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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

	A F	or the	e 2014 celendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 20)15
	Во	heck if	C Name of organization	D Employer ide	entification number
	a				
		Addre chang	e NATIONAL ACADEMY OF DESIGN		
		Name chang	HO 13	3-1628183	
		_initial _return		,	
		Final return		(2	212) 369-4880
		termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	21,696,150.
	X	Amen return		H(a) Is this a gro	
		Application	F Name and address of principal officer. FAOL GROSS	for subordir	nates? Yes X No
		pendi	SAME AS C ABOVE	H(b) Are all subordin	nates included? Yes No
				527 If "No," atta	ach a list. (see instructions)
			te: WWW.NATIONALACADEMY.ORG		nption number
				<u>ear of formation: 182</u>	25 M State of legal domicile: NY
	Pa	ırt i	Summary		
	ė	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
	Activities & Governance				
	Jerr	2	Check this box fithe organization discontinued its operations or disposed of n	nore than 25% of its n	1 1
	စ္တိ	l	Number of voting members of the governing body (Part VI, line 1a)		3 20
	مخ د	l .	Number of independent voting members of the governing body (Part VI, line 1b)		4 20
	ţies	I	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 95 6 25
	ΞĘ	1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	••••	6 25 7a 0.
	Ą	I	Net unrelated business taxable income from Form 990-T, ine 34		7a 0.
		B	Net difference business taxable income from 10111 950-1, integral	Prior Year	Current Year
	_	8	Contributions and grants (Part VIII, line 1h)	2,459,04	
	ng.	1	Program service revenue (Part VIII, line 2g)	1,602,23	
	Revenue	i .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,650,11	
	ď	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,82	
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	5,861,21	
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	101,90	
9	\odot	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
Š	Expenses 116	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,955,44	2,858,938.
a	Jac.	16a	Professional fundraising fees (Part IX, column (A), line 11e)	191,10	128,000.
-	, ă	b	Total fundraising expenses (Part IX, column (D), line 25) 820,991.		
-	- "	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,960,09	
٦		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,208,53	
		19	Revenue less expenses. Subtract line 18 from line 12	<1,347,32	24.> 175,921.
Ш	Net Assets or Fund Balances			Beginning of Current Y	
\leq	sset Bala	20	Total assets (Part X, line 16)	22,026,67	
\$	et Ind	21	Total liabilities (Part X, line 26)	2,097,15	
SCANNED	꾡	22	Net assets or fund balances Subtract line 21 from line 20	19,929,52	22. 19,285,127.
9,		rt II	Signature Block	tomanta and to the heat	of my knowledge and bakef. A
			alties of perjury, I declare that I have examined this return, including accompanying schedules and sta ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
	true,	correc	ct, and complete, becausion of preparer (other than officer) is based on all information of which prep		16
	O:	_	Signatule of officer	Date	
	Sign		MATTHEW GUNDY, DIRECTOR OF FINANCE	• •	
	nei	5	Type or print name and title		
			Print/Type preparer's name Preparer's signature	Date, Chec	ck PTIN
	Paid		FREDERICK MARTENS	8/3./16 If self-	employed P00298107
	Prep		Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	4.4. 4.4.
	Use		Firm's address 300 EAST 42ND STREET		
		-	NEW YORK, NY 10017	Phone no.	212-697-2299
	<u>M</u> ay	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
			HA For Paperwork Padention Act Notice see the senarate instructions		Form 990 (2014)

	990 (2014) NATIONAL ACADEMY OF DESIGN 13-1628	183	Р	age 🤄
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	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		X
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 98-197 If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	٠.	≱. કે?	' =
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	_		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	[X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15		X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			"
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			

Form **990** (2014)

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		İ	
	Schedule J	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		-	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	and the second way the second way to be a second with the second will be a second with the second way to be a second with		_	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
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	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 		
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>" </u>		
O.E.	Cohodule N. Dod II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	
5 7		34		Y
250	Part V, line 1	35a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
b		35b		
26		330		
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	90	}	v
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36		<u>X</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_	ļ	v
20		37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>A</u>	004.4

a Eiter the number reported in Box 3 of Form 1096. Etter 9- if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1 a Enter -0- if not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-fel (see instructions) 5 Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 If 1'Yes, Than \$1 fled a Form 900 That the year? 5 If 1'Yes, Than \$1 fled a Form 900 That the year? 5 If 1'Yes, Than \$1 fled a Form 900 That the year? 5 If 1'Yes, Than \$2 year year year year year year year year				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) writings to prize winners? 2a Einter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 1b if at least one is reported on line 2a, did the organization fall enquired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Off the organization have unrelated business gross income of \$1,000 or more duming the year? 3a Did the organization pile calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, evident financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," the time the organization file 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? 5c Did say taxable party notify the organization that it was or a party to a prohibited tax shelter transaction any contributions that were not tax deductible? 5b Did say taxable party notify the organization that was or a party to a prohibited tax shelter transaction or griss were not tax deductible or this transaction and party for goods and services provided to the payer? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall payment in excess of \$57 made party as a contribution of aparty for goods and services provided? 7c Did the organization shall payment in excess of \$57 made party as a contribution	1a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1		
gembling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of hines 1 and 2a is greater than 250, you may be required federal employment tax returns? Note is the sum of hines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 1b If Yes, 1 has 1 filed a Form 990-T for the year? If If If Yes, 2 has 1 filed a Form 990-T for the year? 1c If Yes, 2 has 1 filed a Form 990-T for the year? 1c If Yes, 2 has 1 filed a Form 990-T for the year? 1c If Yes, 2 has 1 filed a Form 990-T for the year? 1c If Yes, 3 has 1 filed a Form 990-T for the year? 1c If Yes, 1 filed the organization as a bank account, securities account, or other financial accounts? 1c If Yes, 1 filed the organization in that it was or a party to a prohibited tax shelter transaction at any time during the tax year? 1c If Yes, 1 filed the organization in file Form 8867. 1d Dos the organization party to a prohibited tax shelter transaction? 1d If Yes, 2 filed the organization in file Form 8867. 1d Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions? 1d If Yes, 3 filed the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1d Organizations that may receive deductible contributions under section 170(c). 2 b If Yes, 3 filed the organization notify the donor of the value of the gods or services provided? 2 b If Yes, 5 filed the organization notify the donor of the value of the gods or services provided? 2 b If Yes, 5 filed the	b	The first trained of Fortion V Za molecular line to Ziner of molecular line to Ziner of the Capping and			
2a Enter the number of temployees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, I have filled a Form 950-T for this year? If Yo, 10 line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [9]. 5ce in Yes, I enter the name of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the substitution of the foreign country [9]. 5ce in Yes, I have a substitution of the substitutions under substitution of the substitution o	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3 J 3b If Yes, 1 has if filed a Form 990-T for this year? If 1 No. 10 line 3b, provide an explanation in Schedule 0 3a A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Person the name of the foreign country P 5ce 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 Was the organization aparty to a prohibited tax shelter transaction? 5b If Yes, 1 to the 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 6b If Yes, 3d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions? 6b If Yes, 3d the organization nective a payment in excess of \$75 make party as a contribution and partly for goods and services provided to the payor? 7a X 7b If Yes, 3d the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222? 6c Did the organization receive a payment in excess of \$75 make party as a contribution of qualified intellectual property, (did the organization file Form 899 se required? 7c Did the organization received a contribution of qualified intellectual property, (did the organization file a F	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 1. If Yes, 1 has it field a Form 990-1 for this year? If *No, 10 line 30, provide an explanation in Schedule 0 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 2. If Yes, 1 enter the name of the foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 3. Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5. See instructions for filing requirements for FinCEN Form 114, Peport of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization a party to a prohibited tax shelfer transaction? 5. If Yes, 1 on Ea or 50, to the organization that it was or as a party to a prohibited tax shelfer transaction? 5. If Yes, 2 to the 5a or 50, to the organization file Form 8888-17? 5. Cost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5. If Yes, 3 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, 3 did the organization more the every solicitation and party for goods and services provided to the payor? 7. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, 3 did the organization on orify the donor of the value of the goods solveness provided? 9. If Yes, 3 did the organization on the provided the section 170(c). 10. If the organization self, exchange, or otherwise dispose of tange		, , , , , , , , , , , , , , , , , , , ,		'	
3a 1 1 1 1 1 1 1 1 1	Ь		2b_	<u> </u>	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FiniCEN 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to the 5a of 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7th Yes," did the organization notify the donor of the value of the goods or services provided? 7th If Yes, 'indicate the number of Forms 8282 field during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th If the organization may receive a contribution of qualified intellectual property, did the organization file forms 8289 as required? 1th the organization receive a contribution of qualified intellectual property, did the organization file forms 4299 as Ponsoring organization make any taxa				-	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 11a 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the			70	-	X
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the	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.		Ī	_
organization is licensed to issue gualified health plans	b	Enter the amount of reserves the organization is required to maintain by the states in which the	. [
organization is illetised to sole qualified freath plans		organization is licensed to issue qualified health plans	. [
c Enter the amount of reserves on hand	С				
					<u>_X_</u>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (20)	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	_ 6	_X_	
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	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	_13		_X_
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 interest policy, and	l finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MATTHEW GUNDY, DIRECTOR OF FINANCE - (212)369-4880			
	1083 FIFTH AVENUE, NEW YORK, NY 10128		000	
43200	8 11-07-14	Form	990	2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

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

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

Check this box if neither the organization (A)	(B)	or <u>y</u> a	uiza			пре	isat	(D)	(E)	(F)
Name and Title	Average	.	(C) Position					Reportable	Reportable	Estimated
Tamo and Time	hours per	box,	, unle	ss pe	rson	than is bot	:han	compensation	compensation	amount of
	week	<u>.</u> —	er an	dad	irecto	or/trus	itee)	from	from related	other
	(list any hours for	individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1033***********************************	organization
	organizations	trust	nal tru		ğ	om o		(,		and related
	below	vid ua	Institutional trustee	:er	Key employee	nest c	Former			organizations
	line)	ipu	lust	Officer	š	돌등	퉏			· · · · · · · · · · · · · · · · · · ·
(1) DAVID KAPP	10.00	ļ			İ					
CHAIR		X	_	X	_	<u> </u>	ļ	0.	0.	0.
(2) BRUCE FOWLE	7.00									_
PRESIDENT		X		X	ļ	<u> </u>	ļ_	0.	0.	0.
(3) DEVEN PAREKH	4.00	_								
TREASURER		X		X	<u> </u>	-	-	0.	0.	0.
(4) STEPHANIE TERELAK BENENSON	2.00									_
GOVERNOR	1 0 00	X		<u> </u>	├	-		0.	0.	0.
(5) ROBERT BERLIND	2.00				ŀ				0	0
GOVERNOR		Х	-	_	-	-		0.	0.	0.
(6) WILLARD BOEPPLE	2.00	١.,					ĺ	0.	0.	•
GOVERNOR	2.00	X	-	\vdash	\vdash	-	├─	U •		0.
(7) VERONICA BULGARI	2.00							0.	0.	•
GOVERNOR	2 00	X		-	 	-	 	0.	U •	0.
(8) NANCY FRIESE	2.00	x						0.	0.	0.
GOVERNOR	2.00	Δ					 	0.	<u> </u>	
(9) BUZZY GEDULD	2.00	$ \mathbf{x} $						0.	0.	0.
GOVERNOR	2.00	^				-	\vdash	0.		
(10) GAYLE GROSS	2.00	x						0.	0.	0.
GOVERNOR	2.00	Λ				 		•		
(11) PAUL GROSS GOVERNOR	2.00	x						0.	0.	0.
(12) BARBARA GROSSMAN	2.00					<u> </u>	\vdash			
GOVERNOR	2,00	\mathbf{x}						0.	0.	0.
(13) PATRICIA L. HORING	2.00	-	\vdash							
GOVERNOR		x						0.	0.	0.
(14) JULIE HEFFERNAN	2.00									
GOVERNOR		x						0.	0.	0.
(15) HENRY JUSTIN	2.00									
GOVERNOR		$ \mathbf{x} $						0.	0.	0.
(16) RICHARD KALINA	2.00									
GOVERNOR		x	L_	<u> </u>			L	0.	0.	0.
(17) EUGENE KOHN	2.00									
GOVERNOR		X					<u> </u>	0.	0.	0.
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13-1628183 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation Individual trustee or directo hours for organization (W-2/1099-MISC) from the Highest compensated employee related Institutional frustee (W-2/1099-MISC) organization organizations and related Key employee below organizations Officer line) 2.00 (18) ANTHONY PANZERA X 0 0. 0. GOVERNOR 2.00 (19) WILLIAM PEDERSEN X 0 0 0. GOVERNOR 2.00 (20) JAMES SIENA 0. X 0 0 GOVERNOR 2.00 (21) FREDERICA WALD 0. X 0 GOVERNOR 2.00 (22) TERESA WATERMAN Х 0 0 0. GOVERNOR 40.00 (23) CARMINE BRANAGAN 26,203. X 285,661 0 DIRECTOR 40.00 (24) JOHN SCHERF X 91,785 0 1,698. DIR. OF FINANCE & ADMIM (7/14-6/15) 40.00 (25) MICHAEL W. MCKAY X 19,902 0 3,402. DIR. OF FINANCE & ADMIN_(6/15) 40.00 (26) MAURIZIO PELLEGRIN X 153,155 0 31,793. SCHOOL DIRECTOR 550,503 0. 63,096. 1b Sub-total ... 0. 0. c Total from continuation sheets to Part VII, Section A Ο. 550,503. 63,096. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

compensation from the organization

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL PROTECTION SERVICE		
26375 NETWORK, CHICAGO, IL 60673	SECURITY	256,614.
SOHO CONTRACTING		
PO BOX 93, NEW YORK, NY 10013	GENERAL CONTRACTOR	158,500.
CORP. OF THE FINE ARTS MUSEUMS, 50		
	MUSEUM EXHIBITION	155,936.
PHILLIPS DIVERSIFIED LLC, 28 RAILROAD		
AVENUE - SUITE 4B, WARWICK, NY 10990	CLEANING	124,196.
MASTERPIECE INTERNATIONAL, LTD, 39		
BROADWAY - SUITE 1410, NEW YORK, NY 10006	FINE ART SHIPPING	113,044.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2014)

Yes

No

X

968 684. Form 990 (2014)

13-1628183 NATIONAL ACADEMY OF DESIGN Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 510,172. d Related organizations 1d Contributions, and Other Sim e Government grants (contributions) 16,185 f All other contributions, gifts, grants, and similar amounts not included above 3,239,808 381.828 g Noncash contributions included in lines 1a-1f \$ 3 766 165 h Total. Add lines 1a-1f Business Code 1,566,526 611600 1,566,526 Program Service Revenue 2 a TUITION/EDUCATION FEES 712110 38,327 b ADMISSIONS f Ali other program service revenue g Total. Add lines 2a-2f 1,604,853 Investment income (including dividends, interest, and other similar amounts)... 320,224 320,224. Income from investment of tax-exempt bond proceeds 4 1,902 1,902. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses . c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 15 913 049 b Less: cost or other basis and sales expenses 15,266,944 646 105 c Gain or (loss) d Net gain or (loss) 646,105 8 a Gross income from fundraising events (not Revenue including \$ <u>510,172,</u> of contributions reported on line 1c). See Part IV, line 18 68,922 Other 68.922 b Less: direct expenses ... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 2,023 **b** Less. cost of goods sold c Net income or (loss) from sales of inventory 2,023 **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 18,559 18,559 b RIGHTS & REPRODUCTION 900002 453 C d All other revenue e Total. Add lines 11a-11d 19,012

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	114,500.	114,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	404 006	100 105	150 250	60 500
	trustees, and key employees	421,206.	182,127.	178,370.	60,709
6	Compensation not included above, to disqualified		•		
	persons (as defined under section 4958(f)(1)) and		•		
	persons described in section 4958(c)(3)(B)	1 040 006	1 401 040	221 510	305 036
7	Other salaries and wages	1,949,286.	1,401,940.	221,510.	325,836
8	Pension plan accruals and contributions (include	20 601	10 561	0 000	4 000
	section 401(k) and 403(b) employer contributions)	30,691.	17,561.	8,927.	4,203
9	Other employee benefits	202,848.	126,789.	41,301.	34,758
10	Payroll taxes	254,907.	176,470.	43,564.	34,873
11	Fees for services (non-employees):				
а	Management	00 504			
	Legal	28,734.		28,734.	
C	Accounting	24,911.		24,911.	 .
	Lobbying	100 000			
е	Professional fundraising services. See Part IV, line 17	128,000.			128,000
f	Investment management fees	61,684.		61,684.	
g	· · · · · · · · · · · · · · · · · · ·				
	column (A) amount, list line 11g expenses on Sch O.)	829,083.	784,859.	26,334.	17,890
12	Advertising and promotion	168,986.	168,011.	650.	325
13	Office expenses	194,292.	117,843.	53,723.	22,726
14	Information technology	101,902.	50,834.	32,677.	18,391
15	Royalties				
16	Occupancy	638,576.	584,139.	36,345.	18,092
17	Travel	30,095.	25,129.	4,836.	130
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	180,604.	64,686.	2,488.	113,430
20	Interest	12,204.		12,204.	
21	Payments to affiliates	204 207	246 450	20.010	45 44 -
22	Depreciation, depletion, and amortization	394,397.	346,458.	32,240.	15,699
23	Insurance	86,605.	25,452.	61,153.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FINE ART SHIPPING	141,565.	141,565.	0.	0.
b	FINANCIAL/PAYROLL FEES	80,604.	39,658.	39,803.	1,143
	MISCELLANEOUS EXPENSES	75,265.	66,572.	7,748.	945
	PRINTING	33,418.	9,577.		23,841
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,184,363.	4,444,170.	919,202.	820,991
26	Joint costs. Complete this line only if the organization				
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

Par	tΧ	Balance Sheet	- ·		
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	675,747.	1_	164,070.
	2	Savings and temporary cash investments	288,132.	2	288,132.
	3	Pledges and grants receivable, net	511,558.	3	1,996,498.
	4	Accounts receivable, net	56,984.	4	146,426.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			~ ~
ស		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	25,698.	9	21,501.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D . 10a 7,838,842.	1 21111		
	ь	Less: accumulated depreciation 10b 3,610,775.	4,530,923.		4,228,067.
	11	Investments - publicly traded securities	15,827,560.	11	14,934,739.
	12	Investments - other securities. See Part IV, line 11	93,648.	12	306,155.
	13	Investments - program-related. See Part IV, line 11	· · · · · · · ·	13	
	14	Intangible assets	16 105	14	16 005
	15	Other assets. See Part IV, line 11	16,425.	15	16,885.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,026,675.	16	22,102,473.
	17	Accounts payable and accrued expenses	782,227.	17	495,509.
	18	Grants payable	161 710	18	105 015
	19	Deferred revenue	161,712.	19	125,815.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.		-	
Lia i		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	1,043,103.
	24	Unsecured notes and loans payable to unrelated third parties		24	1,043,103.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Oak adda D	1,153,214.	25	1,152,919.
	200	Total liabilities. Add lines 17 through 25	2,097,153.	26	2,817,346.
	26	Organizations that follow SFAS 117 (ASC 958), check here ► X and	2,037,1331	20	270177340.
"		complete lines 27 through 29, and lines 33 and 34.			'
Š	27	Unrestricted net assets	8,570,972.	27	7,867,198.
<u>la</u>	28	Temporarily restricted net assets	6,165,986.	28	6,264,712.
ĕ	29	Permanently restricted net assets	5,192,564.	29	5,153,217.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
¥		and complete lines 30 through 34.		_	
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	19,929,522.	33	19,285,127.
	34	Total liabilities and net assets/fund balances	22,026,675.	34	22,102,473.
					Form 990 (2014)

Form **990** (2014)

• Form	990 (2014) NATIONAL ACADEMY OF DESIGN	13-16	528183	Pa	, ge 12
	t XI Reconciliation of Net Assets			<u> u</u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,36	0,2	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,18	1,3	63.
3	Revenue less expenses. Subtract line 2 from line 1	3	17	5,9	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,92		
5	Net unrealized gains (losses) on investments	5	<82	0,3	16.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ŀ			
	column (B))	10	19,28	5,1	<u> 27.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
1	Accounting method used to prepare the Form 990		-	Yes	No
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i>)</i> .	2a	-	x
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	Za		
	separate basis, consolidated basis, or both:	JII a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis	. 20		
	consolidated basis, or both:	Da010,			
	X Separate basis Consolidated basis Both consolidated and separate basis				1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	;
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			1
	Act and OMB Circular A-133?		3a		_ X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service.

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** NATIONAL ACADEMY OF DESIGN 13-1628183 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). 2 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). 3 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ACADEMY OF DESIGN 13-16281
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			•					
	include any "unusual grants.")	L							
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	· 							
	or expended on its behalf	į							
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4								
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on					†			
	securities loans, rents, royalties								
	and income from similar sources					}			
9	Net income from unrelated business			,					
_	activities, whether or not the	}				}			
	business is regularly carried on	ł							
10	Other income. Do not include gain			"					
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)			
	organization, check this box and stor	here .			<u></u>		ightharpoonup		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2014 (•	column (f)) .		14	%		
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and		
	stop here. The organization qualifies						▶∟_		
t	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation					
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"	-					. ▶□		
b	10% -facts-and-circumstances tes	t - 2013. If the org	janızation dıd not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	check this box and	stop here. Explair	n in Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	. •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s •		
					Sche	edule A (Form 990	or 990-EZ) 2014		

Schedule A (Form 990 or 990-EZ) 2014 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 A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and]				
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,	ļ					
merchandise sold or services per- formed, or facilities furnished in	ļ					
any activity that is related to the	,					
organization's tax-exempt purpose	`					
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1			
iness under section 513			ļ			
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		•			•	
the organization without charge						
6 Total. Add lines 1 through 5					-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			-			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support	, <u>, , , , , , , , , , , , , , , , , , </u>		L CAPA- DE V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	energen e	
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Galendar year (or fiscal year beginning in) ► 9 Amounts from line 6	(a) 2010	(0)2011	(0) 2012	(u) 2013	(6) 2014	(I) IOIai
10a Gross income from interest,				 		
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						i
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20, 1075						
c Add lines 10a and 10b			<u> </u>			
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain		1			1	
or loss from the sale of capital assets (Explain in Part VI.)						<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>					
Section C. Computation of Public	: Support Pe	rcentage	_		· . · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2014 (lin	ie 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2013			<u> </u>		16	%
Section D. Computation of Invest						
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 26					18	%
19a 33 1/3% support tests - 2014. If the c						
more than 33 1/3%, check this box and	=					. ▶∟
b 33 1/3% support tests - 2013. If the c	=					
line 18 is not more than 33 1/3%, chec		-				. ▶⊨
20 Private foundation. If the organization	did not check a	box on line 14, 19	ea, or 19b, check t			
432023 09-17-14				Sc	hedule A (Form 99:	U or 990-EZ) 2014

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)

Section A. All Supporting Organizations

- 1 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.
- 5a 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?
- 6 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).
- 8 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
	1		
	2	_	-
	3a		
	25		ſ
	3b	-	
	3c		
	<u>4a</u>		
	4b		
			1
	 4c		
		-	1
	5a		
	5b 5c		
	6	-	_ }
	7		
	8		
	9a		
	9b		
	9c		<u> </u>
			,
	10a		
_	10b		

1501

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ACADEMY OF DE	SIGN	1	L3-1628183 Pag
	Type III Non-Functionally Integrated 509(a)(3) Support			
	Check here if the organization satisfied the Integral Part Test as a qualify	-		uctions. All
0	other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E.	
Section A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other o	gross income (see instructions)	3		
4 Add lin	es 1 through 3	4		
5 Deprec	ciation and depletion	5		
	of operating expenses paid or incurred for production or			
collecti	on of gross income or for management, conservation, or			
maintei	nance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ed Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	pate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	e monthly value of securities	1a		
b Averag	e monthly cash balances	1b	<u> </u>	
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
e Discou	unt claimed for blockage or other			
factors	(explain in detail in Part VI):			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	ct line 2 from line 1d	3		
4 Cash d	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
see ins	structions).	4		
5 Net val	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multipl	y line 5 by 035	6		
7 Recove	eries of pnor-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
ection C - I	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, Column A)	1		
	35% of line 1	2		
3 Mınımı	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter g	greater of line 2 or line 3	4		
	e tax imposed in prior year	5		
	outable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions)	6		
7 🔲 (Check here if the current year is the organization's first as a non-function	ally-integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

instructions)

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

b

and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

Schedule A	(Form 990 or 990-E	Z) 2014 NATIONAL	ACADEMY (<u> DESIGN</u>	13-1628183 Pac
Part VI	Supplemental	Information. Provide	e the explanations r	required by Part II. line	10, Part II, line 17a or 17b; and Part III, line 12.
	Also complete this	s part for any additional in	oformation (See ins	tructions)	
	Also complete tric	s part for any additional in	normation tocc ins	tractions)	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection . .

Name of the organization

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

Par	t Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	, ,	(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		·· — ·· —
Ū	for charitable purposes and not for the benefit of the donor of	5 5	
	impermissible private benefit?	or derior deviser, or for any other purpose con	Yes No
Par		panization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	 1	cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	Treservation of a certific	a historic structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
~	day of the tax year.	ned conscivation contribution in the form of	a conscivation casement on the last
	day or the tax year.		Held at the End of the Tax Year
•	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
Č	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
u	hatad in the Matienal Designar		2d
3	Number of conservation easements modified, transferred, re		
3	year >	incased, extinguished, or terminated by the or	gamzation daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		——
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
·	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		•
•	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art. historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	
	(i) Payanus included in Form 000 Part VIII line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre		ain, provide
_	the following amounts required to be reported under SFAS 1		••
а	Povonus instruded in Ferma 000, Part VIII, June 1		> \$
	Assets included in Form 990, Part X		> \$
_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 NATIONA	L ACADEMY	OF D	ESIGN_				13-16	528183	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, <u>e</u>	or Othe	r Simil	ar Asse	ets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a si	gnıficant	use of its	collection	tems
	(check all that apply).									
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	Ш	Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co							ose in Pa	rt XIII.	
5	During the year, did the organization solicit of					er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for	contribution	is or other as	ssets not	ıncluded		٦	
	on Form 990, Part X?				•	•	••	L	_l Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table.						
									Amount	
С	Beginning balance					-	1c			
	Additions during the year				•		1d			
e				•		••	. 1e			
1	Ending balance				intodial annu	 انظمنا فصند	. [1f]	<u> </u>		
	Did the organization include an amount on F						ity? .	L	Yes	∐ No
Par	t V Endowment Funds. Complete in						<u> </u>		·	<u> </u>
Fai	Complete	(a) Current year		Prior year	(c) Two year			years back	(e) Four y	are back
4	Deginning of year balance									
1a	Beginning of year balance Contributions	10,754,892,	9	653,870.	0,00	1,679.		14,508		41,917.
D		85,556,	1	222 115	01	6 601		100,000	1	35,610.
C	Net investment earnings, gains, and losses Grants or scholarships	85,556,		.223,115.	31	6,601.	<2	250,567	·P 1,4	26,142.
d	Other expenditures for facilities									
е		205,757.		122,093.	12	4,410.		2,262	,	90 161
				122,033,	12	4,410.		2,202	·	89,161.
'		10,634,691.	10	754.892.	9.65	3,870.	9 0	361,679	9 0	14.508.
g 2	Provide the estimated percentage of the cur					3,070.1	0,0	01,075	.1	14,500.
	Board designated or quasi-endowment	• 00	% %	9, 00:01:11:1(0	y, noid do					
a b	Permanent endowment 48.43	%	_′°							
		$\frac{1.5}{7}$ %								
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for th	ne organiz	zation		
-	by						•		ſΥ	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations		•• •				• • •		20(;;)	X
ь	If "Yes" to 3a(ii), are the related organizations			dule R?		•			3b	
4	Describe in Part XIII the intended uses of the	· ·								<u> </u>
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X,	ine 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	cumulate	ed	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land			1,03	9,958.				1,039	,958.
	Buildings				0,771.	E	510,7	71.		0.
С	Leasehold improvements			5,64	3,010.	2,5	63,2	54.	3,079	756.
d	Equipment			44	4,103.	3	352,5	83.		,520.
<u>е</u>	Other .			10	1,000.		84,1	67.	16	,833.
Total	, Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	Oc.)				4,228	067.

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 NATIONAL ACADEMY OF DESIGN		<u> 13-1</u>	L628183	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With I	Revenue per R	eturn		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1	5,300,	634.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	<820,316.	>		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII)				
е	Add lines 2a through 2d		2e	<820,	
3	Subtract line 2e from line 1		3	6,120,	950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	61,684.			
b	Other (Describe in Part XIII.)	<u>177,650.</u>			
С	Add lines 4a and 4b		4c		<u>334.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	_5	6,360,	<u>284.</u>
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per	Retur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	<u>5,945,</u>	<u>029.</u>
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 2b		-		
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	_5,945 <u>,</u>	029.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	C4 C04			
а	Investment expenses not included on Form 990, Part VIII, line 7b	61,684.			
b	Other (Describe in Part XIII.)	177,650.			
С	Add lines 4a and 4b		4c		334.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		_5	6,184,	<u>363.</u>
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a		1; Part)	K, line 2; Part X	(I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.			
ר א כד	DM TTT I TAYE 13.				
PAI	RT III, LINE 1A:			<u> </u>	
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шт	STORY OF THE ACADEMY AND ITS ARTIST MEMBERS. A F	ייייייייייייייייייייייייייייייייייייי	□	מים זארותי	OM
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מחי	LLECTIONS ARE MAINTAINED FOR THE PROMOTION OF AME	የተርልክ ልዩጥ	ַ אַ	ጥ የጃዚጥ	ΔNT
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

	tl			
			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	L
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		i	1
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			ł
	If you need more space, use Part II	3	X	
	THE ORGANIZATION UTILIZES PRINT AND RADIO ADVERTISING, AS			
	WELL AS THE INTERNET AND PRINTED MATERIALS TO PUBLICIZE ITS			
	RACIALLY NONDISCRIMINATORY POLICY.			
Ļ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	-
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	\vdash
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
_	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
-		-:-		+-
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to.			
a		5a		
a b	Does the organization discriminate by race in any way with respect to.	5a 5b		X
b	Does the organization discriminate by race in any way with respect to. Students' rights or privileges?			2
b	Does the organization discriminate by race in any way with respect to. Students' rights or privileges?	5b		X
b c d	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		X X X
b c d	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X X
b d e f	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X X
b d e f g	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
b d e f	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X
b d e f	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
b c d e f g	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
b c d e f g h	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	X	X X X X
b c d e f g h	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain if you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X
b c d e f g h	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	X X X X X
b d e f g h	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain if you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X
b c d e f g h	Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X)))))))

Schedule E					MY OF DESIGN	13-1628183	Page 2
Part II					ations required by Part I, lines 3	3, 4d, 5h, 6b, and 7, as applicable.	
	Also provid	de any othe	er additional	information.			
LINE 6	- EXP	LANAT	ION OF	GOVERNMENT	FINANCIAL AID:		
•						_	
NYC DE	PARTME	NT OF	CULTU	RAL AFFAIRS	\$16,18!	5	
							
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection:

Name of the organization

Employer identification number

NATIONA	AL ACADEMY OF DESI	<u>.GN</u>			13-1628	183
Part I Fundraising Activities required to complete this pa	Complete if the organization answirt.	wered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	! flers are not
1 Indicate whether the organization ra	ised funds through any of the follow	wing activ	/ities.	Check all that apply		
a X Mail solicitations				overnment grants		
b X Internet and email solicitation				nment grants		
c X Phone solicitations	g X Speci					
(Taran)	g Las Speci	iai iuiiuia	isii iy	events		
•	or oral agreement with any individu	ial (includ	lına o	fficare directors true	rtoon or	
2 a Did the organization have a written	Part VII) or entity in connection with					s 🔲 No
- · · ·						
b If "Yes," list the ten highest paid inc		irsuarii ic	agre	ements under which	the lungraiser is to	De
compensated at least \$5,000 by th	e organization.			····		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con- contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CATHY MCNAMARA, INC 1325		Yes	No			
SIXTH AVENUE FL 27 NEW	GALA CONSULTANT		Х	579,094,	40,000,	539,094.
TESS O'DWYER - 350 WEST 57TH						
STREET, 9G, NEW YORK, NY	FUNDRAISING CONSULTANT		Х	0.	60,000.	0.
BRYONY ROMER - 439 2ND STREET					-	
#5 BROOKLYN NY 11215	GRANTWRITER		х	0,	13,000.	0.
RESILIENT PHILANTHROPY - PO						
BOX 1919 WINTER PARK FL	FUNDRAISING CONSULTANT		х	0.	15,000.	0.
Total	ion is registered or licensed to solic	at contrib	▶	579,094. s or has been notified	128,000.	539,094,
or licensing.						
NY				2.51		
					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>					
				 		
				<u> </u>		
						-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

Sch Pa		le G (Form 990 or 990 EZ) 2014 NATIONA II Fundraising Events. Complete if the			13-	-1628183 Page 2
F &		of fundraising event contributions and gr	_		-	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			SPRING GALA		NONE	(add col. (a) through
		•	(event type)	(event type)	(total number)	col. (c))
nue			(2,2,1,3,2,5)	(0.0.0.1)	(Columnia or)	
Revenue	1	Gross receipts	579,094.			579,094.
	2	Less Contributions	510,172.		-	510,172.
	3	Gross income (line 1 minus line 2)	68,922.			68,922.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Dec	6	Rent/facility costs				
Direct Expenses	_	Food and havenesses	68,922.			60 000
<u>I</u>	7	Food and beverages	00,922.			68,922.
Ω		Entertainment				
	8	Other direct expenses				
	_	Direct expense summary. Add lines 4 through	n 9 m column (d)	<u> </u>		68,922.
	11			•		0.
Pa			answered "Yes" to Form	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, Ine 6a.				
-		-	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) other garring	col. (a) through col. (c))
ě						
_	1	Gross revenue				ļ
98	2	Cash prizes				
Expenses		Namanakanan				
Ä	3	Noncash prizes				
ರ	_	Rent/facility costs				
	4	Theribraciiity costs				
	5	Other direct expenses .				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		▶	
İ						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	<u> </u>
	_					
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
b	IT "	No," explain:	-	 -		
				<u> </u>		
100	١٨/٥	ere any of the organization's gaming licenses re	evoked suspended or to	rminated during the to	v vear?	Yes No
		Yes," explain:	•	-	• • • • • • • • • • • • • • • • • • • •	162
J		. 30, одржин				
	_					
43208	32 08	3-28-14			Schedule G (Fo	rm 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ)	2014 NATIONAL ACA	ADEMY OF DESIGN	13-	1628183 Page 3
	ct gaming activities with nonn			Yes No
	·	ist or a member of a partnership or o	ther entity formed	
to administer charitable gam	= :			└── Yes └── No
13 Indicate the percentage of g	aming activity conducted in:			1 . 1
a The organization's facility				13a %
				13b %
14 Enter the name and address	of the person who prepares to	he organization's gaming/special eve	ents books and records:	
Name			-	
Address >				
15a Does the organization have a	a contract with a third party fro	om whom the organization receives ç	jaming revenue?	Yes No
b If "Yes," enter the amount of	gaming revenue received by	the organization > \$	and the amount	
	by the third party ►\$	· · · · · · · · · · · · · · · · · · ·		
c If "Yes," enter name and add		·		
Name		 -		
Address >				
16 Gaming manager information	ո։			
_				
Name				
Gaming manager compensa	tion > \$	_		
Description of services provi	ided ▶			
				
Director/officer	Employee	Independent contractor		
47 Mondatoni diatributiona				
17 Mandatory distributions:	under state law to make charit	table distributions from the gaming p	roceeds to	
retain the state gaming licen			1000000	Yes No
		to be distributed to other exempt or	ganizations or spent in the	
organization's own exempt a	activities during the tax year	\$		
		tions required by Part I, line 2b, colur		lines 9, 9b, 10b, 15b,
15c, 16, and 17b, a	s applicable. Also provide any	additional information (see instruction)	ons)	
SCHEDULE G, PART	I, LINE 2B, LIS	ST OF TEN HIGHEST I	PAID FUNDRAISE	RS:
				
(I) NAME OF FUNDE	RAISER: CATHY MO	CNAMARA, INC.		
(I) ADDRESS OF FU	INTORATORRO 1305	SIXTH AVENUE, FL 2	27 NEW V∩PK 1	NY 10019
(I) ADDRESS OF FO	MDKAIDEK: 1323	DIXIII AVENUE, TE 2	iii NEW TORK,	10019
(I) NAME OF FUNDE	RAISER: TESS O'I	DWYER		
(I) ADDRESS OF FU	JNDRAISER: 350 V	WEST 57TH STREET, 9	G, NEW YORK,	NY 10019
(I) NAME OF FUNDE	RAISER: RESILIE	NT PHILANTHROPY		
432083 08-28-14			Schedule G (For	m 990 or 990-EZ) 2014
		12		

hedu	ule G (Form 990	or 990	DEZ) NATION. al Information (con	AL	ACADI	EMY OF	DESIGN			13-1628183 Pag
art	Supple	ment	al intormation (con	tinuea	<u>) </u>					
I)	ADDRESS	OF	FUNDRAISER:	РО	вох	1919,	WINTER	PARK,	FL	32790
	•									
						· · ·				·· ·············
	_ .								·	
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_	<u>-</u>									
										
							· · · · · ·			Schedule G (Form 990 or 990-I

432084 05-01-14

2 Employer identificátion number 13-1628183 **Ópen to Public** OMB No 1545-0047 2014 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.fs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section if applicable NATIONAL ACADEMY OF DESIGN Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? .. 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

8	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	•
က	3 Enter total number of other organizations listed in the line 1 table	•
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2014)
43210 10-15	432101	•

Page 2 (f) Description of non-cash assistance CREDIT AGAINST CLASS TUITION 13-1628183 (book, FMV, appraisal, other) SCHOLARSHIPS TO STUDENTS IN ITS ART SCHOOL. THE SCHOLARSHIPS ARE A CREDIT VALUE OF TUITION Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THE ACADEMY AWARDS PRIZES FOR THE BEST WORK EXHIBITED IN ITS ANNUAL, THE ACADEMY ALSO AWARDS 86,600, FORGONE (d) Amount of non-cash assistance ó 3,900, 24,000. (c) Amount of cash grant NATIONAL ACADEMY OF DESIGN HIGHLIGHTING WORK BY NATIONAL ACADEMICIANS. (b) Number of recipients 26 AGAINST THE REGULAR TUITION (a) Type of grant or assistance Schedule I (Form 990) (2014) PART I, LINE 2: STUDENT PRIZES ARTIST PRIZES SCHOLARSHIPS Part III

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2014

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

NATIONAL ACADEMY OF DESIGN

Employer identification number 13-1628183

Pa	art i Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any	y of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any re-	levant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	n follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	bove? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing	g or allowing expenses incurred by all directors,		_	
	trustees, and officers, including the CEO/Executive Director, re-	egarding the items checked in line 1a?	2_		
3	Indicate which, if any, of the following the filing organization us	sed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check ar	ny boxes for methods used by a related organization to			i
	establish compensation of the CEO/Executive Director, but ex	plain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	X Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Se	ection A, line 1a, with respect to the filing		-	ı
	organization or a related organization:				أأ
а	• • • • • • • • • • • • • • • • • • • •		4a		<u>X</u> _
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		_X_
С	Participate in, or receive payment from, an equity-based comp		4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.			i
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio			- 1	1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did	I the organization pay or accrue any compensation		Ì	
	contingent on the revenues of:		_		
	The organization?		5a		<u> </u>
b	Any related organization?		5b		<u> </u>
_	If "Yes" to line 5a or 5b, describe in Part III.	1 Ab			ı
6	For persons listed in Form 990, Part VII, Section A, line 1a, did	i the organization pay or accrue any compensation			
_	contingent on the net earnings of:				v
а	The organization?		6a		<u> </u>
b			6b		
-	If "Yes" to line 6a or 6b, describe in Part III.	I the examination provide any non-fixed normanta			
′	For persons listed in Form 990, Part VII, Section A, line 1a, did		,	1	
c	not described in lines 5 and 6? If "Yes," describe in Part III		7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accumulations section 53				v ~
^	initial contract exception described in Regulations section 53.		8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable	e presumption procedure described in		ł	
	Regulations section 53.4958-6(c)?	•	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

13-1628183

Page 2

NATIONAL ACADEMY OF DESIGN

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	=
(A) Name and Trile		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	in column (b) reported as deferred in prior Form 990
(1) CARMINE BRANAGAN	€	285,661.	0	0.	14,538.	11,665.	311,864.	0
잂	€		0	• 0		0.	0	1
(2) MAURIZIO PELLEGRIN	€	153,155.	0.	0.	4,250.	27,543.	184,948.	
SCHOOL DIRECTOR	=		0	0.		0.	• 0	
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	: 🗉							
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432113 10-13-14

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

13-1628183

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

NATIONAL ACADEMY OF DESIGN

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

Employer identification number

Part I **Types of Property** (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g AUCTION PROCEEDS X 75,416. Art - Works of art 1 Art - Historical treasures 3 Art · Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 306,412. FAIR MARKET VALUE X 6 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory . . . 19 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens . 24 Archeological artifacts 25 Other 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Part II	(Form 990) (2014) NATIONAL ACADEMY OF DESIGN 13-1628183 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	•
432142 08-12-	Schedule M (Form 990) (2014)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

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

Inspection

Name of the organization

NATIONAL ACADEMY OF DESIGN

Employer identification number <u>13-1628183</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOUNDED 187 YEARS AGO BY THE NOW FAMOUS ARTISTS OF THE HUDSON RIVER
SCHOOL, THE NATIONAL ACADEMY HAS RECENTLY BEEN REVITALIZED WITH
RESTRUCTURED GOVERNANCE, ENHANCEMENT OF PROFESSIONAL STAFF, RENOVATIONS
OF PUBLIC SPACES, AND A NEW COMMITMENT TO AN ACTIVE AND RELEVANT
EXHIBITION AND PUBLIC PROGRAM SCHEDULE. ONCE THOUGHT OF AS A PRIVATE
PLACE FOR ARTISTS, THE NATIONAL ACADEMY IS NOW OUTWARDLY FOCUSED AS A
VITAL AND ENGAGING INSTITUTION ON NEW YORK'S MUSEUM MILE. THE NATIONAL
ACADEMY, WHICH INCLUDES A MUSEUM, ART SCHOOL AND AN ASSOCIATION OF
ARTISTS AND ARCHITECTS, PROVIDES A UNIQUE INSIGHT INTO THE CREATIVE
PROCESS.

THE ACADEMY SERVES THE PUBLIC THROUGH EXHIBITIONS, PUBLIC PROGRAMS AND THE EXHIBITION PROGRAM IS COMPRISED OF ROTATING SHOWS ART EDUCATION. DRAWN FROM THE EXTENSIVE PERMANENT_COLLECTION, AN ANNUAL EXHIBITION SHOWING THE WORK OF CURRENT MEMBERS AND SPECIAL EXHIBITIONS FEATURING THE WORK OF A SINGLE ARTIST OR ARCHITECT, SUCH AS A RETROSPECTIVE OR THEMED OFFERING.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD, AND ALL ARE MEMBERS OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE MAY EXERCISE, SUBJECT AT ALL TIMES TO THE GENERAL DIRECTION AND CONTROL OF THE BOARD, OF THE POWERS AND AUTHORITY NECESSARY TO CONDUCT THE NORMAL OPERATIONS OF THE ACADEMY, INCLUDING AUTHORIZATION TO SIGN DOCUMENTS ON BEHALF OF THE ACADEMY. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY WITH REGARD TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

NATIONAL ACADEMY OF DESIGN	13-1628183
THE SUBMISSION TO THE ACADEMICIANS OF ANY ACTION REQUIRIN	G THEIR APPROVAL,
THE FILLING OF VACANCIES ON THE BOARD OR IN ANY COMMITTEE	, THE AMENDMENT OR
REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS, THE A	MENDMENT OR REPEAL
OF ANY RESOLUTION OF THE BOARD, WHICH BY ITS TERMS SHALL	NOT BE SO
AMENDABLE OR REPEALABLE, OR THE FIXING OF COMPENSATION OF	THE DIRECTORS FOR
SERVING ON THE BOARD OR ANY COMMITTEE.	
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS PAUL GROSS AND GAYLE GROSS - FAMILY RELATION	NSHIP
FORM 990, PART VI, SECTION A, LINE 4:	
THE BYLAWS WERE REVISED IN DECEMBER 2014 TO REFLECT CHANGE	ES IN THE NEW YORK
STATE NOT-FOR PROFIT CORPORATION LAWS, WHCIH ELIMINATED T	HE DISTINCTION
BETWEEN STANDING AND SPECIAL COMMITTEES. THESE CHANGES OU	TLINED BELOW
SPECIFICALLY IMPACTED EXHIBITION AND SCHOOL COMMITTEES.	
-EXHIBITION COMMITTEE: THE EXHIBITION COMMITTEE SHALL BE	COMPOSED OF A
MINIMUM OF 3 MEMBERS AND MAXIMUM OF 7 MEMBERS, ALL OF WHO	M SHALL BE
DIRECTORS, AND A MAJORITY OF WHOM SHALL BE ACADEMICIANS.	
-POWER AND DUTIES: THE EXHIBITION COMMITTEE SHALL RECOMMENTED BOARD OF GOVERNORS.	END EXHIBITIONS TO
COMMITTEE MEMBERS SHALL BE APPOINTED ANNUALLY.	
-CONSTITUTIONAL CHANGES: THE EXHIBITION AND SCHOOL COMMI	TTEES WILL NOW BE
BOARD COMMITTEES IN KEEPING WITH THE NEW YORK STATE NOT-F	OR PROFIT
CORPORATION LAWS. 432212 08-27-14 Schee	dule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)

30, 2015 HAS BEEN REVISED BASED ON THE COMPLETION OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMEMENTS:

PAGE 1, LINE G

PART I REVENUE, EXPENSES AND NET ASSETS LINES 8 - 22

08-27-14

Schedule O (Form 990 or 990-EZ) (2014)