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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

		2013 cal	endar year, or tax year beginning	7/1/2013	, and e	nding 6/3	0/2014	1
		applicable		OR CARTOON STU				ication number
_			Doing Business As	OR CARTOON 310	DIES			
/	Address c	nange	Number and street (or PO box if mail is not deliv	vored to street address)	Room/suite	41-207179	1	
ΧI	Name cha	ange	•	vered to street address)	- Koom/suite	E Telephone		
<u> </u>			PO BOX 125	0	<u></u>	E retephoni	Humbe	ı
	Initial retu	ırn	City or town	State	ZIP code	(802) 295-3	3319	
□.	Terminate	ed	WHITE RIVER JUNCTION	VT	05001			
\equiv			Foreign country name Foreign prov	/ince/state/county	Foreign postal			020 404
LJ′	Amended	return				G Gross red	eipts \$	938,121
\square	Applicatio	n pending	F Name and address of principal officer			H(a) Is this a group return	for subor	dinates? Yes X No
	•		Warren Bingham, President, Lower Wat	erford VT		H(b) Are all subordinat		= =
						If "No," attach a li		
<u> </u>	ax-exemp	pt status	X 501(c)(3) 501(c) () ◀ (in	sert no) 4947(a)(1)	or 527	ii No, attacira ii	si (see i	mstructions)
J \	<u>Vebsite</u>	: ► ww	v cartoonstudies org			H(c) Group exemption	number	<u> </u>
KF	orm of or	rganization	X Corporation Trust Association	Other ▶	I Yes	ar of formation 2002	l _M s	State of legal domicile VT
		<u> </u>	_ 			2002	1 *** \$	Valoringui Vi
F	art I		nmary					
a)	1		escribe the organization's mission or mo					of study that centers
ĕ			reation and dissemination of comics, gra					
na		ınternatı	onally recognized cartoonists, writers, ar	id designers teach cla	asses Loca	ited in historic dowi	ntown	of White River JCT, VT
Ve.	2	Check tl	nis box ▶ if the organization discon	tinued its operations	or disposed	of more than 25%	of its r	net assets
S	3		of voting members of the governing bod		p	oo. oo , ,	3	9
8	4		of independent voting members of the g		/L line 1h)		4	7
es							\vdash	
Activities & Governance	5		mber of individuals employed in calendar	-	ne za) .	•	5	12
Ę	6		mber of volunteers (estimate if necessary	•		•	6	60
4	7a		elated business revenue from Part VIII,	, ,			7a	-6,427
	b	Net unre	elated business taxable income from Fori	m 990-T, line 34			7b	-6,427
						Prior Year		Current Year
Ð	8	Contribu	itions and grants (Part VIII, line 1h)			27	9,072	220,556
Revenue	9	Program	service revenue (Part VIII, line 2g)		69	4,540	670,294	
Š	10	-	ent income (Part VIII, column (A), lines 3			6,774	1,675	
ď	11		venue (Part VIII, column (A), lines 5, 6d,		2,636	-5,092		
	12		enue—add lines 8 through 11 (must equal F				7,750	887,433
	13		and similar amounts paid (Part IX, column		U 12,	· · · · · · · · · · · · · · · · · · ·	0	007,100
	14		· · · · · · · · · · · · · · · · · · ·				0	0
			paid to or for members (Part IX, column		. E 10\	40		
es	15		other compensation, employee benefits (Pa	` .	50-10) .	40	0,289	389,364
E S	16a		onal fundraising fees (Part IX, column (A		•	· ·	0	0
Expenses	b		draising expenses (Part IX, column (D),		44,033			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-	11d, 11f–24e)			3,947	543,621
	18		penses Add lines 13–17 (must equal Pa		25)	95	4,236	932,985
	19	Revenu	e less expenses Subtract line 18 from lin	iel 12/50), \		2	3,514	-45,552
- 69			NLO			Beginning of Curren	t Year	End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)			2,04	3,264	1,979,536
ABS	21		pilities (Part X, line 26)	2 2014		39	3,572	304,556
2 5	22		ets or fund balances Subtract line 21 fro			-	9,692	1,674,980
	art II		nature Block OGD			.,,,,	<u> </u>	
			y, I declare that I have examined this return, including		and statements	and to the hest of my k	nowledo	
	•		ct, and complete Declaration of preparer (other than			•	-	
			1/1/1/	7_0,5_0			1//	714
Sig	gn		Signature of officer			Date	1/3	///
He	re		•			Date		
			PRESIDENT (LOD					
			Type or print name and title					· · · · · · · · · · · · · · · · · · ·
		Pnn	t/Type preparer's name Pre	eparer's signature		Date	ا بهجید ا	PTIN
Pa			Powley				Check self-emp	If P00581700
Pr	eparer		Rowley					
Use Onl			is name ► ROWLEY AND ASSOCIATE	S, PC		Firm's EIN	02-0	522619
			's address ▶ 6A HILLS AVE, CONCORD,	NH 03301		Phone no	(603)	228-5400
Ma	v the IF	SS discus	s this return with the preparer shown abo	ove2 (see instructions	= 1			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		x
4		-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	j	X
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.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		_^_
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	10		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	28	380	السد
_	Schedule D, Part VI	11a	x l	
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		ĺ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Χ_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ø	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	, ,		V
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		_X_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		\neg	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
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	ļ	X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

Part IV . Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or 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		x_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$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 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	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		<u> </u>
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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			V
07	disqualified persons? If so, complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		3 8	* 4
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ÞŠ) -
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	"		<u>~</u>
-	If "Yes," complete Schedule N, Part II	32	ļ '	×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	0.51		
26	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(3) experientions. Did the exceptions make any transfers to an exemption of section for the exceptions.	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 ^
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	1	×
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	X	
			000	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	`\$	`	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	~		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		 -	
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			"
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	*	 	<u></u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-^-	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		X
b	account)? . If "Yes," enter the name of the foreign country .		gv.	<u>√</u>
D	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	7		ľ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	*	2 77/64	, W
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	1.2
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	İ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.00-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year? .	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		├
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		ł
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	1		
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
D	against amounts due or received from them)	1	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	t	1
-*	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans .			
С	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Sect	ion A. Governing Body and Management				
			-common	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (160
	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 .	1b 7	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			
	any other officer, director, trustee, or key employee?		2		X
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	r person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? .	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		Х
6	Did the organization have members or stockholders?		6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i.			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	460	4.7	100
•	the year by the following	9		47	
а	The governing body?		8a	X	***************************************
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.]	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·			93. I
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done	•	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	_
15	Did the process for determining compensation of the following persons include a review and appro	val by	75.		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			1
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		176	200	4 0.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	rement			111
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its	-	200	100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► VT				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s only	_/)	
	available for public inspection Indicate how you made these available. Check all that apply		•		
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			nd	
	financial statements available to the public during the tax year	•	-		
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization ► Ann Hargraves	(802) 295 3	319		
	94 South Main Street, White River Junction, VT 05001				

•												
orm 990 (2013)	THE CENTER FOR CARTOON ST	TUDIES								41-20717	'91	Page 7
Part VII .	Compensation of Officers, Dire		es, K	ey	Em	ıplo	yee	s, ŀ	lighest Comp	ensated		
	Employees, and Independent C	ontractors		-		•	_					
•	Check if Schedule O contains a re	esponse or no	te to	any	y lın	e ir	n this	Pa	art VII...			
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est (Con	npe	nsate	d E	mployees			
la Complete t	his table for all persons required to be	isted Report co	mpen	satı	on f	or t	he ca	lend	iar year ending v	vith or within the	•	
organization's	tax year											
	of the organization's current officers, di						luals	or o	rganizations), re	gardless of amo	unt	
	on Enter -0- in columns (D), (E), and (
	of the organization's current key emplo											
	organization's five current highest con reportable compensation (Box 5 of Fori										yee)	
	and any related organizations	iii vv-2 ana/or be	,,,,	,, , ,	,,,,,,	100	J-IVIIC	50,	of filore triali wit	00,000 110111 1110		
=	of the organization's former officers, ke	v emplovees, an	nd hia	hes	t co	mpe	ensate	ed e	emplovees who r	eceived more th	an	
	eportable compensation from the organ											
 List all e 	of the organization's former directors of	or trustees that	recei	ved,	ın t	he d	capac	ity a	as a former direc	tor or trustee of	the	
organization, i	more than \$10,000 of reportable compe	ensation from the	orga	nıza	atıor	n an	id any	/ rel	ated organization	ns		
	n the following order. individual trustees	or directors, ins	titutic	nal	trus	tee	s, offi	cers	s, key employees	, highest		
compensated	employees, and former such persons											
Check thi	s box if neither the organization nor any	y related organız	atıon	con	npe	nsat	ted ar	пу с	urrent officer, dir	ector, or trustee		
					((C)						
	(4)	(B)	(4		ition	. 45		(5)	(E)	(F)	
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estima	
		hours per week (list any	office				or/trust		compensation from	compensation from related	amour othe	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	arging display	Former	the	organizations	compen	sation
		related organizations	recto	utio	er	emp	est c	<u>@</u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from from to	
		below dotted	٦ <u>ق</u>	nal t		loye	ë		,		and rel	ated
		line)	stee	ruste		Ō	ens				organiza	uons
				ĕ			Highest compensated employee					
(1) Warren	Bingham	2 00										
Chair		0 00	Х		Х							
(2) Ana Me	erino	2 00										
/ice-Chair		0 00	Х		X	L.						
(3) Ann Ha	rgraves	2 00										
reasurer		0 00	X		Х		<u> </u>				-	
(4) Chuck	Liet	2.00			v							
Secretary (5) Matt Du	IDDO	0 00	X		Х	<u> </u>						
Orector	niile	0 00	x									
(6) Peggy	Kannenstine	1 00	<u> </u>									
Director		0 00	x									
(7) Bayle [Prubel Prubel	1 00										
Director		0 00	Х									
(8) James	Sturm	40.00										
CCS Director,		0 00	X			X	X		96,229		···.	· · · · ·
(9) Michell		40 00]									
CCS Presider	nt, interested	0 00			ļ	X	X		100,832			
(10)												
111)				\vdash	\vdash	\vdash						
(11)												
12)							 	-				
.: 							-					
13)		-		\vdash			 	\vdash			-	

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P	Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (d	continue	d)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe d a d	more rson irecto	than o	an ee)	(D) Reportable compensation	(E) Reportati compensa	tion	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizati (W-2/1099-N	ons	other compensation from the organization and related organizations		
(15)					_									
(16)														
(17)														
(18)														
(19)										·		-		
(20)							-							
(21)												-		
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A .	· · · · ·					>	197,061 0		0	0		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization				-	vho	recei	ved	197,061 more than \$100	,000 of	0	0		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	mpl		e, o	r higi	nest	compensated			Yes No		
4	For any individual listed on line 1a, is the sum of the organization and related organizations great andividual	of reportable cor	npen	satio						h		4 ×		
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	•			-			_		ridual	3	5 X		
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compe compensation from the organization. Report of year	•										<		
	(A) Name and business add	ress							(B) Description of ser	vices	Cor	(C) npensation		
								ļ.,				0		
								-				0		
								-				0		
	· · · · · · · · · · · · · · · · · · ·		•					-	<u> </u>			0		
2	 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 													

Form **990** (2013)

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Part VIII . Statement of Revenue

		Check if Schedule O contains	a response o	r n	ote to any line ir	this	Part VIII					•	
	•	*			e.	То	(A) tal revenue	(B) Relate exen functi	d or ipt on	Un bu	(C) related siness venue	Re exclu- tax und	(D) venue ded from er sections 2-514
nts	1a b	Federated campaigns . Membership dues		a	0	^	4	rever	ue _		,	,	2-514
G 5	c	Fundraising events .	<u> </u>	С	14,800	1		·	*				
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organizations		d	0					Ì	* }	;	
2 =	e	Government grants (contributions	_	le	9,0	1/3			~.	,	,*		
Sir	f	All other contributions, gifts, gran	· —				Š.			4			Ž,
the E	•	similar amounts not included abo		1f	205,756	,	1	`	1	,\$	~	> R.M.	. 3
들 임	g	Noncash contributions included in li		: \$	25,735	İ	·Ş						4
್ ಕ	h	Total. Add lines 1a–1f	1100 14 11.	Ψ	20,700		220,556	·/**	*	2	J 4		- 🖔
_		Total: Add lines 12-11			Business Code	ļ	220,000			1			
ž	2a	TUITION			611710		655,410						
Š	b	STUDIO INCOME			511130		14,884						
9	c						0						
2	d						0	-					
Σ	e				-		0						
Program Service Revenue	f	All other program service revenu	e				0						
Pro	g	Total. Add lines 2a-2f		,	. •		670,294	× ·		,	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4 👋	
	3	Investment income (including div	idends, interes	st.	and			`					
		other similar amounts)	·	•		1,675						1,675	
	4	Income from investment of tax-ex	eeds >		0								
	5	Royalties			. ▶		0				_		
	İ	•	(ı) Real		(II) Personal		477		3.7			2.	/ "
	6a	Gross rents	44,26	61				1323	,		300	1	
	b	Less rental expenses	50,68	88		1	glar **	1 1 2 2 2 2 V	, ; , <u>;</u> ,	1111		•	, 11.
	С	Rental income or (loss)	-6,42	27	0	£50	iW,		À	,		×4.	
	d	Net rental income or (loss)			>		-6,427				-6,427		
	7a	Gross amount from sales of	(ı) Securities		(II) Other		24			*			*
		assets other than inventory		0	0] _{\$ ~}			A Óby				% ·
	b	Less cost or other basis				3	1000	1	`; \ <i>«</i>		÷,	¥	
		and sales expenses		0	0		<u>k</u>	,, ,			. Ž		
	С	Gain or (loss)		0	0		<u> 400 l</u>		- }		, \\		, ``\\
	d	Net gain or (loss) .			>		0						
						1		· 🐞		423	,4 ,^	7 m	, ,,
e i	8a	Gross income from fundraising					<u> </u>						
/eu		events (not including \$	0			3	; ,®	×4	1		à	\{ \(\)	
Ř		of contributions reported on line	1c)				*				\$		
ē		See Part IV, line 18	. :	а	0]	* *						4.93
Other Revenue	b	Less direct expenses		b	0	<i></i> →	*						<u></u>
_	С	Net income or (loss) from fundra			. <u> </u>	ļ	0						
	9a	Gross income from gaming activ											
		See Part IV, line 19		a	0								
	b	Less direct expenses .		b	0	ļ						ļ	
	C	Net income or (loss) from gamin	g activities .		<u> </u>	ļ	0	ļ				ļ	
	10a	Gross sales of inventory, less			-								
		returns and allowances		a	0	1		[
	b	Less cost of goods sold		b	0			ļ		 		ļ	
	С	Net income or (loss) from sales of	of inventory		▶	<u> </u>	0			 		_	
	<u> </u>	Miscellaneous Revenue			Business Code	ł		ļ					
	11a	Other revenue			900099	<u> </u>	1,335		1,335	ļ		-	
	b					 	0			 		 	
	C	***************************************				 	0					-	
	d All other revenue		<u></u>	<u> </u>	0					ļ			
	e	Total. Add lines 11a–11d				<u></u>	1,335		4				4.0=-
	12	Total revenue. See instructions			_	1	887,433	1	1,335	l	-6,427	l	1,675

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 or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and						
	organizations in the United States See Part IV, line 21	0		*	•		
2	Grants and other assistance to individuals in the				-		
	United States See Part IV, line 22 .	0		, ,	was collect		
3	Grants and other assistance to governments,			*	A .		
	organizations, and individuals outside the						
	United States See Part IV, lines 15 and 16	0		^& <u></u>	₩. F		
4	Benefits paid to or for members .	0					
5	Compensation of current officers, directors,						
	trustees, and key employees	197,061	118,237	59,118	19,706		
6	Compensation not included above, to disqualified			;			
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages .	111,970	67,182	33,591	11,197		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	26,207	15,724	7,862	2,621		
9	Other employee benefits .	26,210	15,726	7,863	2,621		
10	Payroll taxes .	27,916	16,750	8,375	2,791		
11	Fees for services (non-employees)						
а	Management .	0					
b	Legal .	0	<u></u>				
С	Accounting .	11,819	1,727	10,092			
d	Lobbying	0					
е	Professional fundraising services See Part IV, line 17.	0	' ^	*			
f	Investment management fees	0					
g	Other (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O)	9,970	8,540	1,430			
12	Advertising and promotion	41,129	41,129				
13	Office expenses	1,596		1,596			
14	Information technology .	0					
15	Royalties	0					
16	Occupancy .	100,266	97,112	3,154			
17	Travel .	8,584	1,923	6,661			
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	0					
20	Interest .	17,071	9,730	7,341			
21	Payments to affiliates	0			<u>-</u>		
22	Depreciation, depletion, and amortization	83,979	83,979	0	0		
23	Insurance	13,078	6,846	5,904	328		
24	Other expenses Itemize expenses not covered			i			
	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)	404 507	404 507				
a	Adjunct Faculty	121,527	121,527				
b	Special Projects & Programs & Services	74,346	74,346				
c C	Supplies, books & publications	30,351	30,351	4 000	4 700		
d	Postage, printing and reproduction	8,762	5,865	1,098	1,799		
e 25	All other expenses	21,143	11,964	6,209	2,970		
25	Total functional expenses. Add lines 1 through 24e .	932,985	728,658	160,294	44,033		
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						
	following SOP 98-2 (ASC 958-720)						
	10110WITIN 30F 30-2 (M3C 300-120) .						

Part X Balance Sheet

	-	Check if Schedule O contains a response or	note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		103,182	1	159,234
	2	Savings and temporary cash investments		524,723	2	526,399
	3	Pledges and grants receivable, net .		160,028	3	64,000
	4	Accounts receivable, net		22,946	4	43,280
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees		322	
		Complete Part II of Schedule L .			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section	, , , , , ,		` , '
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and	^		
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ets		organizations (see instructions) Complete Part II of Sche	edule L		6	
Assets	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use	•		8	
	9	Prepaid expenses and deferred charges		7,360	9	8,336
	10a	Land, buildings, and equipment cost or		733		₹
		other basis Complete Part VI of Schedule D	10a 1,582,837			
	b	Less accumulated depreciation .	10b 405,150	1,224,425	10c	1,177,687
	11	Investments—publicly traded securities		0	11_	0_
	12	Investments—other securities See Part IV, line	. 11	0	12_	0
	13	Investments-program-related. See Part IV, line	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11 .		600	15	600
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,043,264	16	1,979,536
	17	Accounts payable and accrued expenses		17,241	17	3,612
	18	Grants payable			18	
	19	Deferred revenue	1,300	19		
	20	Tax-exempt bond liabilities .			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and forme	r officers, directors,			4v
Liabilities		trustees, key employees, highest compensated	employees, and		<u> </u>	<u> </u>
abi		disqualified persons Complete Part II of Sched	ule L .		22	
Ë	23	Secured mortgages and notes payable to unrel	ated third parties	347,280	23	276,335
	24	Unsecured notes and loans payable to unrelate	ed third parties	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables to related third		İ	
	İ	parties, and other liabilities not included on line	s 17-24) Complete			
		Part X of Schedule D		27,751	25	24,609
	26	Total liabilities. Add lines 17 through 25	<u> </u>	393,572		304,556
		Organizations that follow SFAS 117 (ASC 95	8), check here \blacktriangleright X and			
Ses		complete lines 27 through 29, and lines 33 a		,,		,
auc	27	Unrestricted net assets		1,584,692	27	1,629,980
3a	28	Temporarily restricted net assets		65,000		45,000
ā	29	Permanently restricted net assets .			29	
ڃ		·	abasti bass			
ř	}	Organizations that do not follow SFAS 117 (ASC958)	, check here and			
Net Assets or Fund Balances		complete lines 30 through 34.			- <u>-</u> -	
sel	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or e	• •		31	
let	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	1.074.000
Z	33	Total net assets or fund balances .		1,649,692		1,674,980
	34	Total liabilities and net assets/fund balances		2,043,264	34	1,979,536

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) .	1		887	7,433
2	Total expenses (must equal Part IX, column (A), line 25)	2		932	2,985
3	Revenue less expenses. Subtract line 2 from line 1	3			5 <u>,55</u> 2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,649	9,692
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		70),840
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		,674	1,980
Part				ı	
	Check if Schedule O contains a response or note to any line in this Part XII.	•	· · · ·	•	닏
			\ * * \$ 5	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		— [`` <i>"</i> ``		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ž ži	
٥.	Schedule O		2a		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za		 ^-
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		28.6		y 1:3-a
				* #	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	W 30 h 3
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				3 6 1 4
	separate basis, consolidated basis, or both				X
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1		Ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			*	11.1
	Schedule O		2 3 .		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ
			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Employer identification number

THE	CEN	TER FOR CA	RTOON STUDIE	<u> </u>						41-20	71791		
Pai	t I	Reason	for Public Ch	arity Status (All org	ganizatio	ns must (complete	this par	t.) <u>See ir</u>	<u>nstructio</u>	ns.		
The	o <u>rga</u> n	ization is not	a private founda	tion because it is (For	lines 1 th	rough 11,	check only	y one box	:)				
1	\Box	A church, cor	nvention of churc	ches, or association of	churches	described	ın sectio	n 170(b)(1)(A)(i).				
2	X	A school des	cribed in sectio r	n 170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative ho	ospital service organiza	ation desc	ribed in s e	ection 170)(b)(1)(A)	(iii).				
4			search organizat me, city, and sta	ion operated in conjunt	ction with	a hospital	described	d in section	on 170(b)	(1)(A)(iii).	Enter t	he	
5				the benefit of a college Complete Part II)	or univer	sity owner	d or opera	ted by a	governme	ntal unit c	lescribe	d	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community	trust described	ın section 170(b)(1)(A)(vi). (Cor	nplete Pai	t II)						
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	fety See	section 5	09(a)(4).				
11		An organizat	ion organized ar	nd operated exclusively	for the be	enefit of, to	perform	the functi	ons of, or	to carry o	ut the		
e	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
		_	check this box						7.		•		
g		Since Augus	t 17, 2006, has t	he organization accept	ted any gif	ft or contri	bution froi	m any of t	he				
		following per											
				or indirectly controls, ei				ersons de	scribed in	(II)		Yes	No
		•		erning body of the sup	-	ganızatıon'	7				11g(i)		
				person described in (i)		\ -12					11g(11)		
h			-	of a person described ition about the supporte		-					11g(iii)		
		of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	col (ı)	ization in	organiza	Is the tion in col ized in the S?	(vii) Am	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)					-			-	-				
(D)					L								
(C)													
(D)													
(E)							_						
T . 4													_

Schedule A (Form 990 or 990-EZ) 2013 THE CENTER FOR CARTOON STUDIES 41-2071791 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 0 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subtract line 5 from line 4 0 Section B. Total Support (c) 2011 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4. 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14

15

Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))

15	Public support percentage from 2012 Schedule A, Part II, line 14	15	0 00	%
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% of	or more	, check this box	
	and stop here. The organization qualifies as a publicly supported organization		. ▶[

33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 17a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

14

0 00%

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, ,			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	!					0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	1				!	
	in any activity that is related to the						0
3	organization's tax-exempt purpose . Gross receipts from activities that are not an						0
3	unrelated trade or business under section 513	<u> </u>					0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities]					
	furnished by a governmental unit to the						0
6	organization without charge Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3			0	0		
	received from disqualified persons						0
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	0	0	0	0	0	0
8	Add lines 7a and 7b . Public support (Subtract line 7c from		0 1000 - 136,833	U SERVICE	·LSP#2*		0
•	line 6)	36					0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	l ol	o	0	0	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties and income from similar sources						0
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	İ					
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV).						0
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		<u> </u>
	and 12)	o	o	О .	o	ol	0
14	First five years. If the Form 990 is for the organiz	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here		• •				▶
Sec	tion C. Computation of Public Support			<u>-</u>		,	
15	Public support percentage for 2013 (line 8, column	• • •	e 13, column (f))			15	0 00%
<u>16</u>	Public support percentage from 2012 Schedule A,			•		16	0 00%
<u> 3ec</u> 17	tion D. Computation of Investment Inco Investment income percentage for 2013 (line 10c,			ımn (fl)		17	0 00%
18	Investment income percentage for 2013 (line 10c, linestment income percentage from 2012 Schedul			лин (1 <i>))</i> .	•	18	0 00%
19a	33 1/3% support tests—2013. If the organization			and line 15 is me	ore than 33 1/3%		0 00 70
	not more than 33 1/3%, check this box and stop h						▶ _
b	33 1/3% support tests—2012. If the organization	did not check a t	box on line 14 or	line 19a, and lin	e 16 is more thai	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box ai						▶
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	. ▶ ∟

Schedule A (Form 9	90 or 990-EZ) 2013	THE CENTER FOR CARTOON STUDIES Information. Provide the explanations required by Part II, line 10	41-2071791	Page 4
Part IV	Supplemental	Information, Provide the explanations required by Part II, line 10:	Part II. line 17a or	17b:
. artiv	ouppionicina.	40. Al		,
	and Part III, line	e 12. Also complete this part for any additional information. (See in	istructions).	
•				
				
				
				
	-		·	
				
			·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No 1545-0047 2013

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

THE CEN	NTER FOR CARTOON STUDIES		41-2071791
Part I	Organizations Maintaining Done	or Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1 Tot	tal number at end of year .		
2 Ag	gregate contributions to (during year)		
_	gregate grants from (during year)		
-	gregate value at end of year .		
5 Dic	d the organization inform all donors and do	nor advisors in writing that the assets held	d in donor advised
	nds are the organization's property, subject		
	d the organization inform all grantees, done		
	ed only for charitable purposes and not for		
pui	rpose conferring impermissible private ben	efit?	☐ Yes ☐ No
Part II	Conservation Easements.		
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	7.
1 Pu	rpose(s) of conservation easements held t	y the organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space	_	
2 Co	implete lines 2a through 2d if the organizat	ion held a qualified conservation contribut	tion in the form of a conservation
	sement on the last day of the tax year		Held at the End of the Tax Year
	tal number of conservation easements		2a
	tal acreage restricted by conservation ease	ements	2b
	imber of conservation easements on a cert		2c
	imber of conservation easements included		
	storic structure listed in the National Regist		2d
	imber of conservation easements modified		erminated by the organization
dui	ring the tax year		
4 Nu	imber of states where property subject to c	onservation easement is located	
	es the organization have a written policy re		on, handling of
	plations, and enforcement of the conservati		Yes No
6 Sta	aff and volunteer hours devoted to monitor	ng, inspecting, and enforcing conservation	n easements during the year
▶			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
	nount of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	sements during the year
	\$ bes each conservation easement reported (an line 2/d) about actiofy the requirement	o of acetion
	0(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	on line 2(d) above satisfy the requirements	Yes No
	Part XIII, describe how the organization re	onts conservation easements in its reven	
	lance sheet, and include, if applicable, the		•
	e organization's accounting for conservation		mariolal statements that describes
Part III		ections of Art, Historical Treasures	s, or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line	
1a If t	he organization elected, as permitted unde		
	orks of art, historical treasures, or other sim		
	public service, provide, in Part XIII, the tex	· · · · · · · · · · · · · · · · · · ·	
	he organization elected, as permitted unde		
	orks of art, historical treasures, or other sim	· · · · · · · · · · · · · · · · · · ·	
	public service, provide the following amou	•	assing of robotion in further union
	Revenues included in Form 990, Part VIII	-	▶ \$
111			Ψ
	Assets included in Form 990 Part X		₽ \$
(ii)	Assets included in Form 990, Part X he organization received or held works of a	art historical treasures or other similar as	sets for financial gain, provide the
(ii) 2 If t	he organization received or held works of		- · · · · · · · · · · · · · · · · · · ·
(ii) 2 If t foll		der SFAS 116 (ASC 958) relating to these	- · · · · · · · · · · · · · · · · · · ·

Sched	ule D (Form 990) 2013 THE CENTER FOR CA	RTOON STUDIES					41-207	1791		Page 2
Part			listo	rical Tr	easures, o	r Other	Similar Ass	ets (cor		
3	Using the organization's acquisition, access	sion, and other recor	ds, ch	heck any	of the follow	ing that a	are a significant	t .		
	use of its collection items (check all that ap	ply)								
а	Public exhibition	d		Loan	or exchange	program	s			
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's Part XIII	collections and expla	ıın ho	w they fu	rther the org	anızatıor	's exempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								es 🗆	No
Part			part				•	<u>'' </u>	⁵³	NO
rait	Complete if the organization ans		orm 9	90, Par	t IV, line 9,	or repoi	ted an amou	nt on Fo	orm	
4-	990, Part X, line 21.	d						<u> </u>		
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other interme	ediary	tor contr	ibutions or o	tner asse	ets not			Na
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowi	ına təhlə				r	es [No
-	Troo, explain the arrangement in trait XI	ir and complete the i	Ollowi	ing table				Amount		
С	Beginning balance					1c		,		0
d	Additions during the year .					1d		_		
е	Distributions during the year .					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount on	Form 990, Part X, Iır	ne 217	7			•	Y	es X	No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	explai	nation ha	s been provi	ded in Pa	art XIII	_		
Part										
	Complete if the organization ans	wered "Yes" to Fo	orm 9	90, Parl	t IV, line 10					
			o) Prior		(c) Two years		d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0]		0
2	Provide the estimated percentage of the cu		-	ne 1g, co	lumn (a)) nei	d as				
a b	Board designated or quasi-endowment Permanent endowment	► <u>%</u>)_							
c	Temporarily restricted endowment	<u>/0</u> %								
_	The percentages in lines 2a, 2b, and 2c she									
3a	Are there endowment funds not in the poss	•	zation	that are	held and ad	ministere	d for the			
	organization by	-							Yes	No
	(i) unrelated organizations		•					3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		lowm	ent funds	 					
Part					. 11. 7. 1				4.5	
	Complete if the organization ans									
	Description of property	(a) Cost or other bas (investment)	iis	, ,	st or other (other)		ccumulated preciation	(d) B	ook valu	е
1a	Land	(rod.no.n)	0		75,000		A Section			5,000
b	Buildings .	_	0		75,000	·~ * / 170公選(0			<u>3,000</u>
c	Leasehold improvements	-	0		999,046		88,466		91	0,580

508,791

Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Other

192,107

1,177,687

316,684

▶

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (e) Newton of security or costs or end of-year rearket value. (1) Financial denomator is security) (2) Closely-held equity interests (3) Other (A) (8) (9) (9) (9) (9) (9) (9) (9	Part VII	Investments—Other Secu	rities.	10 Port IV line 11h See Form	200 Dort V line 12
(1) Financial derivatives 0 (2) Closely-held equity interests 0 (3) Other (A) (6) (6) (7) (7) (8) (7) (7) (8) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	. (a)	Description of security or category		(c) Method of v	aluation
2) Closely-held equity interests 0	(1) Financial (<u> </u>	market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	• •				
(A)		• •			
(S)					
(C)					
(E)					
(F) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	(D)				
(5)					
Control Column (b) must equal Form 990, Part X, col (β) low 12 ▶ 0					
Total Column (b) must equal Form 990, Part X, col (g) lose 12) New Theory					
Investments		must agual Form 000. Bost V. col. (R) line 12.1			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost of and-of-year market value (c) (d) (d) (d) (d) (d) (d) (d)				l	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) STUDENT DEPOSITS 1, (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) STUDENT DEPOSITS 21,404 (3) SECURITY DEPOSITS 3,205 (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (g) line 25) 24,609	r ait viii	_		0, Part IV, line 11c See Forn	n 990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 25. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (2) STUDENT DEPOSITS (3) SECURITY DEPOSITS (4) SOURCE STUDENT DEPOSITS (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15).		(a) Description of investment	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Cother Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). ▶ Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) STUDENT DEPOSITS (3) SECURITY DEPOSITS (3) 3.205 (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (0) (2) STUDENT DEPOSITS (3) 3.205 (4) (5) (6) (7) (8) (9) (9) (9) (1) Found (1) must equal Form 990, Part X, col (B) line 25) (9) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (9) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Federal income taxes (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25) (1) Found (2) must equal Form 990, Part X, col (B) line 25)	(1)				
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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n
4 .	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1 000 064
1 ' 2	Total revenue, gains, and other support per audited financial statements	1.00	1,008,961
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	3	
a b	Net unrealized gains on investments Donated services and use of facilities 2a 70,840	認	
C	Recoveries of prior year grants . 2c	1 1/4	
d	Other (Describe in Part XIII) 2d 50,688	," C	
e	Add lines 2a through 2d	2e	121,528
3	Subtract line 2e from line 1	3	887,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		007,700
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b	3	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	887,433
Part		er Ret	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	983,673
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ľ	
а	Donated services and use of facilities . 2a		
b	Prior year adjustments		
C	Other losses		
ď	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	50,688
3	Subtract line 2e from line 1	3	932,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	الله الأير	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
_ C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information	5	932,985
2, Part >	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Iines 1b and 2b, Par rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informa XI Line 2d Direct Rental Expense \$50,688 XII Line 2d Direct Rental Expense \$50,688		4, Part X, lime
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Schedule D (Form	990) 2013 THE CENTER FOR CARTOON STUDIES	41-20/1/91	Page 5
Part XIII	Supplemental Information (continued)		
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SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

THE CENTER FOR CARTOON STUDIES

41-2071791 Part I YES NO 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? . Х 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, Х programs, and scholarships? 2 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 THE POLICY IS STATE ON ALL STUDENT APPLICATIONS AND IN THE STUDENT HANDBOOK Does the organization maintain the following? Х Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?. 4c Copies of all material used by the organization or on its behalf to solicit contributions? Χ 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? 5b Employment of faculty or administrative staff? . 5c Scholarships or other financial assistance? 5d Educational policies? 5e Use of facilities? 5f Athletic programs?. Х 5g Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? Х 6a Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" to either line 6a or line 6b, explain on Part II 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

	orm 990 or 990-EZ) (2013)	THE CENTER FOR	CARTOON STUDIE	S	4	1-2071791	Page 2
Part II	Supplemental Informapplicable Also comp	nation. Provide the plete this part to pro	explanations requivide any other ad	uired by Part I, line ditional information	s 3, 4d, 5h, 6b, (see instruction	and 7, as ns)	
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

THE CENTER FOR CARTOON STUDIES

41-2071791

Par	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 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		25,735	FMV			
5	Clothing and household		· · · · · · · · · · · · · · · · · · ·	-				
	goods .		9					
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	`						
13	Qualified conservation							
	contribution—Historic							
	structures .							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial	-						
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		;	_				
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received	by the orga	nization during the tax year f	for contributions for				
	which the organization completed				29			
	·			-			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any property	reported in Part I, lines 1 - 2	28,			
	that it must hold for at least three	years from	the date of the initial contrib	ution, and which is not				
	required to be used for exempt po	urposes for	the entire holding period?			30a		X
b	If "Yes," describe the arrangemen	nt in Part II						1
31	Does the organization have a gift	acceptance	e policy that requires the rev	iew of any non-standard				
	contributions?				•	31	Х	
32a	Does the organization hire or use	third partie	s or related organizations to	solicit, process, or sell				
	noncash contributions? .					32a		<u> X</u>
b	If "Yes," describe in Part II.							
33	If the organization did not report a	an amount i	n column (c) for a type of pro	operty for which column (a)	s			1
	checked, describe in Part II							

Part II	Supplemental Information. 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.	
		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2013
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

by/form990. Inspection
Employer identification number

THE CENTER FOR CARTOON STUDIES	41-2071791			
Form 990, Part VI, Section B, Line 11B. After meeting with the auditors at the annual meeting				
to review and approve the organization's audited financial statements, the Board has an				
opportunity to review form 990 and submit any questions in writing				
Form 990, Part VI, Section B, Line 12c Annually, the Board completes a disclosure form				
related to the conflict of interest policy as part of an external audit				
Form 990, Part VI, Section B, Line 15b Salaries for key employees are determined by the Board				
and CCS administration at the hire date based on research into compensation at comparable				
higher education institutions both locally and nationally Salary increases for key employees				
are determined by the Board in an annual executive session as part of the budgeting process				
In addition, the Board president conducts an annual review of key employees				
Form 990, Part VI, Section C, Line 19 Documents, policies and financial statements are				
avilable upon request				
Form 990, Part VI, Section A, Line 4 The organization's Bylaws underwent a significant				
review/edit, including a name change. The board reviewed and edited each section, to bring				
them forward, given the organizational growth and structure since forming the company				
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
THE CENTER FOR CARTOON STUDIES	41-2071791
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