
		SCHOOL STUDENTS AND TO PROVIDE RECOGNITION AND EXAMPLE ARTISTS IN THE CITY SCHOOLS. THESE OBJECTIVE			
2		rganization undertake any significant program services during the year which were not listed on	am ann c	I INKO	UGH_
~		Form 990 or 990-EZ?		Yes	YNo
	•	describe these new services on Schedule O.		103	CALINO
3		rganization cease conducting, or make significant changes in how it conducts, any program servi	ces?	Yes	XNo
•		describe these changes on Schedule O.			CE 140
4		the exempt purpose achievements for each of the organization's three largest program services to	ov expenses.		
		601(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount			
		es to others, the total expenses, and revenue, if any, for each program service reported.			
4a) (Expenses \$ 17,149. including grants of \$) (Revenue \$)
		 			
					
					
4b	(Code:) (Expenses \$	\ /Revenue \$		
70	(0000	/ (Expenses \$ including grants or \$) (Nevende #	 "	
			·		
					
4c	(Code: _) (Expenses \$ including grants of \$) (Revenue \$)
					
					
					
	Other pro-	gram services. (Describe in Schedule O.)			
-7U	(Expenses	· · · · · · · · · · · · · · · · · · ·	,		
40		gram service expenses 17,149.			
		- 1		Form 99	(2010)

Form 990 (2010) C/O GOLDGLIT & CO., CPA'S LLP
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	L
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	Ì		1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	İ	<u> </u>	
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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	İ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	8		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	İ	
	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1	7.5
	If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a	\vdash	Α_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	116		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ł	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	i	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	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, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ŀ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ļ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>_x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		}	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>_X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	, ,	ļ	
	complete Schedule G, Part III	19		<u>_x</u> _
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	}	Ì	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

		1	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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ì		
	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			ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		ļ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			i
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and]		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		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	1 1		
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ.
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	İ	X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28		<u> </u>
30	contributions? If "Yes," complete Schedule M	30	j	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		45
٥.	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	"		
-	Schedule N, Part II	32	I	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_==_
-	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	İ	X _
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		ĺ	
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	ĺ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	─ ──		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form		2010)

11-1667626 Page 5

	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		ŀ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	1
	(gambling) winnings to prize winners?	10	}	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Γ
	filed for the calendar year ending with or within the year covered by this return 2a0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	and the second s	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			П
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible?	6а		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			i
	were not tax deductible?	6b		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	 	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	·
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ĺ
_	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.			İ
a	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	\vdash	_
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			l
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.]	i l	l
11	Section 501(c)(12) organizations. Enter:		i	ļ
' a	Gross income from members or shareholders			l
	Gross income from other sources (Do not net amounts due or paid to other sources against		1 1	
•	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	ĺ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	ıl	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
3	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	
•	organization is licensed to issue qualified health plans	ļ		
_	Enter the amount of reserves on hand	Ī	, [
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

SCHOOL ART LEAGUE OF NEW YORK Form 990 (2010) C/O GOLDGLIT & CO., CPA'S LLP 11-1667626 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a . . b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

JANE CLARK CHERMAYEFF - 212-213-6636

137 EAST 25TH STREET, NEW YORK, NY 10010

11-1667626 C/O GOLDGLIT & CO., CPA'S LLP

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

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

Form 990 (2010)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(€)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	-	hecl	(all that apply)			ly)	compensation	compensation from related	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
NAOMI LONERGAN	- 3,		-			 	_			
PRESIDENT	5.00	X	ļ	Х				0.	0.	0
EILEEN GOLDBLATT										
VICE PRESIDENT	5.00	x		X	•			0.	0.	0 .
JANE CLARK CHERMAYEFF										
TREASURER	5.00	X		X	ŀ			0.	0.	0.
DR. PAUL PATANE										
TRUSTEE		X						0.	0.	0.
CAROL STERLING										-
TRUSTEE		X				<u> </u>	_	0.	0.	0
MADELEINE APPEL						}				
TRUSTEE		X	<u> </u>	Ш			L	0.	0.	0
BARBARA BENTON										
SECRETARY		X			_			0.	0.	0
KATE BOULAMAALI									_	_
TRUSTEE		X	_	<u></u>	<u> </u>	<u> </u>		0.	0.	0.
DIANA CAGLE									_	_
TRUSTEE		X	_		<u> </u>	ļ		0.	0.	0.
LAUREL DANOWITZ-GERGES						Ì		_	_	_
TRUSTEE		X	L			<u> </u>		0.	0.	0 .
DR. SHARON DUNN						ĺ			_	_
TRUSTEE		X				<u> </u>		0.	0.	0.
DOUGLAS FRIEDMUTTER		l								
TRUSTEE		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0
BARBARA GURR					ŀ					
TRUSTEE		X	_		<u> </u>	ļ		0.	0.	0 .
JANE HOELLMAN KAHN					İ					
TRUSTEE		X	 		<u> </u>	┝	<u> </u>	0.	0.	0.
KIM LANE										_
TRUSTEE		X	<u> </u>		<u> </u>	├	_	0.	0.	0.
NINA LASKEY										_
TRUSTEE		X	<u> </u>		_	\vdash		0.	0.	0.
EDWARDO MORGANO										_
TRUSTEE		X	l		l	1		0.	0.	0.

(A) Name and title	(B) Average hours per	(c)	(C) Position (check all that apply)					(D) Reportable	(E) Reportable		(F) Estimat	
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Othicer		Highest compensated Employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co	amount other mpens from th rganiza and rela ganizat	ation ne tion ted
KAREN ROSNER		.,			-			0	0			^
TRUSTEE MARA RUBIN		X	H		ļ	╁	ļ .	0.	0	0.		0.
TRUSTEE		X	_					0.	0			0.
												<u>_</u>
										<u> </u>	<u>-</u>	
1b Sub-total c Total from continuation sheets to Part V	II. Section A					>		0.	0			0.
d Total (add lines 1b and 1c)	,					<u></u>		0.	_0			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	ho re	eceived more than \$100	0,000 in reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on	3		х
4 For any individual listed on line 1a, is the su		le co	omp	ensa	atior	n and	d oth	her compensation from	the organization			
and related organizations greater than \$15	0,000? <i>If "Yes,</i>	• co	mple	ete S	Sche	edul	e J f	for such individual	•	4		X
5 Did any person listed on line 1a receive or a	•				•		elat	ed organization or indivi	dual for services	_		-
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J i	or s	ucn	pers	son	-			5		X
Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comper	sation	n from	
(A) Name and business	address							(B) Description of s	ervices		(C) ensatio	on
							_	 				
							1					
							_					
Total number of independent contractors (i \$100,000 in compensation from the organization)	_	ot lii	mite	d to		se li: O	sted	above) who received m	nore than			
										For	n 990	(2010)

Statement of Revenue (D) Revenue (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 10 f All other contributions, gifts, grants, and 14,799 similar amounts not included above S Noncash contributions included in lines 1a-1f \$ 14,799 Total, Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 6,415 6,415. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 134,924 b Less: cost or other basis 135,039 and sales expenses <115. c Gain or (loss) d Net gain or (loss) <115. <115. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ... b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 21,099. 0. 6,300.

Part IX Statement of Functional Expenses

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

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	ĺ			
	organizations in the U.S. See Part IV, line 21	9,500.	9,500.		
2	Grants and other assistance to individuals in		İ		
	the U.S. See Part IV, line 22	2,500.	2,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		İ		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and)			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		į	1	
а	Management				
þ	Legal .				····
C	Accounting	3,775.		3,775.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2 25	3 858		
g	Other	3,757.	3,757.		
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				···
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			 -	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	OFFICE SUPPLIES	2,784.	1,392.	1,392.	
ь	BANK CHARGES	239.		239.	
С	NYS FILING FEES	110.		110.	
d					
0					
ť	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,665.	17,149.	5,516.	0.
<u>26</u>	Joint costs. Check here ▶ ☐ If following SOP				
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)
Part X | Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,014.	1	4,198.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
	İ	employees' beneficiary organizations (see instructions)		6_	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D . 10a	,		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	331,792.	12	328,042.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets, Add lines 1 through 15 (must equal line 34)	333,806.	16	332,240.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
jes	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,			
Lia		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		24	
	26	Total liabilities, Add lines 17 through 25	0.	25	0.
	20	Organizations that follow SFAS 117, check here	<u> </u>	26	<u> </u>
g		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
age	28	Temporanly restricted net assets		28	
ğ	29	Dermananthy restricted not seemte			
Š		Organizations that do not follow SFAS 117, check here		29	-
Net Assets or Fund Balances		complete lines 30 through 34.			
ध	30	Capital stock or trust principal, or current funds	0.	30	0.
3	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
کے	32	Retained earnings, endowment, accumulated income, or other funds	333,806.	32	332,240.
Ž	33	Total net assets or fund balances	333,806.	33	332,240.
ł	34	Total liabilities and net assets/fund balances	333,806.	34	332,240.
	<u>~~</u>	resonation and not association bandiness	1 333,606.	34	532,240.

Form **990** (2010)

SCHOOL ART LEAGUE OF NEW YORK C/O GOLDGLIT & CO., CPA'S LLP 11-1667626 Page 12

Form	1 990 (2010) C/O GOLDGLIT & CO., CPA'S LLP	11-16	57626	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	1 Total revenue (must equal Part VIII, column (A), line 12)							
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	<u> 665.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	<.	L,5	66.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	333	3,8	<u>06.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
<u>8</u>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	332	<u>2,2</u>	<u>40.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
þ	Were the organization's financial statements audited by an independent accountant?		2b		X			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,]]					
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	ngle Audit		Ì					
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		L			

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

032021 12-21-10

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

SCHOOL ART LEAGUE OF NEW YORK

2010

Open to Public inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2010

		C/O GOI	DGLIT & CO.	<u>, CPA'</u>	'S LLE	2			1:	<u>L-1667</u>	<u> 1626</u>)
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	ust comple	te this pa	rt.) See ins	structions.				
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)					
1 🔲	A church, co	onvention of churche	s, or association of chui	rches desc	cribed in s	ection 170	D(b)(1)(A)(i	i).				
2 🗀			70(b)(1)(A)(ii). (Attach Sc					•				
з 🗀			ital service organization			170(b)(1	XAXiii).					
4 🔲			operated in conjunction					жьк ткак	iii). Enter t	he hospita	l's nan	ne,
	city, and sta								•	·		
5 🔲	An organizat	tion operated for the	benefit of a college or u	iniversity o	wned or o	perated b	v a govern	mental un	it describe	ed in		
		O(b)(1)(A)(iv), (Comp		•								
6 <u> </u>	A federal, st	ate, or local governn	nent or governmental un	ıt describe	d in section	on 170(b)(1VAVv).					
7 X												
		(b)(1)(A)(vi). (Comple				3			- g			
8 🔲			section 170(b)(1)(A)(vı).	(Complete	Part II.)							
9 🗔			eives: (1) more than 33	-	-	rom contr	ibutions, r	nembersh	ip fees, an	d gross re	ceipts	from
			nctions - subject to certa									
		•	axable income (less sec	· ·		•				•		
		509(a)(2). (Complet	•		•		•	, ,			·	
10 🔲		• • • • •	perated exclusively to te	st for publ	lic safety.	See sectio	on 509(a)(4).				
11			perated exclusively for the		-			-	ry out the i	ourposes o	of one	or
	-	_	ations described in secti							•		
			organization and compl									
	а 🔲 Туре	ı b□	Type II	с 🗀 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III · 0	Other	
ө 🗀	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	y by one o	r more dis	qualified p	ersons oth	ner tha	n
	foundation m	nanagers and other t	han one or more publich	y supporte	ed organiza	ations des	cnbed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from	the IRS th	at it is a Ty	ре I, Туре	II, or Type	e III e				
	supporting o	rganization, check ti	nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	r from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or inc	irectly controls, either al	lone or tog	ether with	persons o	described	in (ii) and i	(ni) below,		Yes	No
	the gov	eming body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?							11g(ii)	L	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) abov	e? _.					11g(iii)	L	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		T				-						
	of supported inization	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col.		nzauon ir co. j		nount o port	f
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1					T I			
									1			
								İ				
							ĺ					
							Ì					
				<u> </u>	<u> </u>							
Total				i i	1				1 1			

Schedule A (Form 990 or 990 EZ) 2010 C/O GOLDGLIT & CO., CPA'S LLP 11-1667626 Page 2

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

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

26	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and]								
	membership fees received. (Do not	l					1			
	include any "unusual grants.")			204,200.	12,500.	14,799.	231,499.			
2	Tax revenues levied for the organ-	1	1							
	ızatıon's benefit and either paid to									
	or expended on its behalf	L								
3	The value of services or facilities	1	ļ							
	furnished by a governmental unit to	1								
	the organization without charge									
4	Total. Add lines 1 through 3			204,200.	12,500.	14,799.	231,499.			
5	The portion of total contributions] ,								
	by each person (other than a		1							
	governmental unit or publicly	ĺ	ł	ļ						
	supported organization) included	,								
	on line 1 that exceeds 2% of the			1			1			
	amount shown on line 11,	į.	}							
	column (f)			<u> </u>						
	Public support. Subtract line 5 from line 4		l			<u> </u>	231,499.			
Sec	ction B. Total Support	.	y-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4			204,200.	12,500.	14,799.	231,499.			
8	Gross income from interest,			Ì						
	dividends, payments received on		ļ							
	securities loans, rents, royalties									
	and income from similar sources			2,543.	6,274.	6,300.	<u> 15,117.</u>			
9	Net income from unrelated business			1						
	activities, whether or not the		ļ	1						
	business is regularly carned on .		<u> </u>	<u> </u>						
10	Other income. Do not include gain			ļ						
	or loss from the sale of capital			1						
	assets (Explain in Part IV.)		ļ	<u> </u>						
	Total support. Add lines 7 through 10			<u> </u>		<u> </u>	246,616.			
	Gross receipts from related activities,	•				12				
13	First five years. If the Form 990 is for		s first, second, the	rd, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —			
500	organization, check this box and stop ction C. Computation of Publi		rcontago							
							02 07 **			
	Public support percentage for 2010 (I		· · · · · · · · · · · · · · · · · · ·	column (1))		14	93.87 %			
	Public support percentage from 2009		, ,			15	96.09 %			
16a	33 1/3% support test - 2010. If the o	-			4 IS 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		~	•			▶ [X]			
b	33 1/3% support test - 2009.If the o	-			ine 15 is 33 1/3%	or more, check th	is pox			
	and stop here. The organization quali	•					>			
17a	10% -facts-and-circumstances test	-					· · · · · · · · · · · · · · · · · · ·			
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·		T IV how the organ	nization			
	meets the "facts-and-circumstances"	_	•		•	<u> </u>				
b	10% -facts-and-circumstances test									
	more, and if the organization meets the				•					
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17b						
					Sche	dule A (Form 990	or 990-EZ) 2010			

Schedule A (Form 990 or 990 EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	plete Part II)				
	4-1 0000	#1,0007	1 () 0000	1 , 2000	4) 2040	(0 Tatal
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")			Ì	İ		Ì
· ' ' ' '				 	· 	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						ļ
organization's tax-exempt purpose				ļ		
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1			
iness under section 513						
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to		ļ				
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		[Į			ļ
the organization without charge				<u></u>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
5 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>		
Catendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			•	ĺ		
b Unrelated business taxable income						
(less section 511 taxes) from businesses	,		1]		
acquired after June 30, 1975				ļ		
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				ĺ		
12 Other income. Do not include gain			-	 		1
or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)			- · -			
	l	first second thur	d fourth or 66th to	L	501(a)(3) assess	instan
14 First five years. If the Form 990 is for the check this box and stop here.	ie organization s	ilrst, second, trin	a, tourth, or litth ta	ax year as a section	i 501(c)(3) organ	ization,
Section C. Computation of Public	Support Per	rcentage			·····	
15 Public support percentage for 2010 (line					45	
			olumn (1))	Г	15	%
16 Public support percentage from 2009 Section D. Computation of Invest				<u></u>	16	%
			- 10 t		4-1	
17 Investment income percentage for 2010			e 13, column (f))	· · F	17	<u>%</u>
18 Investment income percentage from 20		-			18	%
19a 33 1/3% support tests - 2010. If the or						
more than 33 1/3%, check this box and						, ▶∟
b 33 1/3% support tests - 2009. If the or						
line 18 is not more than 33 1/3%, check						n ▶∐
20 Private foundation. If the organization of	<u>did not check a l</u>	box on line 14, 19a	a, or 19b, check th	iis box and see inst	ructions .	
				_		

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.

2010
Open to Public Inspection

Santa Maria

Name of the organization

SCHOOL ART LEAGUE OF NEW YORK

Employer identification number 11 – 1667626

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		A. S. and and other annual
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	-	Yes No
8	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con-	
Do	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		IV, line 7.
1	Purpose(s) of conservation easements held by the organization		andle . Same and and area
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic Preservation of a certified	•
		Preservation of a certified	nistone structure
•	Preservation of open space	find consequences contains the form of a	accounting agramment on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned 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
-	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements	•••••••••••••••••••••••••••••••••••••••	2b
0	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d			
ŭ	listed in the National Register	area of 17700, and not on a materic structure	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	
•	year >	eased, example real, or terminated by the erg	armedion downing and too
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	·	
	violations, and enforcement of the conservation easements it		Yes No
в	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the o	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r 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 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	fucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	-	•
а	Revenues included in Form 990, Part VIII, line 1	<u> </u>	▶ \$
	Assets included in Form 990, Part X	•	▶ \$

		DGLIL & CO						<u> </u>			
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	following th	at are a s	ignificant i	use of its	collection	on iten	ns
	(check all that apply):										
а	Public exhibition	d	ı 🗀	Loan or exc	change prog	rams					
b	Scholarly research	6	• 🗆	Other							
С	Preservation for future generations						•				
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	the organiza	tion's exe	mpt purpo	se in Pai	t XIV.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m							\square	Yes		No
Pa	rt IV Escrow and Custodial Arran	igements. Compl				"Yes" to	Form 990	, Part IV,		t	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other a	ssets not	included	_	٦.	_	
	on Form 990, Part X?						•		_ Yes	L_	∐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
									Amoun	<u>ıt</u>	
C	Beginning balance				•		1c				
d	Additions during the year						1d				
8	Distributions during the year	-		•			10				
f	Ending balance	• •					1f				
	Did the organization include an amount on F		217					. L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIV										
Pai	rt V Endowment Funds. Complete	if the organization an	swered	"Yes" to Fo	rm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
0	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		-								
2	Provide the estimated percentage of the year	r end balance held a	ıs:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administr	ered for th	ne organiza	ation			
	by:	J					3		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		• •	•				•	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	dule R?		• •			3b		
4	Describe in Part XIV the intended uses of the										
Par											
	Description of investment	(a) Cost or of basis (investment)	ther	(b) Cost	or other		cumulated	Ė	(d) Bool	k value	
	Land	Descrip elean	i o ni)	Dasis	(other)	app	reciation				
	Land		-				 				
	Buildings										
	Leasehold improvements					ļ <u>.</u>					
	Equipment										
	Other										
Total.	Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part .	X, colun	nn (B), line 1	0(c).)						0.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 C/O GOLDGLI Part VII Investments - Other Securities. Schedule D (Form 990) 2010	IT & CO., CPA	S LLP	11	-1667626 Page 3
(a) Description of security or category		<u>. </u>	(c) Method of value	ation.
(including name of security)	(b) Book value		Cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A) CORPORATE BONDS	328,042.	COST		
(B)	 			
(C)		·		·
(D) (E)	 			
(F)				
(G)				
() (H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	328,042.			
Part VIII Investments - Program Related. s	See Form 990, Part X, line 1:	3		
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year ma	
(1)				<u>, , , , , , , , , , , , , , , , , , , </u>
(2)				
(3)				
				·
(5)	 			
(6)				
(7)				
(8)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)			·	
(4)				
(5)			·-··	
(6)				
(7)				·
(8)				
(9)				
(10) Total, (Column (b) must equal Form 990, Part X, col (B) line	a 15 l			
Part X Other Liabilities. See Form 990, Part X,			<u>·</u>	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes	* -		\neg	
(2)			7	
(3)			\neg	
(4)]	
(5)				
(6)			_	
(7)			_	
(8)			_	
(9)			_	
_(10)	<u> </u>		_	
_(11)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Foolnote in Part XIV, provide the text of the foolnote to	the organization's financial statemen	note that remorts the ar	nanization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740).	sure organization a nitalicial stateme	and tracteports the or	paraconor a nationly for uncerta	an rex positions under
032053 12-20-10			Sch	edule D (Form 990) 2010

	edule D (Form 990) 2010 C/O GOLDGLIT & CO., CPA'S LLP		11-16	67626 Page 4
Ра	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	icial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		21,099.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		22,665.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		<1,566.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		1.11
9	Total adjustments (net). Add lines 4 through 8	9		···
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		<1,566.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve		er Return	12/3001
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
_	Recoveries of prior year grants 2c		- 	
4	Other (Describe in Part XIV)			
•	Add lines 2a through 2d		a	
3	Subtract line 2e from line 1		2e	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
•				
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements With Expe		por Poturn	
		11363	1 1	·
1	Total expenses and losses per audited financial statements		1	
2				
a	_ · · · · · · · · · · · · · · · · · · ·			
b	Prior year adjustments			
C	Other losses 2c			
a	Other (Describe in Part XIV.)		 _	
9	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	-		
D	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		. 4c	
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information		5	
			44 100	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
A, III IE	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide an	iy additional int	ormation.
	······································			
			· · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
			 	
				
				
			Schedule	D (Form 990) 2010

10

032054 12-20-10

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

SCHOOL ART LEAGUE OF NEW YORK

Employer identification number

C/O GOLDGLIT & CO., CPA'S LLP	11-1667626
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
A VARIETY OF PROGRAMS, INCLUDING CAREER WORKSHOPS, AWARDS	PROGRAMS AND
SCHOLARSHIPS.	
FORM 990, PART V, LINE 3B: AMOUNTS REPRESENTS INTEREST AN	D DIVIDEND INCOME
RECEIVED IN 2010.	
FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY	REVIEWS FORM
990 BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION WI	LL BE PROVIDED
UPON REQUEST.	
	

Form **8868**

(Rev. January 2011)

Cepartment of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service File a	separate app	olication for each return.			
If you are filing for an Automatic 3-Month Extension, co	molete only P	art I and check this box			▶ [X]
If you are filing for an Additional (Not Automatic) 3-Mon	-		na form	1)	<i>-</i> (12)
Do not complete Part II unless you have already been gran	-	• • • • • • • • •		•	
Electronic filing (e-file). You can electronically file Form 88		•			cornoration
required to file Form 990-T), or an additional (not automatic)	•			•	
		•		•	
of time to file any of the forms listed in Part I or Part II with the					
Personal Benefit Contracts, which must be sent to the IRS		t (see instructions). For more details or	the el	ectronic filing of	this form,
Part I Automatic 3-Month Extension of 3					
A corporation required to file Form 990-T and requesting an			- malak		
Part I only	automatic 6-m	onth extension - check this box and co	mplett	3	▶ □
•	DEMICE and	trusts must use Form 7004 to request	, aa auta	name of time	
All other corporations (including 1120-C filers), partnerships, to file income tax returns.	MEIVIICS, AITU	trusis must use Form 7004 to request	an exte	ension of time	
Type or Name of exempt organization			Em	ployer identifica	ation number
print SCHOOL ART LEAGUE OF NEW	VORK		[[ployer identifica	311011 110111D 01
C/O GOLDGLIT & CO., CPA'			1 .	11-166 <u>76</u> 2	26
File by the due date for Number, street, and room or suite no. If a P O. b		tions.			<u> </u>
hling your 1350 BROADWAY SUITER #120					
instructions City, town or post office, state, and ZIP code. For		dress, see instructions.			
NEW YORK, NY 10018	3				
Enter the Return code for the return that this application is fo	r (file a separa	ite application for each return)			0 1
		,			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041 A			08
Form 990 EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
JANE CLARK C	HERMAYE	FF			
• The books are in the care of ▶ 137 EAST 25T	H STREE	r - NEW YORK, NY 10	010		
Telephone No ► 212-213-6636	_	FAX No. >			
If the organization does not have an office or place of busings.	ness in the Ur	nited States, check this box			▶ □
• If this is for a Group Return, enter the organization's four d	igit Group Exe	emption Number (GEN) If the	nis is fo	or the whole grou	ip, check this
box If it is for part of the group, check this box	and atta	ch a list with the names and EINs of a	l memt	pers the extension	on is for.
1 I request an automatic 3 month (6 months for a corpora	ition required	to file Form 990-T) extension of time un	itil		
AUGUST 15, 2011 to file the exe	empt organiza	tion return for the organization named	above.	. The extension	
is for the organization's return for:					
► X calendar year 2010 or					
tax year beginning	, an	d ending			
2 If the tax year entered in line 1 is for less than 12 month	s, check reaso	on: Initial return Fin	al retu	r n	
Change in accounting period					
3a If this application is for Form 990 BL, 990-PF, 990-T, 473	20, or 6069, er	nter the tentative tax, less any			
nonrefundable credits. See instructions.			3a	3	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and			
c Balance due. Subtract line 3b from line 3a. Include you			T		0.
by using EFTPS (Electronic Federal Tax Payment System		,	3c	9	0.
Caution, if you are going to make an electronic fund withdraw				EO for payment	

023941

Form 8868 (Hev. 1 2011)					Page 2
• If you are filing for an Additional (Not Automatic) 3-N	Month Extension, o	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been gra		-		18868	
• If you are filing for an Automatic 3-Month Extension		•			
Part II Additional (Not Automatic) 3-M			copies	needed).	
Name of exempt organization				ployer identific	ation number
Type or SCHOOL ART LEAGUE OF NE		noyer recrume			
C/O GOLDGLIT & CO., CPA			1 1	11-16676	26
File by the		tions		11 10070	
extended due date for 1350 BROADWAY SUITE #12		tions			
return See City, town or post office, state, and ZIP code		Irona and materiations			
instructions NEW YORK, NY 10018	e. Pur a loreign add	mess, see instructions.			
MEW TORK, NI 10018					
Enter the Bottom and for the action that the application	in for file a conse	An			01
Enter the Return code for the return that this application	is for (file a separa	te application for each return)			
A	15.				
Application	Return	Application			Return
Is For	Code	1s For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already			usly file	<u>ed Form 8868.</u>	
JANE CLARK					
• The books are in the care of \triangleright 137 EAST 2	5TH STREET		010		
Telephone No. ➤ 212-213-6636		FAX No. D			. —
 If the organization does not have an office or place of 					
 If this is for a Group Return, enter the organization's for 					
box lf it is for part of the group, check this box			<u>II memt</u>	ers the extens	ion is for.
4 I request an additional 3-month extension of time u		BER 15, 2011.			
5 For calendar year 2010 , or other tax year begin		, and ending	1		<u> </u>
6 If the tax year entered in line 5 is for less than 12 m	onths, check reaso	on: L Initial return L	Final	return	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS	NEEDED TO	PREPARE A COMPLET	E AN	D ACCUR	ATE TAX_
RETURN.					
				1	
8a If this application is for Form 990-BL, 990-PF, 990-T	r, 4720, or 6069, er	nter the tentative tax, less any		İ	•
nonrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	<u>8a</u>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, o	or 6069, enter any i	refundable credits and estimated		Ì	
tax payments made. Include any prior year overpay	ment allowed as a	credit and any amount paid	<u> </u>		_
previously with Form 8868.			8b	\$	<u> </u>
c Balance due. Subtract line 8b from line 8a. Include		this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). S		·	8c	\$	0.
	Signature and				
Inder penaities of perjury, I declare that I have examined this for t is true, correct, and complete, and that I am authorized to prepa	m, including accompa are this form.	anying schedules and statements, and to th	e best o	f my knowledge a	and belief,
Signature >	itte > PRESID	ENT	Date	•	
			54.0		19 (Pay 1 2011)