

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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· Form **990**

SCHNIED JUN 0 2 2018

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ 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.

Inspection

Α	For the	2014 cale	ndar year, or tax year beginning , 2014, and endir	ng		, 20	
В	Check if	applicable:	C Name of organization Abington Art Center		D Employ	er identification nu	ımber
	Address	change	Doing business as Abington Art Center			23-1633530	
	Name ch	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/su	rite	E Telepho	ne number	
	Initial ret	turn	515 Meetinghouse Road			215-887-4882	
$\bar{\sqcap}$	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
\Box	Amende		Jenkintown, PA 19046		G Gross re	eceiots \$	
$\overline{\sqcap}$			F Name and address of principal officer: William Meyerowitz	H/a) Is this a n		subordinates? Yes	√ No
_	. 4-1		515 Meetinghouse Road, Jenkintown, PA 19046		•	s included? Yes	_
	Tay-aya	mpt status:				a list. (see instruction	
<u>'</u>	Website		w.abingtonartcenter.org	 	exemption	•	•
ĸ			✓ Corporation Trust Association Other LYear of forma			of legal domicile:	PA
	art I	Summ		1333	I III Cadao	Or regar dorradae.	<u> </u>
	1		escribe the organization's mission or most significant activities: To pro	vide visual a	rts and cı	iltural programs	for the
6	1	-	ty, inclusive of all age groups, including exhibitions, studio classes, public				
Activities & Governance	1		ons and outreach for special needs audiences. The Center servesover 25,00			ces, lectures, an	usts
Ĕ	2		is box ▶☐ if the organization discontinued its oper <u>ations</u> or disposed			ite not accote	
Ş	3		of voting members of the governing body (Port VI) line 1.17			its fiet assets.	
Ö	4		of independent voting members of the governing body (Part VI, line 18)		3		10
Š	1	Total	of independent voting members of the governing body (Part VI, IIII)	70	_		10
Ę	5		mber of individuals employed in calendar year 2014 (Bart V, line 2a)	016 : 010	5		28
ŧ	6		· · · · · · · · · · · · · · · · · · ·	· [8] ·	6		45
⋖	7a		related business revenue from Part VIII, column (C) line 12		7a		
	b	Net unre	lated business taxable income from Form 990-T, line 34OGDEN,	Prior Y	7b	Current Ye	
Revenue		O = m4m2h	tions and surety (Dort \/III line 4h)	T I I I		Our circ re	
	8		tions and grants (Part VIII, line 1h)		151,463		267,693
	9	-	service revenue (Part VIII, line 2g)		365,226		399,805
Š	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		66	<u> </u>	<u>151</u>
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>15,848</u>		8,035
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		532,603		675,684
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	14		paid to or for members (Part IX, column (A), line 4)		0		0
98	15	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)		336,214		318,079
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	W-100-100-100-100-100-100-100-100-100-10	0	50 Y2303-14072 YKY	0 18 14:57
Š	b		draising expenses (Part IX, column (D), line 25)	Market Property			
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,540		353,936
	18	•	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		692,754		672,015
	19	Revenue	e less expenses. Subtract line 18 from line 12		-160,151	<u> </u>	3,669
9 Of		-	to (David M. Para 40)	Beginning of C		End of Ye	
sset	20		sets (Part X, line 16)		1,627,264		1 <u>,644,423</u>
Net Assets	21		pilities (Part X, line 26)		357,330		370,820
_			ets or fund balances. Subtract line 21 from line 20		1,269,934	L	<u>1,273,603</u>
_	art II		ture Block				
U	nder pen	alties of perj	ury, I declare that I have examined this return, including accompanying schedules and stat slete. Declaration of preparer (other than officer) is based on all information of which prepar	ements, and to er has any knov	the best of Jedge	my knowledge and	belief, it is
		-1: A	IN M M	1	11/2		
٥:		4	Million Hollywork		<u> 4//19</u>	5/2016	
	gn	Sign	nature of officer	_	ate '	•	
H	ere			CHAIR		· · · · · · · · · · · · · · · · · · ·	
			e or print name and title)ete		Torre.	
P	aid	Print/T	ype preparer's name Preparer's signature	Date	Check		
	repar	er			self-em	ployed	
	se On	1	name ►	Fir	m's EIN ▶		
		Firm's	address >	Ph	one no.		
M	ay the l	IHS discus	ss this return with the preparer shown above? (see instructions)	<u> </u>		∐Ye:	s 🗌 No



	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🗸
1	Briefly describe the organization's mission:	
	To provide visual arts and cultural programs for the community, inclusive of all age groups, including exhibitions,	
	public programs, performances, lectures, artists discussions and outreach for special needs audiences. The Center	er serves over
	25,000 people each year.	
2	Did the organization undertake any significant program services during the year which were not listed on the	ie
	prior Form 990 or 990-EZ?	☐ Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n
	services?	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.	es, as measured by locations to others,
	(Code:) (Expenses \$ 192,858 including grants of \$) (Revenue \$	230,210)
	Classes and Special Programs - Over 300 classes and workshops are offered throughout the year for ages 3 to 93-	
	drawing, printmaking, ceramics, jewelry, dance and workshops of special topics.	
4b	(Code:) (Expenses \$ 85,507 including grants of \$) (Revenue \$	5,382)
	A share the state of the state	
	Community Arts Initiatives - Programs designed to engage the general public in the arts, as well as tours and worl	kshops for K-12
	Community Arts Initiatives - Programs designed to engage the general public in the arts, as well as tours and worl and college students, internships and service learning opportunities for teens, and art therapy programs for speci	kshops for K-12
	and college students, internships and service learning opportunities for teens, and art therapy programs for speci	kshops for K-12 al needs
		kshops for K-12 al needs
	and college students, internships and service learning opportunities for teens, and art therapy programs for speci audiences.	kshops for K-12 al needs
	and college students, internships and service learning opportunities for teens, and art therapy programs for speci audiences.	kshops for K-12 ial needs
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~ 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences.	kshops for K-12 ial needs 9,934)
	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences.	shops for K-12 lal needs 9.934) the public in the
- 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$	shops for K-12 lal needs 9.934) the public in the
~ 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
-^ 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
- ^ 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
- 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
- 4c	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$ 70,732 including grants of \$) (Revenue \$	shops for K-12 lal needs 9.934) the public in the
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	and college students, internships and service learning opportunities for teens, and art therapy programs for speciaudiences. (Code:) (Expenses \$	shops for K-12 lal needs 9.934) the public in the

Form **990** (2014)

Part I	V 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	✓ :	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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	}	1
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	}	✓
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			1
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		·	
	complete Schedule D, Part III	8	/	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		H	
	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	1	1
10	Dld the organization, directly or through a related organization, hold assets in temporarily restricted		\vdash	-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI,	1		
	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,"	2000	6-212-0	355-25-3
	complete Schedule D, Part VI	11a	✓	İ
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	}	1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		1
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1		1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	1	1
	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		[1
42		14b	-	•
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		1	
4.0		15	├	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	1	l	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	├	-
1/	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		1	1
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	- ✓
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	1	+-
13	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+-	1
	If "Vee" to line 30s, did the examination attach a copy of its audited financial statements to this return?	200	_	+

Part	V 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
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		√
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 disqualified persons? If "Yes," complete Schedule L, Part II			1
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	26		_
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	√
С	Schedule L, Part IV	28b 28c	-	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	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		1
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		✓
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	1	

art			
	Check if Schedule O contains a response or note to any line in this Part V		<u>-: 😃</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41	Ye	s No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		
_	reportable gaming (gambling) winnings to prize winners?	1c 🗸	
2 a	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 30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b √	क्रमा स्टाउक्टरेक
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		国经验
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	- •
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	
	account)?	4a	1
b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- ✓
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		- `
	gifts were not tax deductible?	6b	-
7	Organizations that may receive deductible contributions under section 170(c).		E 193
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
_	and services provided to the payor?	7a	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	
С	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	1
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	2. 30 3400. 40 60
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
0	sponsoring organization have excess business holdings at any time during the year?	8	#1 730F 3
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
þ	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	en Cario
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
þ	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		
_			
1/12	Enter the amount of reserves on hand	14a	CONT. SEELEN
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a	
			90 (2014)

Part		and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee inst	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
Section	on A. Governing Body and Management			
4		19,980	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10 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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		4	
	any other officer, director, trustee, or key employee?	2	95	√
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7
6	Did the organization have members or stockholders?	6		1
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		✓
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	estriberasi.	973327
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		22544
b	Each committee with authority to act on behalf of the governing body?	8b	7	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
р	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?	400		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b		
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	1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		7	
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	✓_	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	√	-
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	· · · · · · · · · · · · · · · · · · ·			
	with a taxable entity during the year?	16a		1
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	- 503	-1/61	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	11 DU1(c)(3)9	only)
• •	Own website Another's website Upon request Other (explain in Schedule O)		••	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	rerest (polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶ ′	
	William Mayorowitz, 615 Mootinghouse Poad, Jonkintown, PA 19046 215,997,4992			

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

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

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

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

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

	1									
				le)			l		
(A)	(B)	/do =	Position (do not check more than or					(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles	s pe dad	rson	is both	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William Meyerowitz	5.00									
Chairman		/	-	✓			ļ	0	0	
(2) Joy Stember	2.00	1		 		•				
Vice Chair		-	\vdash	-	-	 	├	0	0	
(3) Jeanine Stewart	2.00	1		1						
Treasurer	2.00	-	-	-	-	 	├		0	
(4) Lenore Davies		1		1	1	1		0	o	
Secretary (5) George Edward Breen	2.00	 	-	 		-	├	ļ ——— <u>"</u>	<u> </u>	<u></u>
Trustee		1			l	Ì	1	0	o	
(6) John Rosenthal	2.00	<u> </u>		\vdash	\vdash		t	<u>-</u>		
Trustee		1		Į	Į		l		0	
(7) Carmina Cianciulli	2.00		\vdash	T	1		\vdash	<u>-</u>		·
Trustee		1	\	1	١	}	1		0	
(8) Larry Jones	2.00		T				T			
Trustee		1]		1	1	o	0	•
(9) Madeleine R. Kaufman	2.00								<u> </u>	
Trustee		1		}				0	0	
(10) Ashley Spearman	2.00									
Trustee		✓				1		l c	o	ļ
(11) Betsy Weand-Kilkenny	40.00		Π	Г						
Executive Director		1		1		<u> </u>	L	62,005	o	
(12)		-								
(13)		-			T		<u> </u>			
(14)			T	T			T			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or directo	ot ch mles	s pe	tion more	than of Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab: compensatior related organizatio (W-2/1099-M	n from ons	(F) Estimater amount of other compensate from the organization	tion e on ed
(15)							ed.				-		
(16)							-						
(17)													
(18)								_					
(19)					_			-				· · - · · · · · · · · · · · · · · · · ·	<u> </u>
(20)			_					_					
(21)					ļ			_					
					_			_					
(22)													
(23)					Ĺ.,			<u> </u>		 			
(24)													
(25)													
1b c	Sub-total	VII, Sectio	n A					> > >					
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	to th					e) w	no received m	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	ployee, or high	nest compe	ensated	Ye:	s No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	T.
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc			
Section	on B. Independent Contractors				_								
1	Complete this table for your five highest compensation from the organization. Repear.												tax
	(A) Name and business add	tress							(B) Description of	services	c	(C) Compensation	1
								<u> </u>					
								L					 -
	Total number of independent contract	- /ineludi				·····						en de la company	Steries 12

Part	VIII	Statement of Reve		·					
		Check if Schedule O	contains	a res	oonse or note t	o any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(S) (S)	1a	Fodorated compositors					revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues .		1a 1b	14,994				
ê E	C	Fundraising events .	_	1c	14,994				
Gifts, ilar An	ď	Related organizations		10	<u> </u>				
S.E	e	Government grants (con		1e	14,695			用题类型	
is is	f	All other contributions, gi		1	,000				
but the		and similar amounts not included above 1f			238,004				
Contributions, and Other Sim	g	Noncash contributions includ	ded in lines 1a-	-1f: \$					
	h	Total. Add lines 1a-1	f		🕨	267,693			
Program Service Revenue	}				Business Code				
eve	2a	Tuition and program fe	es		611600	230,210	230,210		
e E	ь	Facility Rental			532000	154,279	154,279		
Zic	C				900099	9,934	9,934		
Se	ď	Community Art Initiative			611600	5,382	5,382		
ran	e L	All other program or						·	
Š	g	All other program services 2a-2				222.222		userseren sambar	
	3	Investment income				399,805			
		and other similar amo				151			
	4	Income from investmen	•	not be	ond proceeds ▶	131			
	5	Royalties							-
		•	(i) Real		(ii) Personal		47.77		
	6a	Gross rents							
	ь	Less: rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or			<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securit	ies 	(ii) Other				
		assets other than inventory	<u> </u>						
	b	Less: cost or other basis and sales expenses .							
		Gain or (loss)							
	d	Net gain or (loss)	L		<u> </u>				
	ľ	iver gain or (1055) .		• •			e e e e e e e e e e e e e e e e e e e		
e	8a	Gross income from fu	undraisina						
Je n		events (not including \$	J						
ě		of contributions reporte	ed on line 1	c).	•				
<u></u>		See Part IV, line 18 .		· a	18,658				
Other Revenue	b	Less: direct expenses	s	. b	12,714				
	C	Net income or (loss) f			events . >	5,944			
	9a	Gross income from ga	_		}				
		**************************************		· a					
	1	Less: direct expenses		. b					
	C	Net income or (loss) f	-		ivities >	三元帝杨宏宗世王史 (中国4		UK DARBERGARALA	NOME AND POSSESSION
	iva	Gross sales of in returns and allowance		iess	1				
	L .			. b					
	b	Less: cost of goods s Net income or (loss) t							
		Miscellaneous F		1119	Business Code				
	11a	Other Income			711190	2,091	Carles See Far Francis	Land Market Control	5 00 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -
	Ь					1.33.		 	
	C								
	d	All other revenue .		•					
	е	Total. Add lines 11a-			>	2,091	相似。		
	12	Total revenue, See i	netructions	•	•	675 694	200 905		1

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 (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 13,579 62,005 34,289 14,137 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 222,758 123,247 48,813 50,698 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 5,136 5,136 10 Payroll taxes 28,180 15,584 6,171 6,425 Fees for services (non-employees): 11 Management b Legal Accounting 5,575 5,575 d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 19,869 10,524 1,570 7,775 Advertising and promotion 12 11,950 9,225 962 1,763 13 Office expenses 49,400 26,771 17,361 5,268 14 Information technology 15 16 Occupancy . . . 56,993 49,222 4,172 3,599 17 83 83 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,251 556 695 20 12,930 12,930 Payments to affiliates 21 Depreciation, depletion, and amortization . 22 66,870 50,152 9,362 7,356 23 17,931 9,940 6,930 1,061 Other expenses. Itemize expenses not covered 24 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.) Instructors 93,758 91,812 1,406 а 540 Miscellaneous Expense 5,694 5,694 **Artist Commission Fees** 6,423 6,423 **Exhibition Installation** 4,041 4,041 All other expenses 1,168 1,168 Total functional expenses. Add lines 1 through 24e 25 672,015 442,060 129,470 100,485 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)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 6,231 2 2 60,708 153,089 3 3 45.000 30.500 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 8 7,363 3,333 Prepaid expenses and deferred charges . . . 9 9 145 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 951,511 1,514,048 10c 1,451,270 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments--program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1.627.264 1.644.423 Accounts payable and accrued expenses 17 41,624 17 42,117 18 18 19 19 42,055 42,692 20 20 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 . . 273,651 23 286,011 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 357.330 370.820 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,216,309 1,127,560 28 53,625 28 146,043 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 1,269,934 1,273,603 Total liabilities and net assets/fund balances _ 1.627.264 34 1,644,423 Form 990 (2014)

0	00.0044)				
	90 (2014)			Pa	ige 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		67	5,684
2	Total expenses (must equal Part IX, column (A), line 25)	2		67	2,015
3	Revenue less expenses. Subtract line 2 from line 1	3			3,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,26	9,934
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1.27	3.603
Pari	XII Financial Statements and Reporting				-1
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.	'			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	CHARLE
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Z TANE	Service I
-	If "Yes," check a box below to indicate whether the financial statements for the year were auditorial statements.	ed on a		393	
	separate basis, consolidated basis, or both:				
	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 or	versiaht	24.65	THE PARTY	
•	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	ĺ

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

Form **990** (2014)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer Identification number

OMB No. 1545-0047

2014

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

Abington Art Center 23-1633530 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/s% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (iv) is the organization (ii) EIN (iii) Type of prospization (vi) Amount of (i) Name of supported organization (v) Amount of monetary (described on lines 1-9 isted in your government support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
Socti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(e) 2014	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")			[·
2	Tax revenues levied for the						
	organization's benefit and either paid				1		
	to or expended on its behalf	[:				
3	The value of services or facilities						
	furnished by a governmental unit to the	ļ		}			l I
	organization without charge	Ĺ			<u> </u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by				W. S. S. S.		
	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)		The state of the s				
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support	治学的研究公司					
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(a) 2510	(5) 2011	(0) 2012	(4) 2010	(6) 2014	tij rotai
8	Gross income from interest, dividends,			 	 		
	payments received on securities loans,					[
	rents, royalties and income from similar	[1			
	sources						
9	Net income from unrelated business	[
	activities, whether or not the business	Ì					-
	is regularly carried on						
10	Other income. Do not include gain or	1		}			
	loss from the sale of capital assets (Explain in Part VI.)				ł	ļ	:
4.4	Total support. Add lines 7 through 10		Kanaleranen			08 64 6 Y 7-5 6 7 10 Y 14	
11 12	Gross receipts from related activities, etc.	(see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for the			nd. third. fourth	n. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he				=		
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2014 (line	6, column (f) di	ivided by line	11, column (f))		14	%
15	Public support percentage from 2013 Sc					15	%
16a	331/3% support test-2014. If the organi			•		•	heck this
_	box and stop here. The organization qua			_			▶ □
b	331/3% support test—2013. If the organ check this box and stop here. The organ					9 15 IS 33'8%	
	,	•	•	• • • • • • • • • • • • • • • • • • • •	•		. • 🗅
17a							
	10% or more, and if the organization me Part VI how the organization meets the "						
	organization					an a publicity s	► []
B.				not chack a h-		 Sa 16h ar 17-	
ь	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	•						> 🗆
18	Private foundation. If the organization d	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	k this box and	
	instructions						▶ □

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.)

Section	on A. Public Support							
Calen	dar year (or fiscal year beginn	ing in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and memb	ership fees						
	received. (Do not include any "unusua	grants.")	546,809	346,287	249,627	151,463	239,132	1,533,318
2	Gross receipts from admissions, m sold or services performed, o furnished in any activity that is rela organization's tax-exempt purpose	facilities ated to the	348,814	384,533	375,725	365,226	399,805	1,874,103
3	Gross receipts from activities that as unrelated trade or business under so	1						
4	organization's benefit and ei to or expended on its behalf							
5	The value of services or furnished by a governmental unorganization without charge.	I .	15,000	15,000	29,761	29,511	28,561	117,833
6	Total. Add lines 1 through 5.		910,623	745,820	655,113	546,200	667,498	3,525,254
7a	Amounts included on lines 1,	2, and 3						
	received from disqualified pers	spns .	68,898	149,956	0	10,000	o	228,854
b	Amounts included on lines received from other than of persons that exceed the greater or 1% of the amount on line 13 fr	of \$5,000						
C	Add lines 7a and 7b		68,898	149,956	0	10,000	0	228,854
8	Public support (Subtract line							
	line 6.)							3,296,400
Secti	on B. Total Support	<u> </u>						
Calen	dar year (or fiscal year beginn	ning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		910,623	745,820	655,113	546,200	667,498	3,525,254
10a	Gross income from interest, payments received on securities to royalties and income from similar s	ans, rents,	76	48	71	66	151	412
b	Unrelated business taxable inc section 511 taxes) from b acquired after June 30, 1975.	usinesses						
C	Add lines 10a and 10b		76	48	71	66	151	412
11	Net income from unrelated activities not included in line 10 or not the business is regularly or	whether arried on						1
12	Other income. Do not includ loss from the sale of capit (Explain in Part VI.)	1 -	23,334	39,540	47,018	32,378	20,749	163,019
13	Total support. (Add lines 9, and 12.)	10c, 11,	934,033	785,408	702,202	578,644	688,398	3,688,695
14	First five years. If the Form 9 organization, check this box a		he organization		d, third, fourth			
Secti	on C. Computation of Pub			e		· · · · · · · · · · · · · · · · · · ·	 	
15	Public support percentage for			 	3, column (f))		15	89.37 %
16	Public support percentage fro	1 .		_			16	83.98 %
	on D. Computation of Inve					<u>-</u>		55.00 .0
17	Investment income percentag				y line 13, colu	mn (f))	17	0.01 %
18	Investment income percentag		•		-		18	0.01 %
19a	331/3% support tests-2014.					nd line 15 is n	nore than 331/39	
	17 is not more than 331,3%, che	eck this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	ion . 🕨 📝
b	33¹ი% support tests—2013. I	f the organ	ization did not d	check a box on	line 14 or line	19a, and line 10	is more than 3	
	line 18 is not more than 331/2%	, dheck this	box and stop i	nere. The organ	ization qualifies	as a publicly s	upported organ	nization 🕨 🥅
00	Drivate foundation If the ord	adization o	tid not aboak a	hov on line 14	100 or 10h	abaale thia base	and and instru	-ti \

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A	. Al	I Sup	porting Or	rgani	zations		 -			
	A	_11	-4 3-				 				

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b	1	L

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Part	Supporting Organizations (continued)			
44		(F77-402 B	/es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	11101		
		1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			T S
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	E		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			通过
_		1	upression in	er-kaki
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
3600	on o. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$2500 S	163	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	5.345	-
Sect	ion D. All Type III Supporting Organizations			
		`	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1 1	is*8354:	nder amei
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	- AS (7)	*125-3
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	1000	THE SUITA
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	سلسبي سياد		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	 s) <i>:</i>
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructi	ons).
2	Activities Test. Answer (a) and (b) below.	Į.	Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	v 0002265	C#13/925
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			4
а		多端		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	bauda.	Jaion Sec
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Schedule	A (Earn	990 00	OON_I	EZN 2014

Page 6

Pair V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain	tru	st on Nov. 20, 1970. See i	nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u> </u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
Instructions for short tax year or assets held for part of year):	323		
a Average monthly value of securities	1a		_
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	133		
factors (explain in detail in Part VI):	建		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		ļ
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	١.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		9
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		, ,
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ir	ntegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	- · · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		E Wil As There was finally postures and the Property Separation	
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
þ				
<u>c</u>				
<u>d</u>	5 0010			
e	From 2013			
f	Total of lines 3a through e Applied to underdistributions of prior years			
g h	Applied to underdistributions of prior years Applied to 2014 distributable amount			
 -	Carryover from 2009 not applied (see instructions)			
<u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	AR HARTON C. COLOR SPENSE LA LANGE		
4	Distributions for 2014 from Section	TALKET STATE OF THE STATE OF		
_	D, line 7: \$			
a	Applied to underdistributions of prior years		AT A SECOND PORT OF THE PROPERTY OF THE PARTY OF THE PART	
b	Applied to 2014 distributable amount			2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions). Excess distributions carryover to 2015. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
<u>o</u> _	DIEGRACOWIT OF THE F.			
<u>a</u>				
<u>c</u>	Excess from 2013			
e	Excess from 2014			
	LAUGOUNDIN EVIT , , ,	120 CHEST CONTRACTOR OF THE STATE OF THE STA	Industrial Angel Street Control	The resemble of the second second

	orm 990 or 990-E2/ 2014 Page	3 O
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	<u>1</u>
	·	
		· -

		- - -

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.

2014

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

	on Art Center		23-1633530
Par			nds or Accounts.
	Complete if the organization answered		T - 255
4	Total number at and af year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .	 	
4	Aggregate value at end of year	and the second is president that the second is	
5	Did the organization inform all donors and donor funds are the organization's property, subject to t		
•		_	
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		
		· · · · · · · · · · · · · · · · · · ·	
Dar	Conservation Easements.		· · · · · · · Yes . No
i ai	Complete if the organization answered	"Yes" to Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recre		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	reservation c	or a certified historic structure
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contributi	on in the form of a conservation
-	easement on the last day of the tax year.	noid a qualified conscivation contributi	Held at the End of the Tax Year
а			93035
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_			
3	Number of conservation easements modified, tra-	nsferred, released, extinguished, or ter	L L
•	tax year ►		g
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy r		spection, handling of
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation eas	ements during the year
	▶\$		
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports	s conservation easements in its revenu	e and expense statement, and
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easen		
Par	t III Organizations Maintaining Collectio		
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8.	•
1a	If the organization elected, as permitted under S	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other simil		
	public service, provide, in Part XIII, the text of the	e footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under	• • • •	
	works of art, historical treasures, or other simil		education, or research in furtherance of
	public service, provide the following amounts rela	•	
	(i) Revenue included in Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of a		= :
	following amounts required to be reported under		
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her recor	ds, chec	k any of the	follov	ving that are a	significant	use of its
а	Public exhibition			d l	□ Loan	or exchang	e pma	rams		
b	✓ Scholarly research									
C	☐ Preservation for future generations	s		•						
4	Provide a description of the organizar XIII.		collections a	and expla	in how t	hey further	the oro	ganization's exe	mpt purp	ose in Part
_										
5	During the year, did the organization assets to be sold to raise funds rather									es 🗹 No
Part										
	Complete if the organization 990, Part X, line 21.	ansv	vered "Yes	" to For	n 990, F	art IV, line	9, or	reported an an	nount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	and comple	ete the fo	llowing to	able:	[-	7	Amount	
С	Beginning balance						10	:		
d	Additions during the year						10			
e	Distributions during the year						16	·		
f	Ending balance						11	 -		
2a	Did the organization include an amou				21. for e	scrow or cu			v? 🗍 Y	es 🗆 No
b										
	t V Endowment Funds.				4		p. 0 v. u			
	Complete if the organization	ansv	vered "Yes	" to For	n 990. F	art IV. line	10.			
			Current year	(b) Pri		(c) Two year		(d) Three years bad	ck (e) Fou	r years back
1a	Beginning of year balance							 - · · · · · · · · · · · · · · · 	 	
b	Contributions									
c	Net investment earnings, gains, and									
-	losses			[1		ļ	1	
d	Grants or scholarships									
e	Other expenditures for facilities and									
_	programs	}		1				į	-	
f	Administrative expenses									
g	End of year balance	-						 	 	
2	Provide the estimated percentage of	the cu	rrent vear er	nd balanc	e (line 10	. column (a)) held	as:	'	
a	Board designated or quasi-endowme			%	- (,,	,,			
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 3		ould equal 10	00%.						
3a	Are there endowment funds not in th				zation th	at are held	and ac	Iministered for t	:he	
	organization by:	•		Ū						Yes No
	(i) unrelated organizations								. (3a(i)	
	(ii) related organizations								. 3a(ii)	
ь	If "Yes" to 3a(ii), are the related organ								. 3b	
4	Describe in Part XIII the intended use	s of th	e organizati	on's endo	wment f	unds.			·	
Par	t VI Land, Buildings, and Equip Complete if the organization			s" to Fon	n 990. I	Part IV, line	11a.	See Form 990	. Part X.	line 10.
	Description of property		(a) Cost or o	ther basis	(b) Cost	or other basis other)	(c)	Accumulated lepreciation	· · · · · · · · · · · · · · · · · · ·	ok value
40	Land		- 		 					
1a	Buildings	•			 	·	公司的 (在)	AZ COMBILITATION NOTES		
ь	Leasehold improvements	•			 	1 200 420		EON 147	·	910 201
c C	Equipment	-		· -	 	1,390,429	ļ 	580,147		810,282
d e	Other	•	<u> </u>		 	100,698 911,654	L	91,564 279,800		9,134 631,854
	Add lines 1a through 1e. (Column (d)	must e	egual Form 9	90. Part	X colum)c.)	219,800		1.451.270

	Complete if the organization a (a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Meti	hod of valuation: -of-year market value
(1) Financial				OUSI OF ERIO	
	neld equity interests			 	
				·	
(A)				 	
(B)					
(C)					
(D)					
(E)	*				<u>, , , , , , , , , , , , , , , , , , , </u>
(F)			_		
(G)					
(H)		·			
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Rela				
	Complete if the organization a				
	(a) Description of investmen	·	(b) Book value		thod of valuation: -of-year market value
(1)					
(2)					
(3)					
_(4)					
(5)				ļ	
(6)				 	
(7)				 	
(8)				 	
(9) Total (Column)	(b) must equal Form 990, Part X, col. (B) line 13.)	•	- 		
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · ·	1 A 2 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2	
	Complete if the organization a	answered "Yes" to Form	n 990 Part IV lin	e 11d. See Form	000 Part V line 15
			11 000, 1 tart 18, 1111	0 1 10. 000 1 01111	JJU, FAILA, IIIE 13.
		(a) Description	ir ooo, r art iv, iii	- 11d. 000 1 01111	(b) Book value
(1)				3 114. 233 . 3111.	
(1)			17 000, 1 (171, 111)		
(2)			1000, 1 (111)		
(2) (3) (4)			17000, 1 (1111)		
(2) (3) (4) (5)			17030, 1 (1717), 111		
(2) (3) (4) (5) (6)			17000, 1 (2111), 1111		
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9)		(a) Description			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part 2	(a) Description			
(2) (3) (4) (5) (6) (7) (8) (9)	ımn (b) must equal Form 990, Part i Other Liabilities .	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part 2	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	ımn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25.	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation (Col	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnatio	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description X, col. (B) line 15.)			(b) Book value

Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Ketum.
1	Total revenue, gains, and other support per audited financial statements	1 688,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	080,338
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 12,714
3	Subtract line 2e from line 1	3 675,684
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	0,5,00
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIII.)	
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.)	5 675,684
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 684,729
2	Amounts 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.)	
е	Add lines 2a through 2d	2e 12,714
3	Subtract line 2e from line 1	3 672,015
4	Amounts 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	
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.)	5 672,015
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	
-	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	tormation.
Part II	Line 1a - Terms for Not Reporting Assets per SFAS 116	
The ar	t collection, which was acquired through contributions since the Center's inception, is not recognized as ar	n asset on the Statement of
- :	ist Continue. The value of demand collection pieces is not recorded. Any symphoses or presented from collection	
Financ	ial Position. The value of donated collection pieces is not recorded. Any purchases or proceeds from sales	would be reflected as
:	ness or descenses in the conformate not accept along in the year colding applicable	
increa	ses or decreases in the appropriate net asset class in the year sold, as applicable.	~
Do≠ II	, Line 4 - Collections and Relation to Exempt Purpose	
Parti	, Line 4 - Collections and Relation to Exempt Purpose	
Tho C	enter's art collection is comprised of donated art objects used for educational and curatorial purposes. The	v have little or no market
Tile C	sites 5 art confection is comprised of donated art objects used for educational and curatorial pulposes. The	y nave nue or no market
value.		
value.	/	
Part X	Line 2 - Text from Notes to Financial Statements Concerning Uncertain Tax Positions Under FIN 48 (ASC 7	740)
As re	uired by the FASB Accounting Standards Codification, entities are required to determine whether it is more	e likely than not that a tax
positi	on will be sustained upon examination by the appropriate taxing authorities before any part of the benefit c	an be recorded in the
financ	ial statements. It also provides guidance on the recognition, measurement, and classification of income tax	cuncertainties, along with
anv re	lated interest or negalties. This standard has no impact on the Center's financial statements. The Organizat	tion's federal tay return is
	lated interest or penalties. This standard has no impact on the Center's financial statements. The Organizat	

Schedule D (Fo		_e 5
Part XIII	Supplemental Information (continued)	
Part XI, Line	d - Revenue Amounts Included in Financial Statements but not on Form 990, Part VIII	
Special Even	s expenses netted against Fundraising Revenue - \$12,714	
Part XII, Line	2d - Expense Amounts Included in Financial Statements but not on Form 990, Part IX	
Special Even	s expenses netted against Fundraising Revenue - \$12,714	
	·	

	v	
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~*************************************		
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SCHEDULE G (Form 990 or 990-EZ)

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of	the organization			· ·		Employer identific	cation number
Abingt	on Art Center					23-	1633530
Part	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organizatio				owing activities C	hook all that apply	
	Mail solicitations	ii iaiseu iulius i			ion of non-governi		
b	☐ Internet and email solicitation	ne	f [_	ion of government	-	
C	☐ Phone solicitations		_		fundraising events	•	
ď	☐ In-person solicitations		9 _	J opecial	ididialing events		
2a	Did the organization have a writ	ten or oral agre	ement with	any indivi	dual (including offi	cers, directors, trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	l individuals or or the organization	entities (fun on.	draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vii) Amount paid to (or retained by) organization
			Yes	No	1		
1					1		
2							
3							
4							
5			 				
6				 			
7			 				
8				 			
9			+	<u> </u>			
10			 			,,,,,	
		<u> </u>		L			
Total 3	List all states in which the orga	nization is real	etorod or lie	opposite (nolicit contribution	a ar baa baan natif	ind it is avamet from
3	registration or licensing.	inization is regi	stered or ac	ensed to s	SOIICIT COMMDUTION	s or has been hour	ied it is exempt from
	• • • • • • • • • • • • • • • • • • • •						
			,				
			,	,			
					·*		

Pā	rt li	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions	on answered "Yes" to and gross income on I	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with	
			(a) Event #1 Fall Fest (event type)	(b) Event #2 Art & Sole Run (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	7,973	7,710		15,683	
<u>ц</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	7,973	7,710		15,683	
	4	Cash prizes					
	5	Noncash prizes		· · · · · · · · · · · · · · · · · · ·			
sesu	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	218	46		264	
Direc	8	Entertainment	1,000	850		1,850	
	9	Other direct expenses .	4,166	2,545		6,711	
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answer	olumn (d)		8,825 6,858 reported more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (e))	
	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses .	☐ Yes %	☐ Yes %	□ Ves %		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
,	a is	Enter the state(s) in which the or s the organization licensed to c f "No," explain:	-	s in each of these state		Yes No	
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes b If "Yes," explain:							

SCHEOL	uie G (Form 990 of 990-EZ) 2014		1	Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		es [-
40		□ \	∕es [No
13	Indicate the percentage of garning activity conducted in:			07
a b	The organization's facility			_%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		/as [1 No
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ [f "Yes," enter name and address of the third party:	ا الحا		, 110
	Name >			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a			∕es [} No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) at Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	nd (v matic), and on (se	8
				. <i>-</i>
	,			

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.

2014

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Abington Art Center	23-1633530				
Part III, Line 4d - Other Program Services includes Facility Rental revenue and expenses					
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990					
A complete draft copy of Form 990 is provided to the governing Board Members, who are given appro	eximately two weeks to comment. Once				
all comments have been addressed, the final Form 990 is filed.					
Form 990, Part VI, Lince 12c - Enforcement of Conflict of Interest Policy					
The governance committee for the Abington Art Center is responsible for monitoring compliance wit	h its' conflict of interest policy				
Form 990, Part VI, Line 15a - Compensation Process for Top Official					
A committee of the Board is selected to perform the annual review of the executive director. The com-	nmittee consults with other cultural				
organization websites as well as the national salary registers. They then report to the executive com-	mittee which makes a recommendation				
for the full Board's approval with regards to compensation.					
Form 990, Part VI, Line 15b - Compensation Process for Officers and Key Employees					
The executive director reviews and determines compensation for all other employees.					
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation					
The documents are available to the public upon request.					
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