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DLN: 93493355005276

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

A F	or the	2015 ca	alendar year, or tax year beginn	ng 07-01-2015 , and ending 06-30-20	16								
B Ch	eck if a	applicable	C Name of organization THE BAUM SCHOOL OF ART			D Emp	oyer i	dentification number					
Ad	ddress	change	THE BROTT SCHOOL OF THE			23-1	23-1607174						
_	ame ch	•	Doing business as										
Ir	ntial rei	turn				F Telen	hone n	umher					
	/termır	nated	Number and street (or P O box if 510 LINDEN ST	mail is not delivered to street address) Room/s	uite	i i	E Telephone number						
_		d return		L TYP		(610) 433	-0032					
Ap	plicatio	on pending	ALLENTOWN, PA 18101	untry, and ZIP or foreign postal code		G Gross	recein	ts \$ 1,398,951					
			F Name and address of princ	unal officer	11/->		· ·						
			SHANNON FUGATE	ipai officer	H(a)	Is this a grou		ırn for ☐ Yes 🗸					
			510 LINDEN ST ALLENTOWN,PA 18101			No		·					
T Ta	x-exer	mpt status			Н(b)	Are all subord included?	dınate	S					
			♦ 501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527	4		h a lis	st (see instructions)					
J W	ebsit	e:▶ W\	WW BAUMSCHOOL ORG		H(c)	Group exemp	otion r	number >					
K For	m of or	rganızatıoı	n 🗸 Corporation 🗆 Trust 🗀 Assoc	nation	L Ye	ar of formation	.926	M State of legal domicile PA					
Pa	rt I	Sun	nmary										
		_	escribe the organization's mission	n or most significant activities									
			ING LIVES THROUGH ARTS E	-									
ce	-												
กลเ													
Governance	2 4	Check t	his box ▶ ┌ if the organization o	discontinued its operations or disposed	of more	than 25% of	ts net	assets					
9			·					1					
× 8			•	ning body (Part VI, line 1a)			3	22					
Activities &			of independent voting members		4	22							
₹.			• •	calendar year 2015 (Part V, line 2a)		5	54						
¥			•	necessary)			6	26					
				Part VIII, column (C), line 12			7a 7b	0					
	D IN	iet uillei	lated business taxable income ii	om r om 990-1, me 34		Prior Year	1 /0	Current Year					
	8	Conti	ributions and grants (Part VIII	line 1h)	-		,083	419,717					
₫:	9		ram service revenue (Part VIII,		,067	686,547							
Rəvenue	10	_	stment income (Part VIII, colum		,571	-6,961							
ã	11		r revenue (Part VIII, column (A		,323	67,045							
	12		revenue—add lines 8 through 1	1,114		1,166,348							
		12)				1,114	,044	1,100,540					
	13		, ,	t IX, column (A), lines 1-3)		160	,622	200,148					
	14		fits paid to or for members (Part		-		0	C					
\$ 2	15	Salar 5-10		vee benefits (Part IX, column (A), lines		565	,765	616,319					
Expenses	16a		•	(, column (A), line 11e)			0	(
k b e	ь		undraising expenses (Part IX, column (
<u> </u>	17		· · · · · · · · · · · · · · · · · · ·	, lines 11a-11d, 11f-24e)		403	,790	407,168					
	18			ust equal Part IX, column (A), line 25)		1,130	,177	1,223,635					
	19	Reve	nue less expenses Subtract line	e 18 from line 12		-16	,133	-57,287					
8.8					Begin	ning of Curren	t Year	End of Year					
Net Assets or Fund Balances													
Ass I Ba	20		assets (Part X, line 16)		-	4,715		4,623,312					
چۆ چۆ	21		liabilities (Part X, line 26) .		·		,589	314,696					
Part II Signature Block						4,380,639 4,308,6							
Unde my k	r pena nowle	alties of dge and	perjury, I declare that I have ex	ramined this return, including accompa mplete Declaration of preparer (other	, -								
		***	** *			2016-12-19							
	Sign Sign		nature of officer			Date							
Her			ANNON FUGATE EXECUTIVE DIRECTOR										
		17	e or print name and title	Duanavada aigis tissa	Date		DTT	1					
D - '	_1	TARA I BENDER CPA				Check I if	PTIN	N 299403					
Paid		}	Firm's name	self-employed Firm's EIN ►		6942							
Preparer Erm's address		er ⊦	Firm's address ► 1033 S CEDAR CREST			Phone no (61							
USE	On	iiy	ALLENTOWN, PA 181	035443									

Yes No

orm	990 (2015)			Page 3
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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
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	11 c		No
	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	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	•				
: IV		Checklist	of Require	ed Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	Checklist of Required Schedules (continued)			
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, Paits I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	23		No

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

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24b

24c

24d

25a

25b

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28c

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Yes

Form 990 (2015)

Yes

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Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	eneck if senerale o contains a response of note to any line in this fare v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	54		
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 lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	ıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	d 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	d to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tim during the year?	e 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions f additional information the organization must report on Schedule O	or 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					[
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22	I		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	red by the Internal R	even	ue Cod	e.)
				·	Yes	No
					1	

10a Did the organization have local chapters, branches, or affiliates? **10**a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Nο 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►SHANNON FUGATE 510 LINDEN ST ALLENTOWN, PA 18101 (610) 433-0032

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

art VII	Section A. Officers,	Directors, Trustees	, Key Employees,	, and Highest Comp	ensated Employees (contir	nued)
---------	----------------------	---------------------	------------------	--------------------	---------------------------	-------

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u>. </u>	<u> </u>	. ▶				
c Total from continuation shee						. ▶				
d Total (add lines 1b and 1c)						- ▶		57,001	0	3,139

- $0\,00$ of reportable compensation from the organization $hickspace 0\,00$

(A)

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

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

3

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

(C)

Yes

3

4

(B)

No

Νo

Νo

Form 99								Page 9
Part V	1111	Statement o			and the Doublett			_
		Cneck IT Schedu	ıle O contains a respon	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w &	1 a	Federated camp	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c	116,710				
ifts. ar A	d	Related organiz	ations 1d					
⊒ ⊒ €	e	Government grants	s (contributions) 1e	30,446				
ons Si	l f	All other contribution	ons, gifts, grants, and 1f	272,561				
tributio Other		similar amounts no						
Contributions, Gifts, and Other Similar A	g	1a-1f \$	ons included in lines	20,565				
Cont and	h	Total. Add lines	s 1a-1f	· · · •	419,717			
<u> </u>				Business Code				
۲÷۳	2a	TUITION		611600	634,507	634,507		
æ	b	COMMUNITY ARTS	PROGRAM	711130	52,040	52,040		
× ×	c d							
₹	e							
Program Service Revenue	f	All other progra	ım service revenue					
ď	g	Total Add lines	[2a-2f	▶	686,547			
	3		ome (including dividenc		·			5.007
	4		ar amounts) tment of tax-exempt bond p	H	5,097			5,097
	5			► I				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	5,000	57,885				
	ь	Less rental expenses	0	0				
	c	Rental income or (loss)	5,000	57,885				
	d		me or (loss)		62,885			62,885
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	113,241	4,790				
	ь	Less cost or other basis and	113,129	16,960				
	c	sales expenses Gain or (loss)	112	-12,170				
	d	Net gain or (los		· .	-12,058	-12,058		
Other Revenue	8a	Gross income fi events (not incl \$ 116, of contributions See Part IV, lin	luding ,710 reported on line 1c)					
her		1	a	100,834				
ŏ	C		penses b [loss)from fundraising e	99,217 events >	1,617			1,617
			rom gaming activities	,				
	ь	Less direct exp	penses b					
	С	Net income or (loss) from gaming activ	rities				
	10a	Gross sales of i		-				
		returns and allo	wances . a	5,240				
	ь	Less cost of go	-	3,297				
	С	_	loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·	1,943			1,943
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEC	ous	900099	600	600		
	b							
	c d	All other revenu	<u>. </u>					
	e	Total. Add lines	L	•				
	12	Total revenue.	See Instructions		600			
				·	1,166,348	675,089	C	71,542

Part IX Statement of Functional Expenses

	•		
Faction E01(c)/2) and E01(c)/4) organiza	tions must complete all colu	mns. All other organizations mus	et complete column (A.)

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

	ot include amounts reported on lines 6b, o, 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	200,148	200,148		
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, trustees, and key employees	75,666	26,483	22,700	26,483
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	464,881	386,374	46,550	31,957
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,140	6,745	777	618
9	Other employee benefits	27,486	16,619	4,511	6,356
10	Payroll taxes	40.446	20.774	5 007	4 275
11	Fees for services (non-employees)	40,146	30,774	5,097	4,275
a	Management				
b	Legal	250		250	
С	Accounting	9,450		9,450	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	510		510	
12	Advertising and promotion	59,444	58,255		1,189
13	Office expenses	61,352	38,846	22,506	
14	Information technology	1,754		1,754	
15	Royalties				
16	Occupancy	68,371	61,534	6,837	
17 18	Payments of travel or entertainment expenses for any federal,				
19	state, or local public officials				
20	Interest	11,491	8,044	3,447	
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization	98,364	63,956	34,408	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MAINTENANCE SUPPLIES	19,566	17,609	1,957	
b	PRINTING	17,856	16,070	1,786	
C	SERVICE CONTRACTS CREDIT CARD & BANK SEEC	14,760	7,380	7,380	
d	CREDIT CARD & BANK FEES	14,425	14,425	4.047	4 222
e 25	All other expenses Total functional expenses Add lines 1 through 24e	29,575	26,526	1,817	1,232
25 26	Total functional expenses. Add lines 1 through 24e Joint costs.Complete this line only if the organization	1,223,635	979,788	171,737	72,110
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here First following SOP 98-2 (ASC 958-720)				

1,067

3.026.141

237,588

1,214,317

4,623,312

35,563

2,580

599

240,084

35,870

314,696

4,118,921

49,695

140,000

4,308,616

4,623,312

Form 990 (2015)

1,959

3,113,057

247,115

1,210,712

4,715,228

50,227

11,876

8,034

248,073

16,379

334,589

4,204,716

35,923

140,000

4.380.639

4,715,228

5,047,027

2,020,886

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Part X Balance Sho	Эe
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Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 40,150 24,340 1 Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments 73,415 3 77,142 3 Pledges and grants receivable, net . 4 24,233 4 34,730 Accounts receivable, net . . 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net . . 7 7 8 Inventories for sale or use 4,587 8 7,987

10a

10b

10a

9

b

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Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

Software ID: Software Version:

EIN: 23-1607174

Name: THE BAUM SCHOOL OF ART

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc	tor tors	s,T	rus	tees	, Ke	ey Employees	, Highest	
(A)	(B)			(C				(D)	(E) Reportable compensation from related organizations (W- 2/1099-	(F)
Name and Title	A verage hours per week (list any hours	more pers and	than on is	one bot ecto	box h an or/tr	office ustee	ess er e)	Reportable compensation from the organization (W- 2/1099-		Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
J ROBERT LOVETT	2 00							_	_	
BOARD MEMBER		×						0	0	(
RAVI BAINS	2 00							_	_	
BOARD MEMBER		X						0	0	0
CAROL HENN	2 00									
BOARD MEMBER		×						0	0	C
JANET GROSS	2 00								_	
BOARD MEMBER		×						0	0	(
MICHAEL STOUDT	2 00							_	_	
TREASURER		×		X				0	0	(
CATHY FAINOR	2 00	l x		X				0	0	
VICE PRESIDENT								U U	U	
RICHARD CARUSO	2 00	l x						0	0	
BOARD MEMBER								U U	U	
SIMON MOORE	2 00	l x						0	0	
BOARD MEMBER								U	0	
J LAWRENCE GRIM EMERITUS	0 00								_	
BOARD MEMBER		×						0	0	
HOLLY HARTER	2 00							_	_	
BOARD MEMBER		×						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

compensated Employees, and Inde	Γ Ι	i		_			- 1	İ		İ
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
RAYMOND HOLLAND EMERITUS BOARD MEMBER	0 00	x						0	0	0
MARY KLUNK BOARD MEMBER	2 00	x						0	0	0
LARRY MILEY BOARD MEMBER	2 00	×						0	0	0
ANTHONY SALVINO 2ND VICE PRESIDENT	2 00	×		×				0	0	C
KATHLEEN REILLY BOARD MEMBER	2 00	×						0	0	C
SHELBI STONEBACK BOARD MEMBER	2 00	х						0	0	C
KAREN TAMERLER	2 00							_	_	

2 00

2 00

2 00

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BOARD MEMBER

CONNIE HANSELL

BOARD MEMBER

JOHN-CARL BREW SECRETARY

PRESIDENT

STEVEN ZELENKOFSKE

......

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe	than ersoi icer tor/t	not one on is and trust	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARCO CALDERON BOARD MEMBER	2 00	x					0	0	0
LISA FRAENKEL BOARD MEMBER	2 00	x					0	0	0
CE CE GERLACH BOARD MEMBER	2 00	x					0	0	С
MITCH HANNA BOARD MEMBER	2 00	x					0	0	C
D RICHARD POWELL BOARD MEMBER	2 00	х					0	0	C

2 00

50 00

57,001

3,139

LEN O'NEAL BOARD MEMBER

SHANNON FUGATE

EXECUTIVE DIRECTOR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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

DLN: 93493355005276

OMB No 1545-004

2015

Inspection

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

Internal Revenue Service

Name of the organization
THE BAUM SCHOOL OF ART

SCHEDULE A

(Form 990 or

990EZ)

Part I

✓

1

2

3

Treasury

Department of the

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 23-1607174

described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
C	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
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	1		
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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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 .	6		
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)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9b		
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 .	9 c		
0a	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	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

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SCHEDULE D (Form 990)

Supplemental Financial Statements

DLN: 93493355005276 OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," on 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.

	me of the organization E BAUM SCHOOL OF ART		Empl	oyer identification number		
1111	BAOM SCHOOL OF ART	23-1	607174			
Pa	Organizations Maintaining Donor Complete if the organization answere			or Accounts.		
	Complete if the organization answere	(a) Donor advised funds		Funds and other accounts		
1	Total number at end of year	(a) Donor advised funds	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r unus and other accounts		
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 a funds are the organization's property, subject to t		lonor advis	red ☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the			purpose		
Da	conferring impermissible private benefit? rt II Conservation Easements. Comple	ate if the organization answered "Vec	" on Forn	Yes No		
1	Purpose(s) of conservation easements held by th		OH FOH	1 990, Part IV, IIIle 7.		
_	Preservation of land for public use (e.g., recre					
	education)		f an histor	ically important land area		
	Protection of natural habitat	Preservation o	f a certifie	d historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution i	n the form	of a conservation		
	easement on the last day of the tax year					
	Total number of conservation easements		1	Held at the End of the Year		
a b	Total acreage restricted by conservation easeme	ents	2a 2b			
c	Number of conservation easements on a certified		2c			
d	Number of conservation easements included in (c	, ,	1			
_	historic structure listed in the National Register	,,,	2d			
3	Number of conservation easements modified, trait tax year ▶	nsferred, released, extinguished, or termin	ated by th	e organization during the		
4	Number of states where property subject to cons	ervation easement is located ►				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		andling of	☐ Yes ☐ No		
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	rcing cons	servation easements during the		
	>					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	ition easements during the year		
	▶ \$					
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4) Yes No		
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		**************************************		
Par	t III Organizations Maintaining Collec			ner Similar Assets.		
	Complete if the organization answere If the organization elected, as permitted under SF	•		roment and halance cheet		
1a	works of art, historical treasures, or other similar	assets held for public exhibition, education	n, or resea	arch in furtherance of public		
b	service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1	l	▶ \$			
(i	ii) Assets included in Form 990, Part X		▶ \$	403,164		
2	If the organization received or held works of art, he following amounts required to be reported under S		for financ			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

50110	cadic D	(101111 990) 2019							rage Z
Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	torical	Treasures	, or (Other Similar A	ssets
3		the organization's acquisition, accition items (check all that apply)	ession, and other re	cords,ch	eck any	of the followin	g that	are a significant us	e of its
а		Public exhibition		d	√ Lo	an or exchan	ge pro	grams	
b	√ 9	Scholarly research		е	Го	ther			
c		Preservation for future generations							
4		de a description of the organization	s collections and ex	plain how	they fur	ther the orgai	nizatio	n's exempt purpose	ı ın
	Part X	KIII			·				
5		g the year, did the organization soli s to be sold to raise funds rather th							s 🗆 No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 9	990, Pai	t IV, line 9,	or re		•
1 a		e organization an agent, trustee, cus led on Form 990, Part X7	todian or other inte	rmediary	for contr	ibutions or ot	her as:	sets not √ Ye	s No
b	If"	Yes," explain the arrangement in P	art XIII and comple	te the foll	owing ta	ble		Am	ount
c		ginning balance			5 -4	-	10		8,034
d	_	ditions during the year					10	1	10,345
e	Dıs	tributions during the year					16		17,780
f	End	ding balance					1 f		599
2 a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21, f	or escro	w or custodia	accou	ınt lıabılıty? 🔽 Ye	s No
ь	If"Ye	s," explain the arrangement in Part							
Pa	rt V	Endowment Funds. Comple						· · · · · · · · · · · · · · · · · · ·	
1-	Pagin	ning of year balance	(a)Current year 151,506	(b) Рпо	r year 144,155	b (c) Two year	64,016	(d)Three years back 178,490	(e)Four years back 253,017
1a b	_	ning of year balance ibutions	131,300		144,133		04,010	100,000	233,017
c	Net in losse:	· · · · · · · · · · · · · · · · · · ·	5,097		7,351		39,301	18,722	-2,662
d	Grant	s or scholarships							
e		r expenditures for facilities rograms					59,162	133,196	71,865
f	A dmı	nistrative expenses							
g	End o	f year balance	156,603		151,506	1	44,155	164,016	178,490
2	Provid	· · · · · · l de the estimated percentage of the	current year end bal	lance (line	e 1a. col	L umn (a)) held	as		
a		designated or quasi-endowment >	0 %		5/	(4)/			
b		anent endowment ► 89 400 %							
c	Temp		10 600 % should equal 100%						
3а	A re th	nere endowment funds not in the pos ization by	•		hat are h	neld and admı	nıstere	d for the	Yes No
	. ,	related organizations							A(i) No
b		lated organizations s" on 3a(ii), are the related organiz		 Jured on S		 D2			i(ii) No
4		ribe in Part XIII the intended uses of	·				•	· · · · <u>· · · · · · · · · · · · · · · </u>	90
	rt VI	Land, Buildings, and Equip							_
		Complete if the organization a		Form 99					
		Description of property			(a) st or other (investme	basis Cost or	(b) other ba ther)	Accumulated (c) depreciation	(d)Book value
1 a	Land						481,8	394	481,894
b	Buildin	gs		· ·			4,014,3	366 1,589,90	2,424,464
		nold improvements							
d	Equipm	nent		.			400,1	.52 365,28	34,865

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

84,918

3,026,141

65,697

150,615

.

	Investments—Other Securities.	Complete if the organ	nization answered 'Yes'	Page 3 on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category.	gory	(b) Book value	(c)Method of valuation
(1)Financia	(including name of security) al derivatives			Cost or end-of-year market value
(2)Closely	-held equity interests			
(3)Other (A) EQUIT	Y MUTUAL FUNDS		135,957	F
(B) FIXED	INCOME MUTUAL FUNDS		96,890	F
(C) MONE	Y MARKET FUNDS		4,741	F
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 12	·) •	237,588	
	Investments—Program Related Complete if the organization answe	l		Faura 000 Bank V June 13
	(a) Description of investment	Treat res on rorm 55.	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
Total. (Colur Part IX	other Assets. Complete if the organiz		Form 990, Part IV, line 1:	1d See Form 990. Part X. line 15
	(a) D	escription	, ,	(b) Book value
(1) ART IN (2) PERMA	NENT ART COLLECTION			811,153 403,164
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lı	ine 15)		
Part X	Other Liabilities. Complete if the See Form 990, Part X, line 25.	organization answere	d 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book value		
Federal inc	ome taxes			
CITY ARTS	S PROGRAM	9	70	
LINE OF C	KEDII	35,0	100	
			_	
			_	
	nn (b) must equal Form 990, Part X, col (B) line 25 , for uncertain tax positions In Part XIII, pr			financial statements that

Net unrealized gains (losses) on investments

1

2

а

b

c

d

Part XII

1

2

а

c d

3

b

Part XIII

information

PART III, LINE 4

1,166,348

1,026,784

3,297

1,023,487

200,148

1,223,635

Schedule D (Form 990) 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 954,761 Amounts included on line 1 but not on Form 990, Part VIII, line 12

2a

2a

2b

2c

2d

4b

THE COLLECTIONS ARE USED IN THE "CIRCULATING PICTURE CLUB" (CPC) PROGRAM IT WAS STARTED IN 1933 BY WALTER E BAUM THE CPC PROVIDES PAINTINGS FOR BANKS, PROFESSIONAL OFFICES AS WELL AS INDUSTRIAL AND EDUCATIONAL CLIENTS THERE ARE

CURRENTLY 545 PAINTINGS IN CIRCULATION THE CPC PROGRAM ENRICHES THE

-14.736

3,297

200.148

2e

3

4c

5

2b 2c 2d 3,297

Add lines 2a through 2d . . 2e -11,439

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

COMMUNITY THROUGH THE EXHIBITION OF THE PAINTINGS

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Donated services and use of facilities

Other (Describe in Part XIII)

Supplemental Information

Prior year adjustments

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

3	Subtract line 2e from line 1			3	966,200
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b	200,148		
C	Add lines 4a and 4b			4c	200,148

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Form 990) 2015

Return Reference	nce Explanation				
PART IV, LINE 2B	CITY ARTS IS A JOINT VENTURE BY THE ALLENTOWN ART MUSEUM, THE BAUM SCHOOL, COMMUNITY MUSIC SCHOOL, ALLENTOWN SYMPHONY, CIVIC THEATRE OF ALLENTOWN, AND REPERTORY DANCE THEATRE THE BAUM SCHOOL PROVIDES THE ACCOUNTING FOR THE PROGRAM AND GIVES EACH ORGANIZATION THEIR SHARE OF PROFITS FROM THE PROGRAM				
PART V, LINE 4	SCHOLARSHIPS AND OPERATIONS OF THE SCHOOL				
PART X, LINE 2	UNCERTAIN TAX POSITIONS ARE EVALUATED IN ACCORDANCE WITH FASB ASC 740-10 FASB ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATIONS FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-THAN-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET FASB ASC 740- 10 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE THE ORGANIZATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS OR ACCRUED INTEREST OR PENALTIES THE ORGANIZATION FILES ITS 990 WITH THE UNITED STATES INTERNAL REVENUE SERVICE AND WITH THE BUREAU OF CHARITABLE ORGANIZATIONS IN PENNSYLVANIA THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2013				
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 3,297				
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS 200,148				
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 3,297				
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS 200,148				

OMB No 1545-0047

Open to Public Inspection

SCHEDULE E (Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue Service

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

Schools

▶ 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.

Name of the organization THE BAUM SCHOOL OF ART

Employer identification number

Da	23-1607174			
Fe			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	NO
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
•		-		
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
(d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	_		
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
ı	b Admissions policies?	5b		No
(c Employment of faculty or administrative staff?	5c		No
(d Scholarships or other financial assistance?	5d		No
•	e Educational policies?	5e		No
1	f Use of facilities?	5f		No
,	g Athletic programs?	5g		No
I	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		-		
6	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
ı	b Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	IT IS STATED IN ALL PUBLICATIONS THAT ALL STUDENTS ARE INVITED TO ATTEND
COLIEDUIL E E DA DT. LUNE C	THE ODG A NIZATION DECENTED FUNDS EDOM CONTENNATION ENTITIES IN THE

Schedule E (Form 990 or 990-EZ) (2015)

Page 2

SCHEDULE E. PART I. LINE 6 THE ORGANIZATION RECEIVED FUNDS FROM GOVERNMENT ENTITIES IN THE AMOUNT OF \$30,446

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493355005276

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" on 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 irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization HE BAUM SCHOOL OF ART						Employer ide	ntification number
						23-1607174	1
Part I Fundraising Ac Form 990-EZ file			_	ation answered "Yes" his part.	on Form	n 990, Part I\	/, line 17.
Indicate whether the orga	nızatıon raısed fur	nds throug	h any of th	ne following activities C	heck all tl	hat apply	
a Mail solicitations				e Solicitation of n	on-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	sing event	s	
d In-person solicitation	ns						
Did the organization have or key employees listed in services?							es No
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agree	ements un	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundrai	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
•		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
.0							
otal			•				
					<u> </u>		1
3 List all states in which the registration or licensing	organization is reg	istered or	ncensea	o soncit contributions t	or mas bee	n notinea it is	exempt nom

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)Other events	(d)	
		GALLERY (event type)	ART AUCTION (event type)	(total number)	Total events (add col (a) through col (c))	
Reverne	1 Gross receipts	40,623	115,936	60,985	217,544	
	2 Less Contributions	22,629	41,031	53,050	116,710	
	4 Cash prizes	17,994	74,905	7,935	100,834	
Expenses	6 Rent/facility costs	1,856	6,804		8,660	
Direct E	9 Other direct expenses	15,069	62,300	13,188	90,557	
Ē	10 Direct expense summary Add lines 4	1 through 9 ın column (d)		99,217	
	11 Net income summary Subtract line 1	0 from line 3, column (d)	•	1,617	
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on	
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))	
<u> </u>	1 Gross revenue					
Expenses	2 Cash prizes					
	3 Noncash prizes					
Direct Cirect	5 Other direct expenses					
	5 Other direct expenses					
	6 Volunteer labor	☐ Yes	│	☐ Yes		
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)			
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)			
9 a	Enter the state(s) in which the organiza				Yes No	
b	if "No," explain					
.0a	Were any of the organization's gaming li	icenses revoked, suspe	nded or terminated during	the tax year?	Yes No	
b	If "Yes," explain					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments of the Complete if the organization of the Complete if the Organization of
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Treasury

Internal Revenue Service

Name of the organization

THE BAUM SCHOOL OF ART

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493355005276

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

						23-160/1/4	
Part I General Information	on Grants an	d Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	ssistance?				tance, and	√ Yes No
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 50.3 Enter total number of other organ							

Cat No 50055P

MERIT AWARDS, COMMUNITY OUTREACH, ACCESSIBILITY FOR THOSE WITH DISABILITIES, AND FINANCIAL ASSISTANCE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493355005276

Noncash Contributions

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

2015

Inspection

OMB No 1545-0047

Open to Public

23-1607174

Department of the Treasury

THE BAUM SCHOOL OF ART

(Form 990)

► Attach to Form 990.

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

Internal Revenue Service Name of the organization **Employer identification number**

Types of Property (b) (d) (a) (c) Check Number of contributions Method of determining Noncash contribution ١f or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 20,565 FAIR MARKET VALUE Art—Works of art . . . Χ Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . 10 Securities—Closely held stock.

11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . .

20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions

29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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

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? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2015)

Yes

No

Νo

Νo

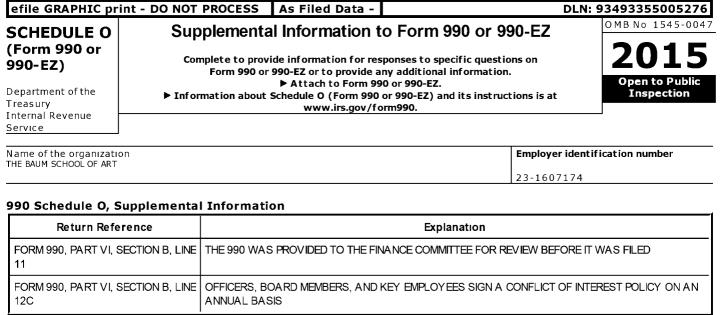
Νo

b If "Yes," describe in Part II

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information

Return Reference		Explanation
	FORM 990, PART VI. SECTION	EVERY TWO YEARS. THE BOARD REVIEWS SALARIES WITH THE NATIONAL GUILD TO DETERMINE

Cumlemetics.

B. LINE 15A SALARIES

C. LINE 19

FORM 990. PART VI. SECTION I THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference Explanation

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

FORM 990 PART XI LINE 2C