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JOHN SCHERF DIRECTOR OF FINANCE & ADMIN

Firm's name LUTZ AND CARR CPAS LLP

NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 300 EAST 42ND STREET

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . .

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's signature

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 .

Total assets (Part X, line 16) . . . . . . .

Total liabilities (Part X, line 26) . . . . . . .

Net assets or fund balances Subtract line 21 from line 20

17

18

19

20

21

22

preparer has any knowledge

Signature Block

Signature of officer

Type or print name and title Print/Type preparer's name

FREDERICK MARTENS

Part II

Not Assets or Fund Balances

Sign Here

Paid

Preparer

Use Only

Date

3,261,605

6,152,399

-2,274,789

24,436,543

1,510,875

22,925,668

PTIN

P00298107

2014-05-06

Date

Check

self-employed

Firm's EIN 13-1655065

Phone no (212) 697-2299

**Beginning of Current** 

✓ Yes ☐ No

3,299,601

6,292,580

-1,718,476

22,811,587

1,537,744

21,273,843

**End of Year** 

Form	1990 (2012) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
SCH	Briefly describe the organization's mission NDED IN 1825, THE NATIONAL ACADEMY IS THE ONLY INSTITUTION OF ITS KIND THAT INTEGRATES A MUSEUM, ART OOL, AND ASSOCIATION OF ARTISTS AND ARCHITECTS DEDICATED TO CREATING AND PRESERVING A LIVING HISTORY O RICAN ART
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 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 \$ 2,460,771 including grants of \$ 15,000 ) (Revenue \$ 109,199 )  MUSEUMTHE ACADEMY DEVOTED A GALLERY TO THE SALON STYLE DISPLAY DEMONSTRATING THE SWEEP OF AMERICAN ART FROM THE ACADEMY'S FOUNDING IN THE 1820'S TO THE PRESENT DAY TWO MAJOR EXHIBITIONS WERE MOUNTED A RARE VIEW INTO THE ICONIC OEUVRE OF JOHN CAGE, PRIMARILY KNOWN AS A COMPOSER, AND SEISMIC SHIFTS, EXPLORED PARADIGMATIC SHIFTS IN MODERN CULTURE THOUGHT THE WORKS OF TEN CONTEMPORARY ARTISTS AND ARCHITECTS THE ACADEMY ALSO MOUNTED THE FOLLOWING EXHIBITIONS IN HER OWN STYLE, WOMEN'S SELF-PORTRAITS CURATED BY ACADEMICIAN JUDITH SHEA, WATERCOLORS FROM BURCHFIELD TO WYETH, VISIONS OF LAND AND SEA BY WILLIAM TROST RICHARDS, EMERGING ARTIST JEFFREY GIBSON, AND VISUALIZING TIME CURATED BY ACADEMICIAN ANDREW RAFTERY THE ACADEMY ALSO INITIATED THE DISPLAY OF CONTEMPORARY SCULPTURE IN THE ROTUNDA WITH AN INITIAL WORK BY PHOEBE WASHBURN CONSTRUCTED ON-SITE THERE WERE ALSO MANY PROGRAMS ASSOCIATED WITH THE VARIOUS EXHIBITIONS ATTENDANCE WAS 17,000 23 ARTISTS AND ARCHITECTS WERE ELECTED TO THE ACADEMY
4b	(Code ) (Expenses \$ 2,127,241 including grants of \$ 56,700 ) (Revenue \$ 1,315,153 )  ART SCHOOLTHE ACADEMY OPERATES THE OLDEST ART SCHOOL IN NEW YORK CITY, OFFERING A FULL RANGE OF INSTRUCTION FOR PROFESSIONAL ARTISTS AND INTEREST AMATEURS IN THE YEAR ENDED JUNE 30, 2013, 1,019 INDIVIDUALS OF ALL AGES TOOK CLASSES IN THE ART SCHOOL TOTAL ENROLLMENT WAS 3,365, IN ADDITION TO CLASSES IN PAINTING, SCULPTURE, DRAWING AND PRINT MAKING, THERE ARE LECTURES AND WORKSHOPS CONDUCTED BY DISTINGUISHED ARTISTS AND SCHOLARS DURING FY2013, THE SCHOOL BEGAN AN ACTIVE PROGRAM OF FACULTY AND STUDENT EXHIBITIONS IN NEWLY RENOVATED SPACE MOUNTING 60 STUDENT EXHIBITIONS/SHOWS/PROJECTS/THEMATIC EXHIBITIONS AND 6 FACULTY SHOWS
<b>4</b> c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 4,588,012

Part IV	Checkli	st 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	Yes	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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 1	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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
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	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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		No
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 and XII	12a	Yes	
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 and XII is optional	12b		No
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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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 lines 24b through 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	Yes	
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36	_	No
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 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

αI	Statements Regarding Other 1R5 Fillings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   122		. 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N (
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?	L		_ IN
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?		165	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	   7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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?		1	
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Page 6 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. 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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 this 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		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	. [		
	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▶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 Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN SCHERF DIRECTOR OF FINANCE 1083 FIFTH AVENUE NEW YORK, NY (212) 369-4880

#### 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  $\,\cdot\,\,$  .  $\,\cdot\,\,$  .

#### 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

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

	week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
L) DAVID KAPP	10 00	Х		х				0	0	0	
HAIR											
2) BRUCE FOWLE RESIDENT	7 00	х		х				0	0	0	
B) DEVN PAREKH	4 00										
REASURER		Х		Х				0	0	0	
4) HUGO BASTIDAS	2 00										
OVERNOR		Х						0	0	0	
5) ROBERT BERLIND	2 00										
OVERNOR		х						0	0	0	
5) WILLARD BOEPPLE	2 00										
		х						0	0	0	
OVERNOR 7) WALTER CHATHAM	2 00										
	2 00	х						0	0	0	
OVERNOR B) NANCY FRIESE	2 00										
	2 00	х						0	0	0	
OVERNOR  D) GAYLE GROSS	2 00										
	2 00	х						0	0	0	
OVERNOR LO) BARBARA GROSSMAN	2 00										
	2 00	х						0	0	0	
OVERNOR L1) DAWN HARBART	2.00										
·	2 00	×						О	0	0	
OVERNOR	2.00										
12) PATRICIA HORING	2 00	×						0	0	0	
OVERNOR					_						
L3) HELENE JAFFE	2 00	×						0	0	0	
OVERNOR											
L4) MELISSA KAISH	2 00	×						0	0	0	
OVERNOR		<u> </u>						Ŭ.			
L5) JOHN MOORE	2 00	x						0	0	0	
OVERNOR								ŭ	Ŭ		
L6) ANTHONY PANZERA	2 00	×						0	0	0	
OVERNOR											
17) STEPHANIE TERELAK	2 00									0	
OVERNOR		X						0	0	U	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18)	FREDERICA WALD	2 00	х						0	(		0
	RNOR								-			
` ,	TERESA WATERMAN	2 00	x						o	(		0
	RNOR  CARMINE BRANAGAN	35 00									1	
DIRE		33 00			×				275,679	(		24,709
	MICHAEL W MCKAY	35 00				$\vdash$						
FINAN	NCE & ADMIN DIRECTOR				Х				103,000	(		15,742
(22)	HEIDI RIEGLER	35 00					х		117,802			11,162
MARK	ETING DIRECTOR								117,002		1	
											1	
						-					1	
							<u> </u>					
1b	Sub-Total			•	•		<b>.</b>					
C	Total from continuation sheets to Part	-		•	•				405.404			E4 643
d		<u> </u>			•				496,481	0		51,613
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
											Yes	No
3	Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule 3				y em	ıplo -	yee, o	r hıg	hest compensate			
4	, ,				•					3		No
4	For any individual listed on line 1a, is to organization and related organizations									om the		
	ındıvıdual			•	•	•		•		4	Yes	
5	Did any person listed on line 1a receive									ndıvıdual for		
	services rendered to the organization?	If "Yes," comple	te Sche	dule.	J for	suc	th pers	on		5		No
	ection B. Independent Contracto	rs										
1	Complete this table for your five highes compensation from the organization Re	t compensated										
		(A)								(B)	(0	<del></del>
CARN	Name and b EY SECURITY SERVICE INC 44 CARNATION AVE F	usiness address LORAL PARK NY 110	001						Description SECURITY GUAR	on of services DS	Compe	291,178
FALK	TECHNICAL SERVICES CORP 227 W 19TH ST NEW	/ YORK NY 10011							NEW BOILER & I	NSTALL		133,285
DOMA	NI 45 MAIN STREET - SUITE 206 BROOKLYN NY 1	1201							WEB SITE CONST	FRUCTION		109,950
	Total number of independent contractors \$100,000 of compensation from the org		not lım	ıted t	o th	ose	listed	abo	ove) who received	more than		

Part V		Statement of Revenue					rage <b>3</b>
I GIL V		Check if Schedule O contains a respo	nse to any question	ın thıs Part VIII	<u> </u>	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s	1a	Federated campaigns 1a					
ant	ь	Membership dues 1b					
Grants	c	Fundraising events 10	389,695				
Giffs, ıilar Aı	d	Related organizations 1d					
Gii iila							
ns, Sirr	e		·				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,389,398				
ribi Oth	g	Noncash contributions included in lines	İ		į		İ
Conti and (		1a-1f \$ <b>Total.</b> Add lines 1a-1f		1,794,593			
G E		iotal. Add lines 1a-11	· · · · •	1,751,555			
an			Business Code				
ven	2a	TUITION/EDUCATION FEES	611600	1,315,153	1,315,153		
8	b	ADMISSIONS	712110	90,596	90,596		
MCe	С						
Seri	d						
E	e						
Program Serwce Revenue	f	All other program service revenue					
<u>Ā</u>	g	Total. Add lines 2a-2f		1,405,749			
	3	Investment income (including divider		584,768			584,768
	4	and other similar amounts) Income from investment of tax-exempt bond		· ·			<u>'</u>
	5	Royalties	· · · · .	3,986			3,986
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss)  Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of 16,486,868					
		assets other than inventory					
	ь	Less cost or					
		other basis and 15,724,605 sales expenses					
	С	Gain or (loss) 762,263					
	d	Net gain or (loss)		762,263			762,263
Other Revenue	8a	Gross income from fundraising events (not including \$389,695 of contributions reported on line 1c) See Part IV, line 18					
<u>-</u>	.	a	00,400				
#5	c b	Less direct expenses <b>b</b> Net income or (loss) from fundraising		0			
•			events p-	Ů			
		а					
	b	Less direct expenses b					
	102	Net income or (loss) from gaming act	ivities				
	TOa	Gross sales of inventory, less returns and allowances .					
		а	8,113				
		Less cost of goods sold <b>b</b>	0				
	C	Net income or (loss) from sales of inv	1	8,113	8,113		
	11-	Miscellaneous Revenue	Business Code 900099	10,490	10,490		
		MISCELLANEOUS	900002	4,142	10,430		4,142
	Ь	RIGHTS & REPRODUCTION	300002	7,172			7,142
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See Instructions .		14,632			
		. Jean revenue. Jee mistructions .	· · · · •	4,574,104	1,424,352	C	1,355,159

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 71,700 71,700 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 420,962 180,963 179,678 60,321 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 2,013,274 1,472,713 116,194 424,367 Pension plan accruals and contributions (include section 401(k) 34,578 29,862 2,402 and 403(b) employer contributions) . . . . 2,314 214,747 Other employee benefits . . . . 159,621 21,160 33,966 10 237,718 168,787 26,045 42,886 11 Fees for services (non-employees) Management . . . . Legal . . . . . . . . 16,936 16,936 Accounting . . . . . . . . . . . . 43,232 43,232 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 118,017 118,017 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 327,139 172,439 31,315 123,385 Schedule O) . . . . . . . Advertising and promotion . . 430,144 12 412,806 10,992 6,346 13 Office expenses . . . . . 142,548 87,805 27,680 27,063 72,075 28,526 14 Information technology . . . 110,695 10,094 15 3,132 3,132 Royalties . 711,828 657,249 36,260 18,319 16 Occupancy . . . . . . **17** 49,160 18,656 14,872 15,632 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 103,209 32,261 31,658 39,290 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 363,562 317,443 31,057 15,062 23 71,114 50,734 20,380 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a SECURITY & ART HANDLING 13,613 537,170 511,992 11,565 INSTRUCTION SUPPORT 102,704 102,704 PRINTING 85,682 50,648 14,593 20,441 d OTHER 44,776 83,329 31,324 7,229 e All other expenses Total functional expenses. Add lines 1 through 24e 25 6,292,580 4,588,012 846.288 858,280 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

1   Cash—mon-intreest-bearing   End of year   End of year     End of year     End of year       End of year	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1   Cash—mon-interest-bearing   199,702   1   290,017			, , , , , , , , , , , , , , , , , , , ,	(A)		
2   Savings and temporary cash investments   367,770   2   367,770   3		1	Cash—non-interest-bearing		1	
4		2	-	367,770	2	367,770
A   Accounts receivable, net   29,416   4   41,270		3	. ,	358,495	3	
Solution   Solution		4		29,416	4	41,270
Second   Second		5	,	·		·
1			employees, and highest compensated employees Complete Part II of		5	
9   Prepaid expenses and deferred charges   71,225   9   164,907	ts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		_	
9   Prepaid expenses and deferred charges   71,225   9   164,907	Se					
9   Prepaid expenses and deferred charges   71,225   9   164,907	Ø. ₹			44,222		15,327
10s	_					
Part VI of Schedule D   100   7,580,703   100   4,781,808   100   100   2,818,809   11   10,743,801   11   10,743,801   11   10,743,801   12   10,743,801   12   10,743,801   13   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   14   10,743,801   15   10,743,801   15   10,743,801   15   10,743,801   15   10,743,801   15   10,743,801   15   10,743,801   15   10,743,801   16   10,743,801   16   10,743,801   16   10,743,801   16   10,743,801   17   10,743,801   18   18   19   10,743,801   18   18   19   10,743,801   18   19   10,743,801   18   18   19   10,743,801   10,743,801   1		-	ı ı	/1,225	9	164,907
11   Investments—publicly traded securities   18,549,136   11   16,704,351   12   10,704,351   12   10,704,351   13   10,704,351   13   10,704,351   13   10,704,351   13   10,704,351   13   10,704,351   14   10,704,351   14   10,704,351   14   10,704,351   14   10,704,351   15   10,704,351   15   10,704,351   15   10,704,351   16   70,704,351   17   70,704   18   18   18   18   19   19   18   18		10a	Part VI of Schedule D 7,580,703			
1		b	Less accumulated depreciation		10c	
13   Investments—program-related See Part IV, line 11   1.1   1		11		18,549,136	11	16,704,351
14   Intangible assets   14		12	Investments—other securities See Part IV, line 11	71,151	12	80,274
15   Other assets See Part IV, line 11   293,643   15   11,125     16   Total assets. Add lines 1 through 15 (must equal line 34)   24,436,543   16   22,811,687     17   Accounts payable and accrued expenses   372,313   17   350,100     18   Grants payable   18   70,934   19   98,911     19   Deferred revenue   70,934   19   98,911     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties and other liabilities including federal income tax, payables to related third parties   24     25   Other liabilities. Add lines 17 through 25   1,067,628   25   1,088,733     26   Total liabilities. Add lines 17 through 25   1,067,628   25   1,088,733     27   Unrestricted net assets   12,970,197   27   10,737,443     28   Temporarily restricted net assets   5,002,841   28   5,482,988     29   Permanently restricted net assets   5,002,841   28   5,482,988     29   Permanently restricted net assets   5,002,841   28   5,482,988     20   Organizations that do not follow SFAS 117 (ASC 958), 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   32,2925,668   33   21,273,843     30   Total Inet assets or fund balances   22,2925,668   33   21,273,843     31   Total Inet assets or fund balances   22,2925,668   33   21,273,843     32   Total Inet assets or fund balances   22,2925,668   33   21,273,843     33   Total Inet as		13			13	
Total assets. Add lines 1 through 15 (must equal line 34)   24,436,543   16   22,811,587   350,100   372,313   17   350,100   372,313   17   350,100   372,313   17   350,100   372,313   17   350,100   372,313   17   350,100   372,313   17   350,100   372,313   17   350,100   372,313   19   360,100   372,313   19   37		14			14	
17		15		293,643	15	11,125
18   Grants payable   18   70,934   19   98,911		16	Total assets. Add lines 1 through 15 (must equal line 34)		16	22,811,587
Page 19 Deferred revenue		17		372,313	17	350,100
Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	70,934	19	98,911
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	ge Ge		persons Complete Part II of Schedule L		22	
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		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	4.007.000		4 000 700
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  12,970,197 27 10,737,443						
lines 27 through 29, and lines 33 and 34.		26		1,510,875	26	1,537,744
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	φ		- · · · · · · · · · · · · · · · · · · ·			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Ë	27	- '	12.970.197	27	10.737.443
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u>8</u>					
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	œ ₩					
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Ĭ		·	.,552,555		-,100,112
30 Capital stock or trust principal, or current funds	÷					
33 Total net assets or fund balances		30			30	
33 Total net assets or fund balances	Ş	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances	22,925,668	33	21,273,843
	~	34	Total liabilities and net assets/fund balances	24,436,543	34	22,811,587

Par	t XI Reconcilliation of Net Assets			<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI	· ·			<u>l</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5	574,104	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	292,580	
3	Revenue less expenses Subtract line 2 from line 1	3		-1,7	18,476	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,9	925,668	
5	Net unrealized gains (losses) on investments	5			66,651	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		21,2	273,843	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				<u>. ୮</u>	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate				
	▼ Separate basis					
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	he <b>2c</b> Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า				
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?	e	За		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b			

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As Filed Data -

DLN: 93493129016244

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NATIONAL ACADEMY OF DESIGN

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.

Open to Public Inspection

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	nanization	s must com	nlete this	nart ) See		ions						
				e foundation becaus				•	<u> </u>	moduct	10113.						
1	Г			on of churches, or a			-			•							
2	Ī		•	in <b>section 170(b)(1</b>													
3				perative hospital se				on 170(b)(:	L)(A)(iii).								
4	Ĺ.			n organization operat						(1)(A)(i	iii). Ent	er the					
	•			ty, and state			,				,						
5	Γ			erated for the benefi	t of a college	or universi	ity owned or o	perated by	a governme	ntal unıt	describ	ed ın					
		sect ior	170(b)(1)(	A)(iv). (Complete P	art II )												
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public															
7	Γ	_		· · · · · · · · · · · · · · · · · · ·		•	support from	n a governm	nental unit or	from the	genera	l public	:				
	_			n 170(b)(1)(A)(vi).		•		T \									
8	<u> </u>		-	described in <b>section</b>			•	-			<b>.</b>						
9	ı			at normally receives									55				
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3																	
		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 <b>section 509(a)(2).</b> (Complete Part III)															
10	_																
10 11	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of															
		one or the box	more public that descri	ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ıbed ın sect ızatıon and	ion 509(a)(1 complete line	) or section es 11e thro	n 509(a)(2) ugh 11h	See <b>sect</b>	ion 509	(a)(3).	Check				
е	Γ	other t	_	ox, I certify that the on managers and ot	_			•			•	•					
f		If the o		received a written do	etermination	from the IR	RS that it is a	Type I, Ty	pe II, or Typ	e III sup	porting	organı	zation,				
g			August 17, 2 ng persons?	2006, has the organi	ızatıon accep	oted any gift	t or contribut	ion from an	y of the								
				irectly or indirectly o	•		-	persons d	escribed in (i	1)		Yes	No				
				governing body of th			n?				11g(i)		<u> </u>				
				er of a person descr							11g(ii)						
				lled entity of a perso							11g(iii	)	<u> </u>				
h		Provide	e the follown	ng information about	the supporte	ed organizat	tion(s)										
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did yo	u notify	(vi) Is	the		<b>vii)</b> An	nount of				
	uppoi			organization	organizati		the organ		organiza				etary				
OI	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) suppo		col (i) or in the l	-		sup	port				
				or IRC section	docume		Зарро	1.0	III the v	<i>3 3</i> .							
				(see							- 1						
				instructions))	Yes	No	Yes	No	Yes	No							
							<u> </u>	1	1	+							
Tota																	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493129016244

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public

Interna	al Revenue Service	► Attach to Form	m 990. ► See separate instructions.		Inspection
Name of the organization NATIONAL ACADEMY OF DESIGN				Empl	oyer identification number
		DESIGN		13-1	628183
Pā		nizations Maintaining Donor Adv		ınds d	or Accounts. Complete if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	1 ,	( <b>b</b> ) Funds and other accounts
1	Total number a	at end of year	(a) Donor advised funds	<del>  '</del>	Fullus and other accounts
2		tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5	Did the organi	zation inform all donors and donor adviso organization's property, subject to the or		or advi	sed <b>Yes No</b>
6	used only for c	zation inform all grantees, donors, and do charitable purposes and not for the benef ermissible private benefit?			
Pa		ervation Easements. Complete if	the organization answered "Yes" to	Form	990, Part IV, line 7.
2	Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a the last day of the tax year	or education) Preservation of an Preservation of a c	ertified	I historic structure
	easement on t	the last day of the tax year	Γ		Held at the End of the Year
а	Total number o	of conservation easements		2a	
ь	Total acreage	restricted by conservation easements		2b	
c		servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	e organization during
	the tax year ►	· <u> </u>			
4	Number of stat	tes where property subject to conservati	on easement is located 🛌		
5	Does the orga	nization have a written policy regarding t f the conservation easements it holds?		— Iling of	violations, and <b>Yes No</b>
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	uring the year
7	•	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during	the year
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	0(h)(4)(B)(ı)
9	In Part XIII, d balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		se statement, and
Pai	t IIII Organ	nizations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, o	or Oth	ner Similar Assets.
1a	If the organiza works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar assede, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or resea	arch in furtherance of public
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues i	included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets inc	luded in Form 990, Part X			<b>►</b> \$
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r financ	
а	Revenues incl	uded in Form 990, Part VIII, line 1			<b>►</b> \$
					: т

**b** Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u> :	sures, or C	<u> the</u>	<u>r Similar A</u>	sset	<b>5</b> (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	any of the f	following that	are a	significant us	e of it	s	
а	✓ Public exhibition		d	굣	Loan or e	xchange prog	rams				
b	✓ Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further th	e organizatioi	n's ex	cempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	<b>□ Y</b>	es	√ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the	organızat			es" to Form	990,		<u>.                                      </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	sets	not	┌ Ye	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able	-					
						-		Α	moun	<u>t</u>	
С	Beginning balance					-	1c				
d	Additions during the year					-	1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						<b>┌</b> Y	es	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has beer	n provided in I	art )	XIII			$\sqcap$
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior y			+	Three years back			ars back
1a	Beginning of year balance	8,861,679			014,508	7,941,917	+	7,699,875		1	0,847,564
b	Contributions				100,000	35,610	<u> </u>	3,172			139,017
С	Net investment earnings, gains, and losses	916,601		-;	250,567	1,426,142	2	307,567		-	3,286,706
d	Grants or scholarships										
e	Other expenditures for facilities and programs	124,410			2,262	389,16	L	68,697			
f	Administrative expenses										
g	End of year balance	9,653,870		8,8	361,679	9,014,508	3	7,941,917			7,699,875
2	Provide the estimated percentage of the curi	ent year end balanc	e (lın	e 1g,	, column (a	)) held as					
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ► 51 890 %										
С		110 %									
_	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses		ation	that a	are held an	d admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations			•			•		ı(i)		No
	(ii) related organizations						•		(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	•					•	· · · <u>L</u>	3b		
	rt VI Land, Buildings, and Equipme										
FE	Description of property	since See Form 33	<u>υ, Γε</u>	(a)	Cost or others (investment)			(c) Accumulate depreciation		<b>d)</b> Bo	ok value
	Land			+		1 03	9,958		+		1,039,958
	Buildings						0,772	610,	772		1,039,930
	Leasehold improvements		•				1,107	1,982,	_		3,408,893
	Equipment						7,866	<u> </u>	_		228,786
	O. + L						1,000	<u> </u>	-		84,167
	II. Add lines 1a through 1e (Column (d) must e			ımn (ı	B), line 10(d						4,761,804
		,	,,	/,	,, 20(c	<i>,</i> ,, - • •	-	Schedule	D (Fo		

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Citiei		
	+	
	+	
(-, ,	a Farma 000 Park V June 12	
Part VIII Investments—Program Related. Se  (a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	_	
Total (comm (2) mast equal verm 220, variety, co. (2) mile 20 )	no 15	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri		(b) Book value
	F ** * * * *	(-)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X	X, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes	X, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  DUE TO INCORPORATED EDWIN AUSTIN ABBEY	X, line 25. (b) Book value	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,357,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	66,651
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,291,224
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 118,017		
b	Other (Describe in Part XIII ) 4b 164,863	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	282,880
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,574,104
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	6,009,700
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,009,700
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 118,017		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	282,880
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	6,292,580

### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE ACADEMY HAS EXTRAORDINARY COLLECTIONS OF PAINTINGS, SCULPTURES AND WORKS ON PAPER DATING FROM THE LATE EIGHTEENTH CENTURY TO THE PRESENT IN ADDITION, IT HAS A SUBSTANTIAL BODY OF ARCHIVAL MATERIAL RELATED TO THE HISTORY OF THE ACADEMY AND ITS ARTIST MEMBERS A ROTATING SELECTION FROM THE COLLECTIONS ARE USUALLY EXHIBITED IN ITS GALLERIES AND THE COLLECTIONS ARE ALSO MADE AVAILABLE FOR RESEARCH BY SCHOLARS OR OTHER INTERESTED PARTIES THE ACADEMY EMPLOYS A CURATOR TO ENSURE THAT THE COLLECTIONS ARE PROTECTED AND PRESERVED MOST WORKS OF ART OWNED BY THE ACADEMY HAVE BEEN GIVEN BY ITS ARTIST MEMBERS IN ORDER TO FULFILL MEMBERSHIP REQUIREMENTS WHILE A SMALLER GROUP OF WORKS HAVE BEEN DONATED BY OTHERS THE COLLECTIONS ARE MAINTAINED FOR THE PROMOTION OF AMERICAN ART, RATHER THAN FOR FINANCIAL GAIN IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS, THE VALUE OF THE ACADEMY'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION
	PART III, LINE 4	THE COLLECTIONS ARE COMPRISED OF APPROXIMATELY 7,000 PAINTINGS, DRAWINGS, SCULPTURES, AND WORKS ON PAPER, ALL CONTRIBUTED BY INDIVIDUALS ELECTED AS ACADEMICIANS THE COLLECTIONS ENABLES ONE TO CONTEXTUALIZE THE PLACE OF THE NATIONAL ACADEMY WITHIN THE NARRATIVE OF AMERICAN ART AND SHOWCASE THE PROMINENT ROLE IT HAS PLAYED IN THE CULTURAL AND ARTISTIC LIFE THROUGHOUT THE NINETEENTH, TWENTIETH AND INTO THE TWENTY-FIRST CENTURY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EARNINGS FROM THE ACADEMY'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE ACADEMY'S PROGRAMS AND GENERAL OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN THE FINANCIAL STATEMENTS
PART XI, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL ASSISTANCE NET WITH REVENUE 164,863
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL ASSISTANCE NET WITH REVENUE 164,863

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As Filed Data -

DLN: 93493129016244

## OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ACADEMY OF DESIGN

**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.

**Employer identification number** 

13-1628183

_	13-1020103		\	
Рa	rt 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?			
а	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	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to 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
€	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
ŀ	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	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)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE ORGANIZATION UTILIZES PRINT AND RADIO ADVERTISING AS WELL AS THE INTERNET AND PRINTED MATERIALS TO PUBLICIZE ITS RACIALLY NONDISCRIMINATORY POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	NYC DEPARTMENT OF CULTURAL AFFAIRS \$15,500

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493129016244

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

NATIONAL ACADEMY OF DESIGN

**SCHEDULE G** 

**Supplemental Information Regarding** Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

**Employer identification number** 

13-1628183

Pa	rt I Fundraising Act	<b>ivities.</b> Complete	ıf the or	ganızatı	on answered "Yes"	to Form 990, Part IV	, line 17.
1 a	——————————————————————————————————————						
b	Internet and email soli	citations		f	Solicitation of gov	ernment grants	
c	Phone solicitations			g	Special fundraising	ig events	
d	In-person solicitations						
2a	Did the organization have a or key employees listed in						Г <sub>Yes</sub> Г <sub>No</sub>
b	If "Yes," list the ten highes to be compensated at least			undraiser	s) pursuant to agreem	ents under which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tot a				<b>▶</b>			
3	List all states in which the licensing	organization is regist	tered or li	censed to	solicit funds or has be	een notified it is exempt	from registration or

		more than \$15,000 of fundr events with gross receipts o			: OII FOIIII 990-EZ, III	les I alid ob. List
			(a) Event #1 SPRING GALA	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	.   COI <b>(C)</b> )
Ð.	1	Gross receipts	458,183	L		458,181
Revenue	2	Less Contributions	389,69!	5		389,695
<u>~</u>	3	Gross income (line 1 minus line 2)	68,480	5		68,486
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
а	7	Food and beverages .	68,480	5		68,486
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	ı(d)		(68,486)
	11	Net income summary Combine l	ine 3, column (d), and line	210	•	0
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
/enue/			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ы Б	4	Rent/facility costs				
짇	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г Nо	Г Yes Г Nо	☐ Yes	_
		Direct expense summary Add line				
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	gaming activities in eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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**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

DLN: 93493129016244

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

ame of the organization						Employer identification	on number
ATIONAL ACADEMY OF DESIGN						13-1628183	
Part I General Information	on on Grants and	d Assistance				•	
1 Does the organization maintain the selection criteria used to av 2 Describe in Part IV the organization Part II Grants and Other A	ward the grants or as ation's procedures fo assistance to Go	sistance? or monitoring the use overnments and O	of grant funds in the United Organizations in the		nplete if the orga	nızatıon answered "Y	<b>▽Yes </b> □ N
Form 990, Part IV, lin	e 21, for any reci	pient that received	more than \$5,000. Pa	rt II can be duplicated	d if additional spa	ace is needed.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
	_						
	_	_					
2 Enter total number of section 50 3 Enter total number of other orga						_	

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book FMV , appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) ARTIST PRIZES	3	15,000			
(2) SCHOLARSHIPS	60		55,700	VALUE OF TUITION FORGONE	CREDIT AGAINST CLASS TUITION
(3) STUDENT PRIZES	4	1,000			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Complete this part to provide	e ene iniormación reganea in r are 1, r	The 2,1 are 111, column (b), and any other additional information
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE ACADEMY AWARDS PRIZES FOR THE BEST WORK EXHIBITED IN ITS ANNUAL, HIGHLIGHTING WORK BY NATIONAL ACADEMICIANS THE ACADEMY ALSO AWARDS SCHOLARSHIPS TO STUDENTS IN ITS ART SCHOOL THE SCHOLARSHIPS ARE A CREDIT AGAINST THE REGULAR TUITION

Schedule I (Form 990) 2012

DLN: 93493129016244

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

**Inspection Employer identification number** 

NATIONAL ACADEMY OF DESIGN 13-1628183 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo 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. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	-	(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)CARMINE BRANAGAN DIRECTOR	(i) (ii)	275,679 0	0	0	14,000	10,709	300,388 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization NATIONAL ACADEMY OF DESIGN

**Employer identification number** 

13-1628183

Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of d noncash contrib	etermining	5
1	Art—Works of art	Х	25	-	N/A		
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	O ther ▶ ()						
26	O ther ▶()						
27	O ther ▶()						
28	O ther ► ()						
29	Number of Forms 8283 received for which the organization comple				29		0
					4 20 11	Yes	No
30a	During the year, did the organiza						
	must hold for at least three year			on, and which is not require	d to be used		
	for exempt purposes for the enti					30a	No
b	If "Yes," describe the arrangem	ent in Part 1	II				
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	<b>31</b> Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell	noncash • • •	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report	an amount	: in column (c) for a type of	property for which column (	a) is checked,		
	describe in Part II		( ) = -,	. , ,			

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

		The second secon
Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	, , , ,	THE ACADEMY RECEIVED 25 DONATED WORKS OF ART DURING THE YEAR
NON REPORTING OF REVENUE		THE ACADEMY RECEIVED DONATED WORKS OF ART DURING THE YEAR THE ACADEMY HAS ELECTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES TO NOT REPORT DONATED WORKS OF ART AS REVENUES ON ITS STATEMENT OF ACTIVITIES

Schedule M (Form 990) (2012)

OMB No 1545-0047

Inspection

## **SCHEDULE 0** (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.

Name of the organization NATIONAL ACADEMY OF DESIGN Employer identification number 13-1628183

1.2 - 0.00	Deter D.f.	1
Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD AND ALL ARE MEMBERS OF T HE GOVERNING BODY THE EXECUTIVE COMMITTEE MAY EXERCISE, SUBJECT AT ALL TIMES TO THE GENER AL DIRECTION AND CONTROL OF THE BOARD, ALL OF THE POWERS AND AUTHORITY NECESSARY TO CONDUC T THE NORMAL OPERATIONS OF THE ACADEMY, INCLUDING AUTHORIZATION TO SIGN DOCUMENTS ON BEHAL F OF THE ACADEMY THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY WITH REGARD TO THE S UBMISSION TO THE ACADEMICIANS OF ANY ACTION REQUIRING THEIR APPROVAL, THE FILLING OF VACAN CIES ON THE BOARD OR IN ANY COMMITTEE, THE AMENDMENT OR REPEAL OF THE BYLAWS OR THE ADOPTI ON OF NEW BYLAWS, THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERM S SHALL NOT BE SO AMENDABLE OR REPEALABLE, OR THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE.
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE ACADEMY CONSISTS OF PAINTERS, SCULPTORS, ARCHITECTS AND WORKERS IN T HE GRAPHIC ARTS WHO HAVE BEEN ELECTED TO MEMBERSHIP THE NUMBER OF ACADEMICIANS IS LIMITED TO 450 THE ACADEMY HAS TWO (2) CLASSES OF ACADEMICIANS, CORRESPONDING TO THE TWO (2) PRO FESSIONAL CLASSES PROMOTED BY THE ACADEMY VISUAL ARTS AND ARCHITECTURE
	FORM 990, PART VI, SECTION A, LINE 7A	ACADEMICIANS (MEMBERS), WHO ARE ARTISTS AND ARCHITECTS SELECTED BY PEERS, ELECT THE GOVERNING BODY
	FORM 990, PART VI, SECTION A, LINE 7B	THE BODY OF THE ACADEMICIANS SHALL HAVE THE SOLE POWER TO AUTHORIZE (A) THE MORTGAGE OR O THER DISPOSITION OF ANY REAL PROPERTY OWNED BY THE ACADEMY AND OCCUPIED AND USED BY THE SC HOOLS, EXHIBITIONS, GALLERIES, THE MUSEUM AND ADMINISTRATIVE OFFICES OF THE ACADEMY, AND ( B) THE SALE OR DISPOSITION OF ANY WORK OF ART OWNED BY THE ACADEMY
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION AND THE FINANCE COMMITT  EE, THEN DISTRIBUTED TO FULL BOARD PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, WHO REVIEW POTENTIAL CONFLICTS AND M AKE A DETERMINATION ON WHETHER A CONFLICT IN FACT EXISTS THE PERSON WITH A POTENTIAL CONF LICT OF INTEREST LEAVES DURING THE DISCUSSION OF AND VOTING ON THE ISSUE
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE DIRECTOR AND APPROVES ANY CHANGES I N COMPENSATION COMPENSATION HAS NOT CHANGED FOR SEVERAL YEARS THE COMMITTEE REVIEWS COMP ENSATION OF MUSEUM DIRECTORS AT MUSEUMS WITH SIMILAR BUDGETS IN NEW YORK CITY
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493129016244 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return NATIONAL ACADEMY OF DESIGN 13-1628183 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 363.563 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 363,563 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sepecial depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use  1.	(i) Elected ection 179 cost
(a) Date placed in particular type of property (list vehicles first)  Type of property (list vehicles first)  Date placed in service precentage in service with the property placed in service during the tax year and used more than 25% in a qualified business use (see instructions)  15. Special deprecation allowance for qualified listed property placed in service during the tax year and used more than 25% in a qualified business use (see instructions)  15. Property used more than 50% in a qualified business use  15. Property used 50% or less in a qualified business u	Elected ection 17' cost
50% in a qualified business use  6 Property used more than 50% in a qualified business use  7 Property used 50% or less in a qualified business use  7 Property used 50% or less in a qualified business use  8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1  29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (a)  31 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no % owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
17 Property used 50% or less in a qualified business use  17 Property used 50% or less in a qualified business use  18 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  29 Section B—Information on Use of Vehicles  19 Openies this section for vehicles used by a sole proprietor, partner, or other "more than 55% owner," or related person rough even fix answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) Vehicle 1  20 Vehicle 1  21 Vehicle 2  22 Vehicle 3  23 Total miles driven during the year and on line 30 owner or related person lines driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use owner or related person?  35 Was the vehicle available for personal use?  36 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no woners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
7 Property used 50% or less in a qualified business use	(f)
77 Property used 50% or less in a qualified business use	(f)
7 Property used 50% or less in a qualified business use    %   %	(f)
8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  29 Section B—Information on Use of Vehicles  Section B—Information on Use of Vehicles  Omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  you provided vehicles to your employees, first answer the questrons in Section C to see if you meet an exception to completing this section for those vehicles  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal(noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use  during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your  Yeincle 1  28  28  28  29  29  29  20  20  40  (a)  (b)  (c)  (d)  (ve)  Vehicle 2  Vehicle 3  Vehicle 4  Vehicle 5  Vehicle 5  Vehicle 5  Vehicle 5  Vehicle 6  Vehicle 7  Vehicle 6  Vehicle 9  Vehicle 9  Vehicle 9  Vehicle 9  Vehicle 1  Vehicle 1  Vehicle 1  Vehicle 1  Vehicle 1  Vehicle 1  Vehicle 2  Vehicle 3  Vehicle 4  Vehicle 5  Vehicle 5  Vehicle 5  Vehicle 5  Vehicle 6  Vehicle 7  Vehicle 9  Ve	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  Section B—Information on Use of Vehicles  omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees in Source of the completing Section B for vehicles used by employees who are no wowners or related persons (see instructions)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  Section B—Information on Use of Vehicles  omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees in Section B for vehicles used by employees who are no ow owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
Section B—Information on Use of Vehicles  omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 (vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 (vehicle 4 Vehicle 5 (vehicle 3 Vehicle 4 Vehicle 5 (vehicle 4 Vehicle 5 (vehicle 4 Vehicle 5 (vehicle 5 (vehicle 6 (ve	(f)
Section B—Information on Use of Vehicles omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles 30 Total business/investment miles driven during the year (do not include commuting miles)	(f)
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Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no womers or related persons (see instructions)  76 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	
year (do not include commuting miles)	venici
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	
33 Total miles driven during the year Add lines 30 through 32	
through 32	-
during off-duty hours?	
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons (see instructions)  To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes
owner or related person?	
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no % owners or related persons (see instructions)  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your  Ye:	
nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who <b>are no</b> % owners or related persons (see instructions)  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	
% owners or related persons (see instructions) 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	
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38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
9 Do you treat all use of vehicles by employees as personal use?	
10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?	
11 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )	+
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	
Part VI Amortization	
(h) (e)	
(a) Date Amortizable amortization begins (c) (d) Code section period or percentage (f)	
12 A mortization of costs that begins during your 2012 tax year (see instructions)	
13 A mortization of costs that began before your 2012 tax year	
44 Total Add amounts in column (f) See the instructions for where to report	