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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMDA INC

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
211 WEST 61ST STREET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10023

D Employer identification number
13-2501829

E Telephone number
(212)787-5300

G Gross receipts $ 53,007,950

F Name and address of principal officer
JAN R MARTIN
211 WEST 61ST STREET
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

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)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,181
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,093
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-104,246

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	46,344,308	51,608,500
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,090	19,446
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,235	330,851
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,538,633	51,958,797
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,222,641	8,864,020
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,484,164	19,736,665
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,238,814	21,416,299
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	42,945,619	50,016,984
	19 Revenue less expenses Subtract line 18 from line 12	3,593,014	1,941,813

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	61,639,679	66,823,508
	21 Total liabilities (Part X, line 26)	45,795,208	51,488,205
	22 Net assets or fund balances Subtract line 21 from line 20	15,844,471	15,335,303

Part II Signature Block

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

Sign Here

****** 2013-05-10
Signature of officer Date

DAVID SILVERMAN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ GARRETT M HIGGINS | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00543209

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'CONNOR DAVIES LLP
665 FIFTH AVENUE
NEW YORK, NY 10022

EIN ▶ 27-1728945

Phone no ▶ (212) 286-2600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 31,531,609 including grants of $ 8,864,020) (Revenue $ 43,838,523)

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 $ 5,063,678 including grants of $) (Revenue $ 7,835,271)

AUXILLIARY SERVICES PROVIDES SERVICES TO SUPPORT THE INSTRUCTION OF THE EDUCATIONAL INSTITUTION INCLUDING STUDENT HOUSING, FOOD SERVICES, BOOKSTORE, AND RELATED SERVICES

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 36,595,287

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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? *If "Yes," complete Schedule D, Part VII.*	11b		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? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		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 ? *If "Yes," complete Schedule F, Part II and IV*	15		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 ? *If "Yes," complete Schedule F, Part III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	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? *If "Yes," complete Schedule R, Part VI*	**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**	77		
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**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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?		2	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? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID D MARTIN PRESIDENT/DIRECTOR	50 00	X		X				350,343	0	777,332
(2) JAN R MARTIN VICE PRESIDENT/CEO/DIRECTOR	50 00	X		X				352,333	0	691,299
(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 TERM ENDED JUNE 2012	1 00	X						0	0	0
(7) MOLLY ZIEMINSKI DIRECTOR	1 00	X						0	0	0
(8) MATT MCALPINE DIRECTOR	1 00	X						0	0	0
(9) DAVID SILVERMAN CHIEF FINANCIAL OFFICER	50 00			X				218,486	0	50,146
(10) DANIEL TORRES DIRECTOR OF FACILITIES	30 00					X		125,267	0	1,321
(11) MARK RIHERD DIRECTOR OF EDUCATION	40 00					X		133,500	0	7,771
(12) DENNIS ABENANTY MANAGING DIRECTOR	45 00					X		131,618	0	7,817
(13) MARK RUGGIERO DIRECTOR OF FINANCIAL AID	40 00					X		131,383	0	7,816
(14) ROGER CONNER FACULTY	40 00					X		114,077	0	1,095

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,557,007	0	1,544,597

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANDREWS INTERNATIONAL PO BOX 417142 BOSTON, MA 022417142	SECURITY	585,903
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 232282206	ADVERTISING & PROMOTION	340,397
CAMPUS MANAGEMENT 777 YAMATO ROAD BOCA RATON, FL 33431	IT CONSULTING	284,070
CALIFORNIA OFFSET PRINTERS 620 W ELK AVE GLENDALE, CA 91204	PRINTING	251,278
FUNCOOKERS 6305 YUCCA ST LOS ANGELES, CA 90028	FOOD SERVICE	230,178

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 16

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		Business Code				
	2a	TUITION	900099	43,738,523	43,738,523	
	b	AUXILIARY SERVICES	900099	7,769,977	7,769,977	
	c	WORK STUDY REIMB	900099	100,000	100,000	
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		51,608,500		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		19,446		19,446
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 814,171				
	b	Less rental expenses: 799,906				
	c	Rental income or (loss): 14,265				
	d	Net rental income or (loss) . . . . . ▶		14,265	11,954	2,311
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	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 314,541				
	b	Less cost of goods sold . . b 249,247				
	c	Net income or (loss) from sales of inventory . . ▶		65,294	65,294	
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900099	222,589			222,589
	b	LAUNDRY REVENUE 900099	23,899		1,139	22,760
	c	TRANSCRIPT REVENUE 900099	4,804			4,804
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		251,292		
	12	**Total revenue.** See Instructions . . . ▶		51,958,797	51,673,794	13,093	271,910

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	8,864,020	8,864,020		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,191,083	2,695,059	496,024	
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	14,184,141	10,101,823	4,082,318	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	882,451	656,327	226,124	
10	Payroll taxes	1,478,990	1,094,453	384,537	
11	Fees for services (non-employees)				
a	Management				
b	Legal	167,518	3,365	164,153	
c	Accounting	160,655		160,655	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	620,142	68,610	551,532	
12	Advertising and promotion	1,513,415	875,550	637,865	
13	Office expenses	2,223,085	1,226,124	996,961	
14	Information technology	402,955		402,955	
15	Royalties . .				
16	Occupancy	2,514,272	2,514,272		
17	Travel	249,591	5,755	243,836	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,775,752	887,876	887,876	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,975,200		2,975,200	
23	Insurance	290,772	172,386	118,386	
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	4,148,902	4,148,902		
b	STUDENT ACTIVITY EXP	1,770,349	1,770,349		
c	BAD DEBT EXPENSE	1,050,000		1,050,000	
d	SCHOLARSHIP AUDITIONS	704,568	704,568		
e					
f	All other expenses	849,123	805,848	43,275	
25	**Total functional expenses.** Add lines 1 through 24f	50,016,984	36,595,287	13,421,697	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,843,969	1	6,917,881
	2	Savings and temporary cash investments		11,488,983	2	10,789,292
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,386,051	4	955,737
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		112,372	8	56,970
	9	Prepaid expenses and deferred charges		122,572	9	447,295
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 54,162,243			
	b	Less accumulated depreciation	10b 11,520,520	41,179,082	10c	42,641,723
	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		3,506,650	15	5,014,610
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		61,639,679	16	66,823,508
Liabilities	17	Accounts payable and accrued expenses		1,090,074	17	1,060,224
	18	Grants payable			18	
	19	Deferred revenue		9,754,222	19	8,584,844
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		127,725	21	25,000
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		297,169	22	13,358
	23	Secured mortgages and notes payable to unrelated third parties		32,160,421	23	36,239,059
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,365,597	25	5,565,720
	26	**Total liabilities.** Add lines 17 through 25		45,795,208	26	51,488,205
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		15,844,471	27	15,335,303
	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		15,844,471	33	15,335,303
	34	Total liabilities and net assets/fund balances		61,639,679	34	66,823,508

Part XI Reconcilliation 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	51,958,797
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,016,984
3	Revenue less expenses Subtract line 2 from line 1	3	1,941,813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,844,471
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,450,981
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	15,335,303

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		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	3b		

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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

2011

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 **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(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 ▶ $ _____

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,468,048		14,468,048
b Buildings		23,896,254	4,651,922	19,244,332
c Leasehold improvements		8,964,362	3,252,492	5,711,870
d Equipment		4,913,151	3,455,089	1,458,062
e Other		1,920,428	161,017	1,759,411
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				42,641,723

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	1,339,445
(2) DEFERRED FINANCING COSTS, NET	712,491
(3) DEFERRED LEASE COST, NET	591,138
(4) DUE FROM MSA, INC	2,328,900
(5) RENT RECEIVABLE	42,636
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,014,610

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION PAYABLE	1,445,501
DEFERRED RENT	1,669,238
FAIR VALUE OF INTEREST RATE SWAP LIABILITY	2,450,981
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,565,720

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	51,958,797
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,016,984
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,941,813
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,450,981
9	Total adjustments (net) Add lines 4 - 8	9	-2,450,981
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-509,168

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	43,977,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	996,902		
e	Add lines **2a** through **2d**			2e	996,902
3	Subtract line **2e** from line **1**			3	42,980,430
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	8,978,367		
c	Add lines **4a** and **4b**			4c	8,978,367
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	51,958,797

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	42,040,737
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,952,120		
e	Add lines **2a** through **2d**			2e	2,952,120
3	Subtract line **2e** from line **1**			3	39,088,617
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	10,928,367		
c	Add lines **4a** and **4b**			4c	10,928,367
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	50,016,984

Part XIV Supplemental 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 $25,000 FOR A LEASE 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 TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE ACADEMY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE ACADEMY IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FISCAL YEAR 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 2,450,981
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED REVENUE INCLUDED ON RELATED ENTITY FORM 990 196,996 RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 799,906
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE 8,864,021 SALARY EXPENSE NETTED AGAINST MERCHANDISE SALES 114,346
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED EXPENSES INCLUDED ON RELATED ENTITY FORM 990 2,152,214 RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 799,906
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE 8,864,021 ALLOCATION OF HOUSING EXPENSES FROM MSA, INC (100% OWNED SUBSIDIARY) 1,950,000 SALARY EXPENSE NETTED AGAINST MERCHANDISE SALES 114,346

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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

2011

Open to Public Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
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	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		No
	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?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	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	7	Yes	

Part II 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
AMDA INC

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

(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 listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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	1185	5,109,210			
(2) INSTITUIONAL AID	936	2,775,457			
(3) MERIT AWARDS	87	212,626			
(4) SERVICE SCHOLARSHIPS	9	191,538			
(5) ALUMNI RECOGNITION SCHOLARSHIPS	1	5,296			
(6) SUMMER GRANTS	142	183,283			
(7) VIP SCHOLARSHIPS	390	386,610			

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 INSTITUITIONAL 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

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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

2011

Open to Public Inspection

Name of the organization
AMDA INC

Employer identification number
13-2501829

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	344,428	0	5,915	769,594	7,738	1,127,675	0
	(ii)	0	0	0	0	0	0	0
(2) JAN R MARTIN	(i)	341,928	0	10,405	684,042	7,257	1,043,632	0
	(ii)	0	0	0	0	0	0	0
(3) DAVID SILVERMAN	(i)	218,486	0	0	41,500	8,646	268,632	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental 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

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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

2011

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) DAVID AND JAN MARTIN TRAVEL AND RELATED REIMBURSEMENT PROGRAM	X		13,358	13,358		No	Yes		Yes	
Total . . . . . ▶ $				13,358						

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, CEO OF AMDA, INC	108,563	THE ACADEMY PAID $108,563 TO THE COMPUTER CONSULTATION FIRM OWNED BY MARGARET DUNMIRE, THE SISTER OF JAN MARTIN, CEO 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

2011

Open to Public Inspection

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135052993

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

2011

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 VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

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

		Yes	No
1	During the tax year, did the orgranization 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	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by related organization(s)	**1e**	**Yes**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**Yes**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from related organization(s)	**1r**	**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	-5,218	COST
(3) MANHATTAN STRATFORD ARMS INC	D	3,249,729	COST
(4) MANHATTAN STRATFORD ARMS INC	E	6,499,458	COST
(5) MANHATTAN STRATFORD ARMS INC	N	1,070,657	COST
(6)			

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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 M EET THE NEEDS OF THE PERFORMING ARTIST AMDA'S FOUR-YEAR BFA PROGRAM OFFERS BACHELOR OF FI NE 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 *BACHELOR OF FINE ARTS IN PERFORMING ARTS THE CONSERVATORY PROGRAM IS A TWO-YEAR CERTIFICA TE PROGRAM WHICH OFFERS EDUCATIONAL TRAINING FOR THE PERFORMING ARTIST SEEKING A CAREER IN THE PROFESSIONAL WORLD THE CONSERVATORY PROGRAMS INCLUDE *THE STUDIO PROGRAM (STUDIES F OCUS ON ACTING FOR THE STAGE AND SCREEN) *THE INTEGRATED PROGRAM (STUDIES FOCUS ON ACTING , MUSICAL THEATRE, AND DANCE FOR THE PERFORMING ARTIST) *THE DANCE PROGRAM (STUDIES FOCU S 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 SO LID FOUNDATION OF LIBERAL ARTS/GENERAL EDUCATION COURSE WORK FOR THE PERFORMING ARTIST TH E PERFORMING ARTS COMPONENT CONSISTS OF 90 CREDITS OF COURSE WORK 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 SAM PLE OF THE COURSE OFFERINGS FOR THE ARTISTIC STUDIES INCLUDE VOICE PRODUCTION AND SPEECH- FOUNDATIONS AND TECHNIQUE, ACTING FOUNDATIONS, ACTING FOR THE CAMERA-BEGINNING, INTERMEDIA TE AND ADVANCED, ACTING-SCENE STUDY, ENSEMBLE ACTING, EXPLORING CONTEMPORARY THEATRE, ACTI NG STYLES, STAGE COMBAT-UNARMED, SHAKESPEARE, IMPROVISATIONAL ACTING-FOUNDATIONS, TECHNIQU ES, AND ADVANCED TECHNIQUE, DIRECTING-THE ACTOR'S EXPERIENCE, ACTING-ADVANCED SCENE STUDY, DIALECTS-DIRECTED STUDIES, CLASSICAL REPERTOIRE, AUDITION TECHNIQUES, ONE-ACTS, FILM GENR E, 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, ADV ANCED AUDITION FOR THE CAMERA, ADVANCED TECHNIQUES AND SCENE APPLICATIONS, DIRECTING-THE D IRECTOR'S EXPERIENCE, SHORT FILMS, AUDITION PORTFOLIO-ACTING, INDUSTRY AND NETWORKING, IND USTRY 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 C RITICAL STUDIES WHICH BROADEN THE STUDENT'S EDUCATION WITH A DIVERSE CURRICULUM OF ACADEMI C STUDIES THE CRITICAL STUDIES, OR GENERAL EDUCATION REQUIREMENTS, INCLUDE COURSES SUCH A S ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUSINESS THESE REQUIRED COURSES, ALONG WIT H ADDITIONAL ELECTIVES IN THE CRITICAL STUDIES COMPONENT, INCLUDE A WIDE RANGE OF CULTURAL , ACADEMIC, AND HISTORICAL STUDIES THESE CLASSES ARE SPECIFICALLY DESIGNED TO FURTHER DEV ELOP THE STUDENTS UNDERSTANDING OF THE ARTISTIC AND CREATIVE PROCESS THE ACADEMIC COURSEW ORK FOR THIS COMPONENT OF THE PERFORMER'S TRAINING FURTHER SUPPORTS THE ARTIST'S PROFESSIO NAL CAREER PATH WITH A WIDER DIVERSIFICATION OF EDUCATIONAL AND CRITICAL STUDIES THE INTE GRATION OF THESE UNIQUELY DESIGNED CRITICAL STUDIES COURSES FOR THE PERFORMING ARTIST ALON G WITH THE INTENSIVE ARTISTIC TRAINING IN THE PERFORMING ARTS AND ACTING COMBINE TO PROVID E A COMPREHENSIVE PERFORMANCE EDUCATION PREPARING THE GRADUATE FOR THE CHALLENGES OF THE P ROFESSIONAL WORLD PROGRAM DESCRIPTION BACHELOR OF FINE ARTS IN MUSICAL THEATRE THE BACHE LOR OF FINE ARTS IN MUSICAL THEATRE IS A FOUR-YEAR, 120 CREDIT PROGRAM OF STUDY, DEVISED T O PROVIDE BOTH COMPREHENSIVE EDUCATION/TRAINING AND A SOLID FOUNDATION OF LIBERAL ARTS/GEN ERAL EDUCATION COURSE WORK FOR THE PERFORMING ARTIST THE PERFORMING ARTS COMPONENT CONSIS TS OF 90 CREDITS OF COURSE WORK WHICH INTEGRATES THE DISCIPLINES OF ACTING, VOICE, DANCE, AND MUSICAL THEATRE THIS COMPREHENSIVE REGIMEN IS DESIGNED TO PREPARE STUDENTS FOR A CARE ER 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 TEC HNIQUES, MUSICAL THEATRE STYLES FOR STAGE AND FILM, ENSEMBLE COMBINATIONS, MUSICAL THEATRE SCENE STUDY, DANCE (BEGINNING, INTERMEDIATE, AND ADVANCED)-BALLET, TAP, JAZZ, MUSICIANSHI P, DANCE AND MOVEMENT FOR THE ACTOR, MUSICAL THEATRE AUDITION PREPARATION, ENSEMBLE COMBIN ATIONS, STAGE COMBAT-UNARMED, PERFORMING AND PRODUCING CABARET, MUSICAL THEATRE-STYLES, SC ENES, AND AUDITION PREPARATION, ACTING SCENE STUDY, ROLES AND READINGS, ADVANCED MUSICIANS HIP-SIGHT SINGING, ADVANCED AUDITION FOR THE CAMERA, MUSICAL THEATRE DANCE COMBINATIONS, A CTING FOR THE CAMERA-BEGINNING, INTERMEDIATE, AND ADVANCED, AUDITION PORTFOLIO-MUSICAL THE ATRE AND ACTING, INDUSTRY NETWORKING, INDIVIDUAL V

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	OICE TRAINING IN FOUNDATIONS AND TECHNIQUE, PERFORMANCE ELECTIVES/PRACTICUM THROUGHOUT THE FOUR-YEAR PROGRAM DESIGNED FOR THE PROFESSIONAL DEVELOPMENT OF THE ARTIST A BFA IN MUSIC AL THEATRE ALSO REQUIRES 30 CREDITS OF CRITICAL STUDIES WHICH BROADEN THE STUDENT'S EDUCAT ION WITH A DIVERSE CURRICULUM OF ACADEMIC STUDIES THE CRITICAL STUDIES, OR GENERAL EDUCAT ION REQUIREMENTS, INCLUDE COURSES SUCH AS ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUS INESS THESE REQUIRED COURSES, ALONG WITH ADDITIONAL ELECTIVES IN THE CRITICAL STUDIES COM PONENT, INCLUDE A WIDE RANGE OF CULTURAL, ACADEMIC, AND HISTORICAL STUDIES THESE CLASSES ARE SPECIFICALLY DESIGNED TO FURTHER DEVELOP THE STUDENTS UNDERSTANDING OF THE ARTISTIC AN D 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 ED UCATIONAL AND CRITICAL STUDIES THE INTEGRATION OF THESE UNIQUELY DESIGNED CRITICAL STUDIE S COURSES FOR THE PERFORMING ARTIST ALONG WITH THE INTENSIVE ARTISTIC TRAINING IN THE PERF ORMING ARTS AND MUSICAL THEATRE COMBINE TO PROVIDE A COMPREHENSIVE PERFORMANCE EDUCATION P REPARING THE GRADUATE FOR THE CHALLENGES OF THE PROFESSIONAL WORLD PROGRAM DESCRIPTION B ACHELOR 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/TRAINI NG AND A SOLID FOUNDATION OF LIBERAL ARTS/GENERAL EDUCATION COURSE WORK FOR THE PERFORMING ARTIST THE PERFORMING ARTS COMPONENT CONSISTS OF 90 CREDITS OF COURSE WORK WHICH INTEGRA TES THE DISCIPLINES OF DANCE, ACTING, VOICE, AND MUSICAL THEATRE THIS COMPREHENSIVE REGIM EN IS DESIGNED TO PREPARE STUDENTS FOR A CAREER IN THE PERFORMING ARTS WITH A SPECIAL FOCU S 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 CA MERA-BEGINNING AND ADVANCED, EXPLORATION OF DANCE STYLES, CHOREOGRAPHY-THE DANCER'S EXPERI ENCE, IMPROVISATIONAL DANCE, DANCE AUDITION TECHNIQUES-BEGINNING AND ADVANCED, CHOREOGRAPH Y-THE CHOREOGRAPHER'S EXPERIENCE, INDUSTRY AND NETWORKING FOR DANCE THEATRE, INDUSTRY WORK SHOP; DANCE COMPANY PROJECT/PERFORMANCE PRACTICUM THROUGHOUT THE FOUR-YEAR PROGRAM DESIGNE D 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 CURRICULU M OF ACADEMIC STUDIES THE CRITICAL STUDIES, OR GENERAL EDUCATION REQUIREMENTS, INCLUDE CO URSES SUCH AS ENGLISH, HUMANITIES, SCIENCE/TECHNOLOGY, AND BUSINESS THESE REQUIRED COURSE S, 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 ACAD EMIC 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 STUDI ES 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 THEATR E 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 THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL 2012

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 (5) HOURS PER WEEK ON MSA - DAVID MARTIN SPENDS AN AVERAGE OF ONE (2) 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -2,450,981 TOTAL TO FORM 990, PART XI, LINE 5 -2,450,981

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 (2) AMDA COLLEGE AND CONSERVATORY OF THE PERFORMING ARTS