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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☒ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AMDA INC	D Employer identification number 13-2501829
	Doing Business As SEE SCHEDULE O	E Telephone number (212) 787-5300
	Number and street (or P O box if mail is not delivered to street address) 211 WEST 61ST STREET 3RD FLOOR	Room/suite
	G Gross receipts \$ 47,911,170	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10023	
	F Name and address of principal officer JAN R MARTIN 211 WEST 61ST STREET 3RD FLOOR NEW YORK, NY 10023	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.AMDA.EDU		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1964
M State of legal domicile NY		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Prior Year	Current Year
0	0
40,535,704	46,344,308
13,143	10,090
-21,623	184,235
40,527,224	46,538,633
7,600,194	8,222,641
0	0
13,824,935	16,484,164
0	0
16,512,224	18,238,814
37,937,353	42,945,619
2,589,871	3,593,014
Beginning of Current Year	End of Year
55,133,857	61,639,679
42,882,400	45,795,208
12,251,457	15,844,471

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

Sign Here	***** Signature of officer		2012-05-15 Date		
	DAVID SILVERMAN CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP				Firm's EIN ▶
	Firm's address ▶ 60 EAST 42ND STREET NEW YORK, NY 101653698				Phone no ▶ (212) 286-2600

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

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

THE MISSION OF THE AMERICAN MUSICAL AND DRAMATIC ACADEMY IS TO PROVIDE TO OUR STUDENTS A MULTITUDE OF EXTRAORDINARY EDUCATIONAL OPPORTUNITIES WHILE LIVING AND STUDYING IN THE MOST DISTINGUISHED ARTISTIC, CULTURAL AND BUSINESS CENTERS IN THE WORLD NEW YORK CITY AND HOLLYWOOD IMMERSED IN AN INTERNATIONAL AND NATIONALLY DIVERSE COMMUNITY OF STUDENTS, TAUGHT BY A PROFESSIONAL AND SUPPORTIVE FACULTY, STUDENTS ARE CHALLENGED TO EMBRACE INTENSE AND INNOVATIVE CURRICULA COMBINED WITH AN ENTREPRENEURIAL FOCUS SO THAT THEY MAY DEVELOP INTO DYNAMIC, INNOVATIVE, AND CONFIDENT ARTISTS, LEADERS AND CONTRIBUTORS

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 27,111,831 including grants of \$ 8,222,641)	(Revenue \$ 39,672,580)
	INSTRUCTION PROVIDE FULL-TIME POST SECONDARY TRAINING FOR APPROXIMATELY 1,300 STUDENTS IN THE PERFORMING ARTS TWO PROGRAMS ARE AVAILABLE TO STUDENTS-A TWO-YEAR CONSERVATORY PROGRAM AND A FULL FOUR-YEAR BACHELOR OF FINE ARTS DEGREE IN MULTIPLE FIELDS OF STUDY (MUSICAL THEATER, ACTING, DANCE THEATER AND PERFORMING ARTS)) INSTRUCTION-RELATED SERVICES ALSO INCLUDE EDUCATIONAL SUPPORT AND RELATED STUDENT SERVICES		

4b	(Code	) (Expenses \$	4,818,736	including grants of \$	) (Revenue \$	6,796,417)
AUXILLIARY SERVICES PROVIDES SERVICES TO SUPPORT THE INSTRUCTION OF THE EDUCATIONAL INSTITUTION INCLUDING STUDENT HOUSING, FOOD SERVICES, BOOKSTORE, AND RELATED SERVICES						

[illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 31,930,567
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 		No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	65
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	960
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	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	No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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 any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	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 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.		
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	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

Section 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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
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?		No
16b	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 CA , NY

18 Section 6104 requires an organization to make its Form 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.
☐ Own website ☒ Another's website ☒ Upon request

19 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. See Additional Data Table.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
DAVID SILVERMAN - CFO
211 WEST 61ST STREET
NEW YORK, NY 10023
(212) 787-5300

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID D MARTIN PRESIDENT/DIRECTOR	50.00	X		X				351,595	0	273,694
(2) JAN R MARTIN VICE PRESIDENT/CEO/DIRECTOR	50.00	X		X				354,042	0	273,252
(3) NANCY SULLIVAN CHAIRPERSON/DIRECTOR	5.00	X		X				0	0	0
(4) SHARON DOUGHERTY DIRECTOR	3.00	X						0	0	0
(5) ELISA LEFKOWITZ SECRETARY/DIRECTOR	3.00	X		X				0	0	0
(6) STEVEN DORNBUSCH DIRECTOR	1.00	X						0	0	0
(7) MOLLY ZIEMINSKI DIRECTOR	1.00	X						0	0	0
(8) DAVID SILVERMAN CHIEF FINANCIAL OFFICER	50.00			X				195,283	0	7,816
(9) DANIEL TORRES DIRECTOR OF FACILITIES	30.00					X		125,267	0	2,008
(10) LANCE STICKSEL MARKETING DIRECTOR	40.00					X		101,762	0	6,738
(11) DENNIS ABENANTY MANAGING DIRECTOR	50.00					X		126,619	0	7,234
(12) ELAINE PETRICOFF-COHEN FACULTY	40.00					X		100,600	0	839
(13) MARINA BENEDICT ASSOCIATE CHAIR OF DANCE	40.00					X		122,060	0	1,094

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	9
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Section B. Independent Contractors

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶13	
---	--	--

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶					
	Program Service Revenue	2a TUITION		900099	39,416,332	39,416,332
b AUXILIARY SERVICES		900099	6,796,417	6,796,417		
c WORK STUDY REIMBURSEME		900099	90,000	90,000		
d VOICE LESSONS		900099	41,559	41,559		
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶			46,344,308			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▶			10,090	
		4 Income from investment of tax-exempt bond proceeds . . ▶				10,090
	5 Royalties ▶					
	6a Gross Rents		(i) Real	(ii) Personal		
	b Less rental expenses		1,134,135			
	c Rental income or (loss)		1,157,215			
	d Net rental income or (loss) ▶		-23,080			
				-23,080	7,522	
					-30,602	
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b		340,011				
c Net income or (loss) from sales of inventory . . ▶		215,322				
			124,689	124,689		
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		900099	82,626		82,626	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶			82,626			
12 Total revenue. See Instructions ▶			46,538,633	7,522	62,114	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,222,641	8,222,641		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	983,787	774,735	209,052	
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	13,462,341	9,705,796	3,756,545	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	751,908	560,007	191,901	
10	Payroll taxes	1,286,128	964,596	321,532	
a	Fees for services (non-employees)				
	Management	23,807	23,807		
b	Legal	181,496	1,596	179,900	
c	Accounting	145,196		145,196	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	708,727	241,811	466,916	
12	Advertising and promotion	1,340,445	1,098,791	241,654	
13	Office expenses	2,109,646	1,196,334	913,312	
14	Information technology	163,065		163,065	
15	Royalties				
16	Occupancy	2,637,287	2,637,287		
17	Travel	206,803	6,435	200,368	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,803,706	900,018	903,688	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,560,618		1,560,618	
23	Insurance	295,257	173,936	121,321	
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 O)				
a	HOUSING RENTALS	3,515,047	3,515,047		
b	BAD DEBT EXPENSE	1,108,240		1,108,240	
c	STUDENT ACTIVITY EXP	671,702	671,702		
d	SCHOLARSHIP AUDITIONS	612,613	612,613		
e	EQUIP RENTAL & MAINT	469,861	233,196	236,665	
f	All other expenses	685,298	390,219	295,079	
25	Total functional expenses. Add lines 1 through 24f	42,945,619	31,930,567	11,015,052	0
26	Joint costs. Check here ☒ if following SOP 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,849,470	1	3,843,969
	2	Savings and temporary cash investments			5,901,901	2	11,488,983
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,282,222	4	1,386,051
	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 employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			109,709	8	112,372
	9	Prepaid expenses and deferred charges			107,977	9	122,572
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	51,204,232			
	b	Less: accumulated depreciation	10b	10,025,150	41,215,742	10c	41,179,082
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,666,836	15	3,506,650
16	Total assets. Add lines 1 through 15 (must equal line 34)			55,133,857	16	61,639,679	
Liabilities	17	Accounts payable and accrued expenses			908,000	17	1,090,074
	18	Grants payable				18	
	19	Deferred revenue			6,587,865	19	9,754,222
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			85,507	21	127,725
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			383,938	22	297,169
	23	Secured mortgages and notes payable to unrelated third parties			32,885,107	23	32,160,421
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			2,031,983	25	2,365,597
	26	Total liabilities. Add lines 17 through 25			42,882,400	26	45,795,208
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			12,251,457	27	15,844,471
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,251,457	33	15,844,471
	34	Total liabilities and net assets/fund balances			55,133,857	34	61,639,679

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,538,633
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,945,619
3	Revenue less expenses Subtract line 2 from line 1	3	3,593,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,251,457
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,844,471

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMDA INC	Employer identification number 13-2501829
--------------------------------------	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal 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						
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 for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

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

SCHEDULE 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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

1b

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

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,468,048		14,468,048
b Buildings		23,151,124	3,927,182	19,223,942
c Leasehold improvements		8,546,805	3,061,712	5,485,093
d Equipment		2,593,420	1,968,987	624,433
e Other		2,444,835	1,067,269	1,377,566
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				41,179,082

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	146,538,633
2	Total expenses (Form 990, Part IX, column (A), line 25)	242,945,619
3	Excess or (deficit) for the year Subtract line 2 from line 1	33,593,014
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	3,593,014

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	139,491,523
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,307,352	
e	Add lines 2a through 2d	2e1,307,352
3	Subtract line 2e from line 1	338,184,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b8,354,462	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	546,538,633

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	135,982,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d3,340,970	
e	Add lines 2a through 2d	2e3,340,970
3	Subtract line 2e from line 1	332,641,157
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 7b4a	
b	Other (Describe in Part XIV)4b10,304,462	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	542,945,619

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	AMDA HOLD SECURITY DEPOSITS TOTALING \$127,725 ON FOUR SEPARATE LEASES FOR USE OF ITS HOUSING AND STUDIO SPACE. THE FUNDS ARE RETURNED AT THE END OF THE LEASE OR ARE TO BE USED TO BE APPLIED TO DAMAGES OF THE SPACE, IF ANY, OR NON-PAYMENT OF RENT. NONE OF THE SECURITY DEPOSITS ARE INTEREST BEARING, NOR ARE REQUIRED TO BE IN A SEGREGATED BANK ACCOUNT.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ACADEMY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ACADEMY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ACADEMY IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FISCAL YEAR 2008.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED REVENUE INCLUDED ON RELATED ENTITY FORM 990 150,137. RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 1,157,215.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE 8,222,641. SALARY EXPENSE NETTED AGAINST MERCHANDISE SALES 131,821.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED EXPENSES INCLUDED ON RELATED ENTITY FORM 990 2,183,755. RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 1,157,215.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE 8,222,641. ALLOCATION OF HOUSING EXPENSES FROM MSA, INC. (100% OWNED SUBSIDIARY) 1,950,000. SALARY EXPENSE NETTED AGAINST MERCHANDISE SALES 131,821.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMDA INC

Employer identification number

13-2501829

Part I

- 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?
- 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

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 Part II

- 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 extracurricular activities?
If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d		No
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	AN ADVERTISEMENT WAS PLACED IN THE NEW YORK TIMES WEEKEND JOURNAL WHICH IS DISTRIBUTED NATIONALLY. ADDITIONALLY, THE SCHOOL PUBLISHES THE FOLLOWING STATEMENT IN THE CATALOGUE, APPLICATION FOR ADMISSION, STUDENT HANDBOOK, FACULTY HANDBOOK AND EMPLOYEE HANDBOOK: THE AMERICAN MUSICAL AND DRAMATIC ACADEMY IS AN EQUAL OPPORTUNITY INSTITUTION. DECISIONS CONCERNING ADMISSION, ENROLLMENT, STATUS, FINANCIAL AID, OR EMPLOYMENT BY AMDA ARE BASED ON TALENT AND QUALIFICATIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, SEXUAL ORIENTATION, NATIONAL OR ETHNIC ORIGIN OR DISABILITY.
EXPLANATION OF DOCUMENT RETENTION	SCHEDULE E, PART I, LINE 4	AMDA DOES NOT SOLICIT CONTRIBUTIONS.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	AMDA RECEIVES FINANCIAL AID ON BEHALF OF ITS STUDENTS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMDA INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
13-2501829

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NATIONAL SCHOLARSHIPS	1099	5,151,469			
(2) INSTITUIONAL AID	889	2,516,410			
(3) MERIT AWARDS	71	164,559			
(4) REGIONAL SCHOLARSHIPS	5	6,500			
(5) ALUMNI RECOGNITION SCHOLARSHIPS	13	40,023			
(6) SUMMER GRANTS	182	192,195			
(7) VIP SCHOLARSHIPS	162	151,485			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 INSTITUTIONAL AID AWARD TYPE NEED BASED WHO AWARDS FINANCIAL AID DEPARTMENT THE FINANCIAL AID DEPARTMENT REVIEWS EACH APPLICANT WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE TO DETERMINE IF THE APPLICANT QUALIFIES FOR A SPECIAL PROGRAM, SPONSORED AND FUNDED BY AMDA, CALLED INSTITUTIONAL AID APPLICANTS EVERY APPLICANT IS REVIEWED FOR ELIGIBILITY FOR THE INSTITUTIONAL AID WHEN THE APPLICANT IS BEING PACKAGED THIS OCCURS UPON RECEIPT OF THE APPLICANT'S SAR, WHICH IS GENERATED BY THE US DEPARTMENT OF EDUCATION AFTER THE STUDENT HAS COMPLETED THEIR FAFSA THE REVIEW OF INSTITUTIONAL AID ELIGIBILITY AND PACKAGING IS DONE BY THE FINANCIAL AID STAFF MEMBER THAT IS RESPONSIBLE FOR THE PACKAGING AND MANAGEMENT OF THE INCOMING STUDENT POPULATION FOR THAT RESPECTIVE CAMPUS CURRENTLY ENROLLED STUDENTS EACH STUDENT WHO IS CURRENTLY ENROLLED IS REVIEWED FOR ELIGIBILITY FOR INSTITUTIONAL AID WHEN THE STUDENT IS BEING PACKAGED AT THE BEGINNING OF EACH NEW ACADEMIC YEAR AS WITH APPLICANTS, ELIGIBILITY IS CALCULATED ONCE THE STUDENT'S SAR HAS BEEN RECEIVED SPECIAL CIRCUMSTANCES/NOTES IF A PROFESSIONAL JUDEGEMENT IS COMPLETED TO REDUCE THE STUDENT'S INCOME AND THUS, EFC, WE WILL ALSO INCREASE THE STUDENT'S AMDA GRANT AWARD AMOUNT TO REFLECT THE NEWLY CALCULATED EFC NATIONAL SCHOLARSHIP AWARD TYPE MERIT BASED WHO AWARDS ADMISSIONS DEPARTMENT THE ADMISSIONS DEPARTMENT, SPECIFICALLY THE ADMISSIONS DIRECTORS, REVIEWS EACH APPLICANT'S APPLICATION TO DETERMINE IF THE APPLICANT QUALIFIES FOR A SPECIAL PROGRAM, SPONSORED AND FUNDED BY AMDA, CALLED NATIONAL SCHOLARSHIP THE DETERMINATION OF THE AMOUNT IS CALCULATED UTILIZING A RUBRIC ANALYZING SEVERAL COMPONANTS OF THE STUDENT APPLICATION AND AUDITION, SPECIFICALLY THEIR HIGH SCHOOL/COLLEGE GPA (GRADE POINT AVERAGE), INTERVIEW, LETTERS OF RECOMMENDATION, ESSAY AND AUDITION SCORE APPLICANTS EVERY APPLICANT IS REVIEWED FOR ELIGIBILITY FOR THE NATIONAL SCHOLARSHIP DURING THE ADMISSION PROCESS ONCE A SCHOLARSHIP DECISION HAS BEEN MADE THE FINANCIAL AID COUNSELOR IS RESPONSIBLE FOR PACKAGING THE SCHOLARSHIP AND THE PARTICULAR STUDENT IS NOTIFIED CURRENTLY ENROLLED STUDENTS NATIONAL SCHOLARSHIPS ARE RENEWABLE TO ALL CONTINUING STUDENTS FROM ONE ACADEMIC YEAR TO THE NEXT THE NATIONAL SCHOLARSHIPS ARE RE-PACKAGED ONCE WE HAVE RECEIVED THE STUDENT'S NEW SAR AND ARE PACKAGING THEM FOR THE NEW ACADEMIC YEAR FIRST YEAR MERIT AWARDS AWARD TYPE NEED & MERIT BASED WHO AWARDS ADMISSIONS DEPARTMENT BASED ON AN APPEAL SUBMITTED BY THE APPLICANT, THE ADMISSIONS DEPARTMENT, SPECIFICALLY THE ADMISSIONS DIRECTORS, MAY RE-REVIEW AN APPLICANT'S APPLICATION AND AUDITION RESULTS, AS WELL AS ANY ADDITIONAL INFORMATION OUTLINING FINANCIAL HARDSHIP SUBMITTED BY THE APPLICANT WITHIN THEIR APPEAL, TO DETERMINE IF THE APPLICANT QUALIFIES FOR A SPECIAL PROGRAM, SPONSORED AND FUNDED BY AMDA, CALLED A "FIRST YEAR MERIT AWARD" APPLICANTS APPLICANTS ARE ONLY CONSIDERED FOR FIRST YEAR MERIT AWARD, IF THEY APPEAL FOR ADDITIONAL SCHOLARSHIP AFTER THEY HAVE BEEN NOTIFIED OF THEIR AMDA SCHOLARSHIP AWARD AND FA PACKAGE CONTINUING MERIT AWARDS AWARD TYPE NEED & MERIT BASED WHO AWARDS THE SCHOLARSHIP COMMITTEE AT THE STUDENT'S RESPECTIVE CAMPUS THE SCHOLARSHIP COMMITTEE AT EACH CAMPUS REVIEWS REQUESTS FOR CONTINUING MERIT AWARDS SUBMITTED BY CURRENTLY ENROLLED STUDENTS, FOR ADDITIONAL INSTITUTIONAL AID EACH REQUEST IS REVIEWED BY THE SCHOLARSHIP COMMITTEE CONSISTING OF A FINANCIAL AID, EDUCATION AND ADMINISTRATIVE REPRESENTATIVE THE SCHOLARSHIP COMMITTEE DETERMINES WHETHER TO AWARD THE STUDENT ADDITIONAL FINANCIAL ASSISTANCE IN THE FORM OF A SPECIAL PROGRAM, SPONSORED AND FUNDED BY AMDA, CALLED THE "CONTINUING MERIT AWARD" SCHOLARSHIP COMMITTEE DECISIONS ARE DETERMINED BY REVIEWING INFORMATION PROVIDED BY THE STUDENT WITHIN THE REQUEST, FEEDBACK FROM RELEVANT FACULTY/STAFF AND INFORMATION FROM FINANCIAL AID AND STUDENT ACCOUNTS APPLICANTS INCOMING APPLICANTS ARE NOT ELIGIBLE FOR THE CONTINUING MERIT AWARDS CURRENTLY ENROLLED STUDENTS CONTINUING STUDENTS MAY REQUEST FOR THE CONTINUING MERIT AWARD BY SUBMITTING A CONTINUING STUDENT SCHOLARSHIP REQUEST PROVIDED BY A FINANCIAL AID ADVISOR AT THEIR RESPECTIVE CAMPUS AS REQUESTS ARE RECEIVED, THE ADDITIONAL RELEVANT INFORMATION IS COMPILED ON THE STUDENT AND THEN DISTRIBUTED TO THE SCHOLARSHIP COMMITTEE FOR REVIEW THE SCHOLARSHIP COMMITTEE WILL THEN MEET AND MAKE A DETERMINATION ADDITIONAL AWARDS VIP SCHOLARSHIP VIP SCHOLARSHIPS ARE SCHOLARSHIPS AWARDED TO APPLICANTS WHO SUBMIT A "VIP" APPLICATION THIS SCHOLARSHIP IS RENEWABLE FROM YEAR TO YEAR, IF THE STUDENT MAINTAINS THE MINIMUM 3.0 GPA REQUIREMENT SUMMER GRANT SUMMER GRANTS ARE SCHOLARSHIPS AWARDED TO ALL APPLICANTS, DURING THEIR FIRST YEAR OF STUDY, IF THEY CHOSE TO START DURING THE SUMMER TERM ALUMNI RECOGNITION SCHOLARSHIPS SCHOLARSHIPS AWARDED TO ALUMNI OF AMDA THAT RETURN TO AMDA AFTER COMPLETING THE CONSERVATORY PROGRAM THESE STUDENTS ARE ENTERING AMDA IN THEIR THIRD YEAR WITH THE AIM TO EARN A BFA DEGREE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMDA INC	Employer identification number 13-2501829
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Part I

Questions Regarding Compensation

		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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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	
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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.	4a	No
		4b	Yes
		4c	No
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
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	No
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	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID D MARTIN	(i) (ii)	345,680 0	0 0	5,915 0	266,500 0	7,194 0	625,289 0	0 0
(2) JAN R MARTIN	(i) (ii)	343,637 0	0 0	10,405 0	266,500 0	6,752 0	627,294 0	0 0
(3) DAVID SILVERMAN	(i) (ii)	195,283 0	0 0	0 0	0 0	7,816 0	203,099 0	0 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4B	DAVID MARTIN AND JAN MARTIN PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) DAVID AND JAN MARTIN FUND OPERATIONS	X		280,000	280,000		No	Yes		Yes	
(2) DAVID AND JAN MARTIN TRAVEL AND LODGING REIMBURSEMENT PROGRAM	X		324,241	17,169		No	Yes		Yes	
Total ► \$ 297,169										

Part III

Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DUNMIRE CONSULTING	OWNER IS THE SISTER OF JAN MARTIN, VICE PRESIDENT AND CEO OF AMDA, INC	58,500	THE ACADEMY PAID \$58,500 TO THE COMPUTER CONSULTATION FIRM OWNED BY MARGARET DUNMIRE, THE SISTER OF JAN MARTIN, CEO AND VICE PREISDENT OF AMDA, INC THIS ARRANGEMENT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	THE AMERICAN MUSICAL AND DRAMATIC ACADEMY PROVIDES TWO TRACKS OF EDUCATIONAL PROGRAMS TO MEET THE NEEDS OF THE PERFORMING ARTIST. AMDA'S FOUR-YEAR BFA PROGRAM OFFERS BACHELOR OF FINE ARTS DEGREES IN FOUR DISTINCT ARTISTIC AND ACADEMIC PROGRAMS: *BACHELOR OF FINE ARTS IN ACTING, *BACHELOR OF FINE ARTS IN MUSICAL THEATRE, *BACHELOR OF FINE ARTS IN DANCE THEATRE, and *BACHELOR OF FINE ARTS IN PERFORMING ARTS. THE CONSERVATORY PROGRAM IS A TWO-YEAR CERTIFICATE PROGRAM WHICH OFFERS EDUCATIONAL TRAINING FOR THE PERFORMING ARTIST SEEKING A CAREER IN THE PROFESSIONAL WORLD. THE CONSERVATORY PROGRAMS INCLUDE: *THE STUDIO PROGRAM (STUDIES FOCUS ON ACTING FOR THE STAGE AND SCREEN), *THE INTEGRATED PROGRAM (STUDIES FOCUS ON ACTING, MUSICAL THEATRE, AND DANCE FOR THE PERFORMING ARTIST), and *THE DANCE PROGRAM (STUDIES FOCUS ON MULTIPLE DANCE DISCIPLINES ALONG WITH PERFORMING ARTS ELECTIVES). PROGRAM DESCRIPTION: BACHELOR OF FINE ARTS IN ACTING THE BACHELOR OF FINE ARTS IN ACTING IS A FOUR-YEAR, 120 CREDIT PROGRAM OF STUDY, DEVISED TO PROVIDE BOTH COMPREHENSIVE EDUCATION/TRAINING AND A SOLID FOUNDATION OF LIBERAL ARTS/GENERAL EDUCATION COURSEWORK FOR THE PERFORMING ARTIST. THE PERFORMING ARTS COMPONENT CONSISTS OF 90 CREDITS OF COURSEWORK WHICH PROVIDES ARTISTIC TRAINING IN ACTING FOR STAGE, FILM, AND TELEVISION. THIS COMPREHENSIVE REGIMEN IS DESIGNED TO PREPARE STUDENTS FOR A CAREER IN THE PERFORMING ARTS WITH AN EMPHASIS ON ACTING. A SAMPLE OF THE COURSE OFFERINGS FOR THE ARTISTIC STUDIES INCLUDE: VOICE PRODUCTION AND SPEECH- FOUNDATIONS AND TECHNIQUE, ACTING FOUNDATIONS, ACTING FOR THE CAMERA-BEGINNING, INTERMEDIATE AND ADVANCED, ACTING-SCENE STUDY, ENSEMBLE ACTING, EXPLORING CONTEMPORARY THEATRE, ACTING STYLES, STAGE COMBAT-UNARMED, SHAKESPEARE, IMPROVISATIONAL ACTING-FOUNDATIONS, TECHNIQUES, AND ADVANCED TECHNIQUE, DIRECTING-THE ACTOR'S EXPERIENCE, ACTING-ADVANCED SCENE STUDY, DIALECTS-DIRECTED STUDIES, CLASSICAL REPERTOIRE, AUDITION TECHNIQUES, ONE-ACTS, FILM GENRE, ACTING TECHNIQUES, FILM SURVEY FOR THE ACTOR-BEGINNING AND ADVANCED, INDUSTRY WORKSHOP, STAGE COMBAT-SINGLE SWORD, MUSICIANSHIP, TV GENRES, DANCE AND MOVEMENT FOR THE ACTOR, ADVANCED AUDITION FOR THE CAMERA, ADVANCED TECHNIQUES AND SCENE APPLICATIONS, DIRECTING-THE DIRECTOR'S EXPERIENCE, SHORT FILMS, AUDITION PORTFOLIO-ACTING, INDUSTRY AND NETWORKING, INDUSTRY EVENT, PERFORMANCE ELECTIVES/PRACTICUM THROUGHOUT THE FOUR-YEAR PROGRAM. DESIGNED FOR THE PROFESSIONAL DEVELOPMENT OF THE ARTIST, A BFA IN ACTING ALSO REQUIRES 30 CREDITS OF CRITICAL STUDIES WHICH BROADEN THE STUDENT'S EDUCATION WITH A DIVERSE CURRICULUM OF ACADEMIC STUDIES. THE CRITICAL STUDIES, OR GENERAL EDUCATION REQUIREMENTS, INCLUDE COURSES SUCH AS ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUSINESS. THESE REQUIRED COURSES, ALONG WITH ADDITIONAL ELECTIVES IN THE CRITICAL STUDIES COMPONENT, INCLUDE A WIDE RANGE OF CULTURAL, ACADEMIC, AND HISTORICAL STUDIES. THESE CLASSES ARE SPECIFICALLY DESIGNED TO FURTHER DEVELOP THE STUDENTS' UNDERSTANDING OF THE ARTISTIC AND CREATIVE PROCESS. THE ACADEMIC COURSEWORK FOR THIS COMPONENT OF THE PERFORMER'S TRAINING FURTHER SUPPORTS THE ARTIST'S PROFESSIONAL CAREER PATH WITH A WIDER DIVERSIFICATION OF EDUCATIONAL AND CRITICAL STUDIES. THE INTEGRATION OF THESE UNIQUELY DESIGNED CRITICAL STUDIES COURSES FOR THE PERFORMING ARTIST ALONG WITH THE INTENSIVE ARTISTIC TRAINING IN THE PERFORMING ARTS AND ACTING COMBINE TO PROVIDE A COMPREHENSIVE PERFORMANCE EDUCATION PREPARING THE GRADUATE FOR THE CHALLENGES OF THE PROFESSIONAL WORLD. PROGRAM DESCRIPTION: BACHELOR OF FINE ARTS IN MUSICAL THEATRE THE BACHELOR OF FINE ARTS IN MUSICAL THEATRE IS A FOUR-YEAR, 120 CREDIT PROGRAM OF STUDY, DEVISED TO PROVIDE BOTH COMPREHENSIVE EDUCATION/TRAINING AND A SOLID FOUNDATION OF LIBERAL ARTS/GENERAL EDUCATION COURSEWORK FOR THE PERFORMING ARTIST. THE PERFORMING ARTS COMPONENT CONSISTS OF 90 CREDITS OF COURSEWORK WHICH INTEGRATES THE DISCIPLINES OF ACTING, VOICE, DANCE, AND MUSICAL THEATRE. THIS COMPREHENSIVE REGIMEN IS DESIGNED TO PREPARE STUDENTS FOR A CAREER IN THE PERFORMING ARTS WITH A SPECIAL FOCUS ON MUSICAL THEATRE. A SAMPLE OF THE COURSE OFFERINGS FOR THE ARTISTIC STUDIES INCLUDE: MUSICAL THEATRE TECHNIQUES FOR STAGE AND FILM, VOICE PRODUCTION AND SPEECH, DANCE AND MOVEMENT FOR THE ACTOR, ACTING FOUNDATIONS AND TECHNIQUES, MUSICAL THEATRE STYLES FOR STAGE AND FILM, ENSEMBLE COMBINATIONS, MUSICAL THEATRE SCENE STUDY, DANCE (BEGINNING, INTERMEDIATE, AND ADVANCED)-BALLET, TAP, JAZZ, MUSICIANSHIP, DANCE AND MOVEMENT FOR THE ACTOR, MUSICAL THEATRE AUDITION PREPARATION, ENSEMBLE COMBINATIONS, STAGE COMBAT-UNARMED, PERFORMING AND PRODUCING CABARET, MUSICAL THEATRE-STYLES, SCENES, AND AUDITION PREPARATION, ACTING SCENE STUDY, ROLES AND READINGS, ADVANCED MUSICIANSHIP-SIGHT SINGING, ADVANCED AUDITION FOR THE CAMERA, MUSICAL THEATRE DANCE COMBINATIONS, ACTING FOR THE CAMERA-BEGINNING, INTERMEDIATE, AND ADVANCED, AUDITION PORTFOLIO-MUSICAL THEATRE AND ACTING, INDUSTRY NETWORKING, INDIVIDUAL V

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	VOICE TRAINING IN FOUNDATIONS AND TECHNIQUE, PERFORMANCE ELECTIVES/PRACTICUM THROUGHOUT THE FOUR-YEAR PROGRAM DESIGNED FOR THE PROFESSIONAL DEVELOPMENT OF THE ARTIST. A BFA IN MUSICAL THEATRE ALSO REQUIRES 30 CREDITS OF CRITICAL STUDIES WHICH BROADEN THE STUDENT'S EDUCATION WITH A DIVERSE CURRICULUM OF ACADEMIC STUDIES. THE CRITICAL STUDIES, OR GENERAL EDUCATION REQUIREMENTS, INCLUDE COURSES SUCH AS ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUSINESS. THESE REQUIRED COURSES, ALONG WITH ADDITIONAL ELECTIVES IN THE CRITICAL STUDIES COMPONENT, INCLUDE A WIDE RANGE OF CULTURAL, ACADEMIC, AND HISTORICAL STUDIES. THESE CLASSES ARE SPECIFICALLY DESIGNED TO FURTHER DEVELOP THE STUDENTS UNDERSTANDING OF THE ARTISTIC AND CREATIVE PROCESS. THE ACADEMIC COURSEWORK FOR THIS COMPONENT OF THE PERFORMER'S TRAINING FURTHER SUPPORTS THE ARTIST'S PROFESSIONAL CAREER PATH WITH A WIDER DIVERSIFICATION OF EDUCATIONAL AND CRITICAL STUDIES. THE INTEGRATION OF THESE UNIQUELY DESIGNED CRITICAL STUDIES COURSES FOR THE PERFORMING ARTIST ALONG WITH THE INTENSIVE ARTISTIC TRAINING IN THE PERFORMING ARTS AND MUSICAL THEATRE COMBINE TO PROVIDE A COMPREHENSIVE PERFORMANCE EDUCATION PREPARING THE GRADUATE FOR THE CHALLENGES OF THE PROFESSIONAL WORLD. PROGRAM DESCRIPTION: BACHELOR OF FINE ARTS IN DANCE THEATRE. THE BACHELOR OF FINE ARTS IN DANCE THEATRE IS A FOUR-YEAR, 120 CREDIT PROGRAM OF STUDY, DEVISED TO PROVIDE BOTH COMPREHENSIVE EDUCATION/TRAINING AND A SOLID FOUNDATION OF LIBERAL ARTS/GENERAL EDUCATION COURSEWORK FOR THE PERFORMING ARTIST. THE PERFORMING ARTS COMPONENT CONSISTS OF 90 CREDITS OF COURSEWORK WHICH INTEGRATES THE DISCIPLINES OF DANCE, ACTING, VOICE, AND MUSICAL THEATRE. THIS COMPREHENSIVE REGIMEN IS DESIGNED TO PREPARE STUDENTS FOR A CAREER IN THE PERFORMING ARTS WITH A SPECIAL FOCUS ON DANCE THEATRE. A SAMPLE OF THE COURSE OFFERINGS FOR THE ARTISTIC STUDIES INCLUDE: ONE-HOUR DAILY WARM-UP; DANCE-BALLET, JAZZ, MODERN, TAP, CONTEMPORARY, HIP-HOP (ALL LEVELS), VOICE PRODUCTION AND SPEECH-FOUNDATIONS AND TECHNIQUES, ACTING FOUNDATIONS, ACTING FOR THE CAMERA, ALEXANDER TECHNIQUE, PROFESSIONAL ETHICS IN DANCE, MUSICIANSHIP, DANCE FOR THE CAMERA-BEGINNING AND ADVANCED, EXPLORATION OF DANCE STYLES, CHOREOGRAPHY-THE DANCER'S EXPERIENCE, IMPROVISATIONAL DANCE, DANCE AUDITION TECHNIQUES-BEGINNING AND ADVANCED, CHOREOGRAPHY-THE CHOREOGRAPHER'S EXPERIENCE, INDUSTRY AND NETWORKING FOR DANCE THEATRE, INDUSTRY WORKSHOP, DANCE COMPANY PROJECT/PERFORMANCE PRACTICUM THROUGHOUT THE FOUR-YEAR PROGRAM. DESIGNED FOR THE PROFESSIONAL DEVELOPMENT OF THE ARTIST. A BFA IN DANCE THEATRE ALSO REQUIRES 30 CREDITS OF CRITICAL STUDIES WHICH BROADEN THE STUDENT'S EDUCATION WITH A DIVERSE CURRICULUM OF ACADEMIC STUDIES. THE CRITICAL STUDIES, OR GENERAL EDUCATION REQUIREMENTS, INCLUDE COURSES SUCH AS ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUSINESS. THESE REQUIRED COURSES, ALONG WITH ADDITIONAL ELECTIVES IN THE CRITICAL STUDIES COMPONENT, INCLUDE A WIDE RANGE OF CULTURAL, ACADEMIC, AND HISTORICAL STUDIES. THESE CLASSES ARE SPECIFICALLY DESIGNED TO FURTHER DEVELOP THE STUDENTS UNDERSTANDING OF THE ARTISTIC AND CREATIVE PROCESS. THE ACADEMIC COURSEWORK FOR THIS COMPONENT OF THE PERFORMER'S TRAINING FURTHER SUPPORTS THE ARTIST'S PROFESSIONAL CAREER PATH WITH A WIDER DIVERSIFICATION OF EDUCATIONAL AND CRITICAL STUDIES. THE INTEGRATION OF THESE UNIQUELY DESIGNED CRITICAL STUDIES COURSES FOR THE PERFORMING ARTIST ALONG WITH THE INTENSIVE ARTISTIC TRAINING IN THE PERFORMING ARTS AND DANCE THEATRE COMBINE TO PROVIDE A COMPREHENSIVE PERFORMANCE EDUCATION PREPARING THE GRADUATE FOR THE CHALLENGES OF THE PROFESSIONAL WORLD.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DAVID MARTIN, PRESIDENT AND JAN MARTIN, VICE PRESIDENT OF THE CORPORATION, HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AMDA PROCESS FOR REVIEW OF THE ANNUAL FORM 990 1 EACH YEAR, OUR INDEPENDENT AUDITOR PREPARES A DRAFT OF THE FORM 990, WITH INPUT FROM THE CHIEF FINANCIAL OFFICER 2 THE DRAFT IS REVIEWED BY THE CFO AND THE EXECUTIVE DIRECTOR 3 THE DRAFT IS REVIEWED BY ALL MEMBERS OF THE BOARD OF DIRECTORS 4 ANY NECESSARY CHANGES ARE SENT TO THE INDEPENDENT AUDITOR TO UPDATE THE FORM 5 ONCE ALL NECESSARY CHANGES ARE MADE AND THE CFO AND EXECUTIVE DIRECTOR ARE IN AGREEMENT WITH THE BOARD OF DIRECTORS ON THE COMPLETED 990, IT WILL BE SIGNED BY THE CFO, DATED AND SUBMITTED BY THE FILING DEADLINE 6 ALL MEMBERS OF THE BOARD OF DIRECTORS MUST EMAIL THE CFO TO ACKNOWLEDGE THE REVIEW OF THE 990 AND APPROVE THE FILING A VERBAL APPROVAL IS ACCEPTABLE IF PRESENTED TO THE CFO OR EXECUTIVE DIRECTOR THE CFO OR EXECUTIVE DIRECTOR MUST RECORD THE VERBAL APPROVAL AS A MEMO TO THE FILE 7 THE CFO PREPARES A MEMORANDUM FOR THE FILE EACH YEAR DESCRIBING THE ABOVE PROCESS, INCLUDING ALL EMAIL APPROVALS AND MEMOS OF ANY VERBAL APPROVALS THE CFO AND EXECUTIVE DIRECTOR MUST ALL INCLUDE A MEMO TO THE FILE NOTING THEY HAVE APPROVED THE 990 TO BE FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	INDIVIDUALS COVERED BY THE AMDA CONFLICT OF INTEREST POLICY ARE ASKED TO ANNUALLY DISCLOSE TO THE CHAIR OF THE BOARD OF DIRECTORS VIA THE AMDA CONFLICT OF INTEREST POLICY FORM THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST THIS DISCLOSURE COULD INCLUDE A LIST OF FAMILY MEMBERS, BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY MEMBERS, IN WHICH AN INDIVIDUAL OR THEIR FAMILY MAY BENEFIT FINANCIALLY INDIVIDUALS COVERED BY THE AMDA CONFLICT OF INTEREST POLICY ARE THE BOARD OF DIRECTORS, EXECUTIVE DIRECTORS, AND CHIEF FINANCIAL OFFICER FOR EACH CONFLICT OF INTEREST DISCLOSED TO THE CHAIR OF THE BOARD OF DIRECTORS, THE CHAIRMAN WILL 1 DECIDE NO ACTION IS NECESSARY 2 ASSURE FULL DISCLOSURE TO THE REST OF THE BOARD OF DIRECTORS AND OFFICERS AND ALL COVERED UNDER THE POLICY 3 ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS 4 ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION 5 REMOVE THE PERSON FROM HIS OR HER POSITION THE EXECUTIVE DIRECTORS, AND CHIEF FINANCIAL OFFICER WILL MONITOR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIR OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH THE POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, THE BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR THE EXECUTIVE DIRECTORS, CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER. THE COMPENSATION FOR EACH IS REVIEWED AND APPROVED USING COMPARABLE DATA TO SIMILAR POSITIONS AT SIMILAR SIZED ORGANIZATIONS. PERIODICALLY, A COMPENSATION CONSULTANT IS HIRED BY THE BOARD TO PREPARE A COMPENSATION ANALYSIS. AS PART OF THE ANALYSIS, THE CONSULTANT REVIEWS FORM 990'S FROM OTHER SIMILAR TYPES OF ORGANIZATIONS. A COPY OF THE COMPENSATION ANALYSIS IS DISTRIBUTED TO THE ENTIRE BOARD. ALL DECISIONS ARE DOCUMENTED AND HELD BY THE BOARD CHAIR.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AMDA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST BY CALLING THE ORGANIZATION DIRECTLY OR BY WRITTEN REQUEST. ALL REQUESTS FOR INFORMATION ARE PROVIDED EITHER ELECTRONICALLY OR IN HARDCOPY FORM.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE FOLLOWING OFFICERS AND HIGHEST COMPENSATED EMPLOYEES OF THE FILING ORGANIZATION ALSO WORK FOR THE RELATED ENTITY , MANHATTAN STRATFORD ARMS ("MSA") - DAVID SILVERMAN SPENDS AN AVERAGE OF FIVE (5) HOURS PER WEEK ON MSA - JAN MARTIN SPENDS AN AVERAGE OF THREE (3) HOURS PER WEEK ON MSA - DAVID MARTIN SPENDS AN AVERAGE OF ONE (1) HOUR PER WEEK ON MSA - DANNY TORRES SPENDS AN AVERAGE OF TEN (10) HOURS PER WEEK ON MSA NANCY SULLIVAN, BOARD MEMBER, SERVES ON THE BOARD OF BOTH THE FILING ORGANIZATION AND THE RELATED ENTITY SHE SPENDS AN AVERAGE OF FIVE (5) HOURS PER WEEK SERVING ON BOTH BOARDS

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
"DOING BUSINESS AS' (DBA) LINE	BOX C	AMDA, INC, ALSO CONDUCTS BUSINESS USING THE FOLLOWING DBAS (1) AMERICAN MUSICAL AND DRAMATIC ACADEMY & SUBSIDIARIES (2) AMDA COLLEGE AND CONSERVATORY OF THE PERFORMING ARTS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MANHATTAN STRATFORD ARMS INC (STRATFORD) 211 WEST 61ST STREET 3RD FLOOR NEW YORK, NY 10023 13-3866204	EXEMPT TITLE HOLDING COMPANY	NY	501(C)(2)		AMERICAN MUSICAL & DRAMATIC ACADEMY (AMDA)	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MANHATTAN STRATFORD ARMS INC	Q	1,950,000	COST
(2) MANHATTAN STRATFORD ARMS INC	R	-83,618	COST
(3) MANHATTAN STRATFORD ARMS INC	D	4,039,633	COST
(4) MANHATTAN STRATFORD ARMS INC	E	32,092,384	COST
(5) MANHATTAN STRATFORD ARMS INC	N	929,618	COST
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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