Form **990**

OMB No 1545-0047 2016

Department of the Treasury

100

Return of Organization Exempt From Income Tax
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 should Form 990 and the Instructions is at Manual to gouffer money.

ગાલમુકાં આવાલું છ

	Interr	al Reven	ue Service	Information	about Form 990 and its instruct	ions is at www.ii	rs.gov/torms	990.		: mabagiou
	A	For the	2016 calend	dar year, or tax year begir	ining Jul 1	, 2016, and	ending J	un 30		, 2017
	В	Check if a	applicable	C Name of organization New	School for the	Arts		D Emplo	yer iden	tification number
		Add	ress change	Doing business as				86-	0794	033
		\vdash	ne change		if mail is not delivered to street address	ess)	Room/suite	E Teleph		
		\vdash	· ·			ĺ				
		\vdash	t	1216 E. Apache B	Country, and ZiP or foreign postal cou		<u> </u>	(48	0) 4	181-9235
		\vdash	return/terminated		country, and 211 or loreign poster cou			1_		
		Ame	ended return	Tempe		AZ 85	281			\$1,849,950.
		Appl	lication pending	F Name and address of principal	officer.		1	this a group retur		1.00
				Katy Cardenas 1216 E.		. AŽ 85	281 H(B) Ar	e all subordinates No,' attach a list	included	d? Yes N
	<u> </u>	Tax-ex	xempt status	X 501(c)(3) 501(c) () ◄ (insert no.)	947(a)(1)_or	527	,		,
	J	Webs	site: > www	w.aznsaa.com	1		H(c) Gr	oup exemption nu	ımber 🕨	>
	ĸ	Form o	of organization	X Corporation Trust	Association Other	L Year of	formation. 1	995 M:	State of I	legal domicile AZ
	Pa		Summan		<u> </u>					
	Value and				or most significant activities	Educa	tion			
		_			teaching philoso	~		exper	ent	ial
	ည္ကို				ne integration of					***
	Ē		101105 -011		70. 31103545511 01			<u> </u>		
	Governance	2 0	heck this hox	✓ ☐ if the organization	discontinued its operations	or disposed of r	nore than 25	% of its net a		
ಐ೦	8				ing body (Part VI, line 1a)				3	}
2018	Activities &				of the governing body (Part \				4	
\sim	ië.				alendar year 2016 (Part V, II				5	4.9
ഹ	.≧				cessary)				6	(
$\boldsymbol{\circlearrowleft}$	AC	7 a T	otal unrelated	d business revenue from Pa	rt VIII, column (C), line 12 .				7a	0.
5		b N	let unrelated l	business taxable income fro	om Form 990-T, line 34				7b	0.
£								Prior Year		Current Year
- h		8 C	Contributions a	and grants (Part VIII, line 1h	1)			1,616,7	82.	1,621,019.
7 5	Revenue	9 P	Program servi	ce revenue (Part VIII, line 2	g)			212,6		222,909.
1 7	Š	10 Ir	nvestment inc	come (Part VIII, column (A),	lines 3, 4, and 7d)		[65.	1,755.
	۱ تم				5, 6d, 8c, 9c, 10c, and 11e					2,108.
		12 T	otal revenue	- add lines 8 through 11 (r	nust equal Part VIII, column	(A), line 12)		1,831,7	61.	1,847,791.
W		13 G	Frants and sin	nilar amounts pald (Part IX,	column (A), lines 1-3)					
0,0	j				column (A), line 4)					
]		•	-	penefits (Part IX, column (A),			1,028,4	38	964,138.
	es			•	umn (A), line 11e)			1,020,3	~~ 	<u> </u>
	E						.,			
	Expenses	bТ	otal fundraisi	ng expenses (Part IX, colun	nn (D), line 25)	TED	10.			
	-	17 C	Other expense	es (Part IX, column (A), lines	11a-11d-11f-24e) F.C.E.	いたこう	.}	826,5	71.	760,481.
	- (18 T	otal expense:	s. Add lines 13-17 (must eq	ual Part IX, column (A), line	25)	31	1,855,0	09.	1,724,619.
	- 1	19 R	Revenue less	expenses. Subtract line 18	from line 120	۲. علاوی ۱۰ اخ	51 · ·	-23,2	48.	123,172.
-	हे हैं				IOI FEB O	3 2010 10		nning of Currer	it Year	End of Year
	Assets or Balances	20 T	otal assets (F	Part X, line 16)	W FEB U	المعتقبيسين	-1	3,057,0		2,622,192.
	₹ <u>6</u>	21 T	otal liabilities	(Part X, line 26)		M. 1.1.1.		3,042,9		2,611,009.
	ž Ž			fund balances Subtract line	21 from line 20 OGDE	-14-9-		14,0		11,183.
1			Signature		ZT HOLLING ZO				00.1	11,103.
ł	Spirit, w	to a contract of	<u></u>				- 4b - b - 4 - 4		11-8 10 1-	to a conset and
	comp	ete Deck	s of perjury, I deci aration of prepare	are that I have examined this return, ir (other thad officer) is based on all i	including accompanying schedules a information of which preparer has any	knowledge	o the best of my i	diowledge stid be	ilei, il is i	true, correct, and
-				V/				1-3	7-1	8
	ci~	_	Signature	e of officer				Date		<u> </u>
	Sig Her	, 11	77-4	· Canalana			Eve	autimo D	1000	
	1161	•		/ Cardenas print name and title			EXE	cutive [<u>Jean</u>	
-				eparer's name	Preparer's signature	Date		Total T		PTIN
	_	_			1 /	1 .		Check	J"	. ,
	Pai			y Lorenzo	1 Anthony Stores	1/2 1/	-30 - 18	self-employe	4	
		parer		LORENZO, PLC		<u></u>		_		
	US	Only	Firm's addres	ss <u>1450 W. GUAD</u>	ALUPE RD. STE 111			Firm's EIN	<u>86-</u>	-1097761
			l	GILBERT	A2	85233		Phone no	(480	0) 644-1097
1	140.4	the ID	منطة ممسمة	return with the property of	own shove? (see instruction	-\				Y Ves No

BAA For Paperwork Reduction Act Notice, see the separate instructions.



TEEA0101 11/16/16

Form 990 (2016)

	1 330 (2		ior the Arts			86-079	34933	Page 2
Par		Statement of Progra						
		Check if Schedule O conta		to any line in this Part	<u>III</u>			· · · <u> </u>
1	-	describe the organization's						
		School for the A ds-on learning, a						
	0:44							
2		e organization undertake an 990 or 990-EZ?					□ v _{**} 5	
	If 'Yes	describe these new servic	ces on Schedule O				Yes [X No
3		e organization cease condu- describe these changes o		nt changes in how it co	enducts, any program	services?	Yes	X No
4	Sectio	be the organization's progra n 501(c)(3) and 501(c)(4) or venue, if any, for each prog	rganizations are require	nents for each of its thi d to report the amount	ree largest program se of grants and allocati	ervices, as measured ons to others, the tot	by expenses. al expenses,	
4 a	(Code:) (Expenses	\$ 1,577,051	. Including grants of	\$	0.)(Revenue \$	1,847,	791.)
		School services rs an alternativ	approximately		ool students.	The School		
	<u>in</u> t	he arts.						
4 b	(Code:) (Expenses	\$	including grants of	\$) (Revenue \$)
							~~~~	
			<del></del>			<del></del>		
4 c	(Code:	) (Expenses	\$	including grants of	\$	) (Revenue \$	<del></del> -	)
	~							
		<del></del>	<del></del>	- <del></del>				
4 d		program services (Describe		to of C	\ /D	aug Ć		
	(Expen		including gran  ▶ 1.577		) (Rever	ine 5		
48	i otai p	rogram service expenses_	<u> </u>	,051.				

86-0794933 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . Х 2 Х 3 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III. 5 Х 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, Х 6 7 Х 8 Х X 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. . . . . 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11b Х X 11 c Х X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11e 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. X 111 Х 12a 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 . . . . . . . . . . Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Х X 14b Х 15 Х 16 17 Х 17 Х 18 Х

# Form 990 (2016) New School for the Arts Pantiva Checklist of Required Schedules (continued)

			Yes	No
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	{
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	Х	
ا	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X	
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
1	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	o If 'Yes' to line 35a, dld the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35ъ		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	х	

# Form 990 (2016) New School for the Arts Part 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 . . . . .

	Check if Schedule O contains a response or note to any line in this Part V	• • •	<u></u>	ىلىن
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100	Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	76.0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		E.	
	(gambling) winnings to prize winners?	1 c	No.	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 49			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has It filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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		x
	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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	—	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ļ	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<del>                                     </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 0		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
,	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
8	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
-	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
ŧ	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ľ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2016) New School for the Arts	86-0794933		Page
Partivis Governance, Management, and Disclosure For each 'Yes' response to lines 2	through 7b below.	and	for
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, process	es, or changes in		
Schedule O. See instructions.	_		_
Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · · · · · ·	• • • •	X
Section A. Governing Body and Management			
		Y	es No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a	4		
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 1 b	2		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other		
officer, director, trustee, or key employee?	-	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person?	supervision	3	X
4 Did the organization make any significant changes to its governing documents	· · · · · · · · · · · · · · · · · · ·	<del>-</del>  -	<del>- -^</del>
since the prior Form 990 was filed?	<b>[</b>	4	V
	<u> </u>		- X
· · · · · · · · · · · · · · · · · · ·	L	5	X
6 Did the organization have members or stockholders?		6	X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	1	_	1
members of the governing body?		7 a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			ŀ
stockholders, or persons other than the governing body?		7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the following:	ne year by		
a The governing body?		8a 2	K
b Each committee with authority to act on behalf of the governing body?		8 b 2	K
9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9 2	<b>κ</b>
Section B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code	a.)
		Ye	
10a Did the organization have local chapters, branches, or affiliates?		0a	- X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to	<u></u>		
operations are consistent with the organization's exempt purposes?		0 Б	l
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	Lawrence 1	1a >	<del>,  </del>
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		2a }	7
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		-4	<del>`</del>
to conflicts?		2Ь	x
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' desc	ribe in		<del></del>
Schedule O how this was done	J	2 c	X
13 Did the organization have a written whistleblower policy?		3 X	
14 Did the organization have a written document retention and destruction policy?		1 X	: -
15 Did the process for determining compensation of the following persons include a review and approval by inde			
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a The organization's CEO, Executive Director, or top management official		Sal	X
b Other officers or key employees of the organization.			$\frac{x}{x}$
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	(C)		
·			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?		a	X
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?	16	b b	
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed Arizona			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	on 501(c)(3)s only) avai	lable	. — •
	in Schedule O)		
	-		
<ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finanthe public during the tax year.</li> <li>State the name address and telephone number of the person who possesses the organization's books and</li> </ul>			
THE NEED TOO DAME STORES AND TELEPHONE DIFFINED OF THE DESCRIPTION WAS PACKEDED THE AMERICAN'S MARKE AND	records:		

Organization

85281

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Form 990 (2016)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
	1			(C)				1			
(A) Name and Title	(B) Average hours per		qu	ector/	'truște			(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Donald Marshall President	1.00	х						0.	0.	0.	
(2) Jane Dowell Secretary/Treasurer	1.00	х						0.	0.	0.	
(3) Katy Cardenas Vice President/Exec. Dean	40.00 20.00	Х		х				57,423.	33,144.	15,599.	
(4) Julie Adams Bd Member	20.00	х						18,170.	0.	4,699.	
(5)											
(6)											
_(7)											
(8)											
(9)											
(10)					,						
(11)											
(12)											
(13)										<del></del>	
(14)											

TEEA0107 11/16/18

Page 8

(A) Name and title	Average hours per week	(do	not cl unle	Pos heck ss pe	ition more rson directe	habitis Highest compensated	one (an	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)						8	_			
(16)				_	_	-	_			
(17)							-			
(18)				,	_		-			
(19)										
(20)							_			
(21)					_					<u> </u>
(22)									· 	
(23)										<del> </del>
(24)							_			
(25)										<del>                                     </del>
1 b Sub-total	<u> </u>	Щ.				<u> </u>	<b>&gt;</b>	75,593.	33,144	. 20,298.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							► • eive	75,593. d more than \$100,0	33, 144 000 of reportable o	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	dividual		• •	• •		• • •				3 X
4 For any individual listed on line 1a, is the sum of representation and related organizations greater the such individual	oortable co han \$150,0	ompe 000?	nsat If 'Y	ion 'es,'	and com	other oplete	Sc	mpensation from hedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c	ompensati omplete S	on fre	om a	any i <i>I for</i>	unre suc	lated h per	org son	ganization or individ	lual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation from the organization of the compensation of the compensatio	ed indepe	nden	t cor	ntrac	ctors	that	rec	elved more than \$1	00,000 of	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation										
				-						
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim ► 0	nited	to th	ose	liste	ed ab	ove	) who received mor	re than	

		Check if Schedule O c	ontains a r	espo	nse or note to any lir	e in this Part VIII .		<u></u> .Υ	<u> </u>
				i i		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1 a	Federated campaigns .		1 a				ATLEMAN I	
<u> </u>		Membership dues	<b>⊢</b>	1 b					
2 5		Fundraising events	<b>⊢</b>	1 c	-				
# Y		Related organizations .	<u> </u>	1 d					
<u>ن</u> ≅		Government grants (contribution	-	1 e	1,599,752.				
8 2		•	· -		1,333,132.				
널힐	Ť	All other contributions, gifts, grasimilar amounts not included a	ants, and	1 f	21,267.				
물리		Noncash contributions included	_		21,201.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f .				1,621,019.			
<u>©</u>		Totall Flag IIII 5			Business Code	1,021,019.			
Program Service Revenue	2 a	Supply Sales-St	-udente	,	900099	36,967.	36,967.	0.	0
्ट्र		Management services-re				34,500.	34,500.	0.	0
8				IOOT	611620	30,729.	30,729.	0.	0
Ž		School activiti		. <b>–</b> –		120,713.	120,713.	0.	0
Ϋ́	a	Facility rented t	o a scu	<u>00 T</u>	331120	120,713.	120,113.	0.	<u></u>
ᇤ		All other program service							
ဦ		Total. Add lines 2a-2f			<b>.</b>	222 000			
-	_					222,909.			
	3	Investment income (incluother similar amounts).	aing aiviae	enas,	Interest and	1,755.	1,755.	0.	0
	4	Income from investment				1,100.	1,755.		
	5	Royalties							
	•	, toyamoo: 1	(i) Rea		(ii) Personal				
	6 a	Gross rents							
		Less: rental expenses			<del></del>				F
		Rental income or (loss)							
		Net rental income or (los	e)						
		` 1	(i) Securi		(li) Other				
	7 a	Gross amount from sales of assets other than Inventory	***			$\mathbf{r}$			
		_							
	b	Less: cost or other basis and sales expenses							
	_	Gain or (loss)							
		Net gain or (loss)							
ĭ.	8 a	Gross income from funda (not including \$	aising eve	nts 0.				1 37.76	
/er		of contributions reported	on line 1c)						
Re		See Part IV, line 18			a 4,267.				
Other Revenu	h	Less: direct expenses			b 2,159.				
Ę.		Net income or (loss) from				2,108.		0.	2,108
O		•				2,100.			
	9 a	Gross income from gami See Part IV, line 19	ng activitie		a				
	Ь	Less: direct expenses			b				
		Net income or (loss) fron			ies	Special and special sp	Section 1		
		• •							
	nua 	Gross sales of inventory, and allowances	, less retur		а				
	Ь	Less: cost of goods sold			b				
		Net income or (loss) from			tory ▶				
		Miscellaneous Revenu			Business Code				
	11 a			_					
	b	, <del></del>							
	c	<del></del>							
	d All other revenue								
		Total. Add lines 11a-11c	1		·				
	l	Total revenue. See inst				1,847,791.	224,664.	0.	2,108

### Partix Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits pald to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,612.	69,612.	0.	0.
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	742,009.	661,149.	80,860.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44 256	36 300	0.036	
9	Other employee benefits	44,256. 47,110.	36,220.	8,036.	0,
10	Payroll taxes		<u>37,924.</u>	9,186.	0.
11	Fees for services (non-employees):	61,151.	55,124.	6,027.	0.
٠.	Management				
	b Legal	854,		0.5.4	
	Accounting	16,409.	<u>0.</u> 0.	854. 16,409.	0.
	Lobbying	10,409.	<u> </u>	10,409.	0.
	Professional fundraising services. See Part IV, line 17				<del></del>
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	104,709.	104,709.	0.	0.
	Advertising and promotion	105.	0,	105.	0.
13	Office expenses	108,604.	108,379.	225.	0.
14	Information technology	728,	728.	0.	0.
15 16	Royalties	267 042	267 042		
17	Travel	267,843. 37,161.	267,843. 33,282.	0. 3,879.	<u> </u>
18		37,101.	33,262.	3,619.	0.
	Conferences, conventions, and meetings				
	Interest	839.	0.	839.	0,
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	171,963.	171,963.	0.	0.
23 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.)	18,790.	0.	18,790.	0.
s	Dues and fees	31,180.	28.822.	2,358.	0.
t		1.296.	1,296.	2,358. 0.	0.
-			1,230.		<u> </u>
e	*				
25	Total functional expenses. Add lines 1 through 24e	1,724,619.	1,577,051.	147,568.	0.
26		_, ,	_, , 001.	23.7000.	<u> </u>

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	159,728.	1	244,618.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,298.	3	5,389.
	4	Accounts receivable, net		4	
	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	
<u>v</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges	391,084.	9	14,353.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
J	b	Less, accumulated depreciation 10b 2,401,354.	2,495,918.	10 c	2,357,832.
l	11	Investments – publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	-
- 1	13	Investments – program-related. See Part IV, line 11		13	
i	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
ļ	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,057,028.	16	2,622,192.
	17	Accounts payable and accrued expenses	21,177.	17	6,232.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	3,004,265.	20	2,602,316.
န	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,461.	21	2,461.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del> </del>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,057.	25	
	26	Total Ilabilities. Add lines 17 through 25	3,042,960.	26	2,611,009.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			The Contract of the Sale Comments of the Sale of the S
ة	27	Unrestricted net assets	14,068.	27	<u>11,183.</u>
똃	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ġ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, bullding, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ie l	33	Total net assets or fund balances	14,068.	33	11,183.
	34	Total liabilities and net assets/fund balances	3,057,028.	34	2,622,192.
BA	١	·			Form 990 (2016)

Form	m 990 (2016) New School for the Arts	86-0794933	Page	: 12
:Pa	形义 Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,847,79	1.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,724,61	
3	Revenue less expenses. Subtract line 2 from line 1	3	123,17	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,068	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-126,05	7.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
5	column (B))	10	11,183	<u>3.</u>
laa.	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>		L
			Yes N	10
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	, <b></b>	2a 2	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis			
_				
,	b Were the organization's financial statements audited by an independent accountant?		2 b X	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		
`	review, or compilation of its financial statements and selection of an independent accountant?	,	2 c   2	X
	If the organization changed either its oversight process or selection process during the tax year, explain			
_	in Schedule O.			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngie	3a 3	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		_
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990 (201	6)
			<b>\</b> -	•

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

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

Name of the orga	anization					Employer identific	cation number			
	ool for the Arts					86-079493				
Partil Ro	eason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instructio	ns.			
The organizat	tion is not a private foundat	ion because it is. (For	lines 1 through 12, chec	k only or	e box.)		$\sim$			
1 Ac	hurch, convention of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(	A)(I).	~ ^ )			
2 X As	chool described in section	170(b)(1)(A)(II). (Attac	ch Schedule E (Form 99	or 990-	EZ).)		()			
3 Ah	ospital or a cooperative hos	spital service organiza	tion described in <mark>sectio</mark> r	170(b)(	1)(A)(III)	).				
	nedical research organizatione, city, and state:	on operated in conjunc	tion with a hospital desc	ribed in s	section	170(b)(1)(A)(III). Enter	the hospital's			
5 An	organization operated for the tion 170(b)(1)(A)(iv). (Con	ne benefit of a college	or university owned or o	perated i	 by a gov	ernmental unit describe	 ed in			
	ederal, state, or local gover	•	ıl unit described in <b>sectio</b>	on 170(b	)(1)(A)(\	<b>/</b> ).				
7 An	organization that normally rection 170(b)(1)(A)(vi). (0	recelves a substantial   Complete Part II.)	part of its support from a	governn	nental u	nit or from the general p	public described			
	ommunity trust described in	•	(vi). (Complete Part II.)							
=	agricultural research organi			perated i	n coniur	nction with a land-grant	college			
or u	university or a non-land-grain versity.									
fror inve	organization that normally r n activities related to its exe estment income and unrelated to 30, 1975. See section 50	empt functions—subjected business taxable in	et to certain exceptions, a ncome (less section 511	ind (2) no	o more t	han 33-1/3% of its supr	ort from gross			
			·	See <b>sec</b> t	ion 509	(a)(4).				
T or r	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									
a Typ	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g  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.									
ு mai	oe II. A supporting organiza nagement of the supporting st complete Part IV, Secti	r organization vested it	trolled in connection with n the same persons that	its supp control o	orted or r manag	ganization(s), by having ge the supported organi	g control or zation(s). You			
	pe III functionally integrate anization(s) (see instruction		nization operated in conn te Part IV, Sections A.	ection w D. and E	ith, and	functionally integrated v	vith, its supported			
d ∏ _{Tyr}	be III non-functionally Intectionally intectionally integrated. The organizations). You must comp	egrated. A supporting of	organization operated in ust satisfy a distribution	connecti	on with i	its supported organization	on(s) that is not			
e Che	eck this box if the organizategrated, or Type III non-fund	ion received a written	determination from the II	RS that it	is a Typ	oe I, Type II, Type III fur	nctionally			
	he number of supported org									
a Provide	e the following information a	about the supported or	ganization(s).							
(i) Name o	f supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(A)	· · · · · · · · · · · · · · · · · · ·									
(B)										
(C)										
(D)										
(E)										
) <del>-</del>						<del></del>				
Total										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				·	<u> </u>	
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						· · · · · · · · · · · · · · · · · · ·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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						
Sec	tion B. Total Support		·	/			
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			1			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1			
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.)						
11	Total support. Add lines 7 through 10						-
12	Gross receipts from related activiti	ies, etc. (see instru	ictions)			12	·····
13	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu Public support percentage for 201	blic/Support F	Percentage				
14	Public support percentage for 201	6 (line 6, column (	f) divided by line 1	1, column (f))		14	<u>%</u>
15	,, ,	/					<u>%</u>
	33-1/3% support test—2016. If and stop here. The organization of	qualifies as a public	ciy supported orga	nization			▶ ∐
b	33-1/3% support test—2015/If the and stop here. The organization	e organization did qualifies as a publi	not check a box of cly supported orga	n line 13 or 16a, ar Inization	nd line 15 is 33-1/3	% or more, check th	nis box · · · · · · ►
17a	10%-facts-and-circumstances to or more, and if the organization meters the 'facts-attention meets the 'facts-attention me	eets the 'facts-and	l-circumstances' te	st_check this box a	and stop here. Exp	lain in Part VI how	▶
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' te st. The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp plicly supported org	lain in Part VI how tanization	the □
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ [

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						1
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.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				/		
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b		-				
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	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						
11	Add lines 10a and 10b		<u> </u>				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12.)	/					
	First five years. If the Form 990 is organization, check this box and s	top here	<u></u>				▶ □
	tion C. Computation of Pu			) national (5)			
	Public support percentage for 201			****			
	Public support percentage from 20				· · · · · · · · · · · · · · · · · · ·	16	
	tion D. Computation of Inv					4= 1	
	Investment income percentage for	•		•	• •	<del></del>	
18	Investment income percentage fro						8
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check the control of t	his box and stop h	e <b>re.</b> The organizat	tion qualifies as a p	publicly supported o	organization	▶ [_]
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	۱ <i>۰</i> ۰ ۰ ۰ ۰ ۰ ▶ ∐
20	Private foundation. If the organiz	alion did not checi	va box on line 14,	198, Or 190, Check	Cuiis dox and see i	iistructions	

Rangiva Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	
	Yes	No
1		
2	F1 22 - 20	Straine VI
3a		
3b		
3c		Seminary
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9a	-	
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9b		
9c		
10a		200
106	,	

Pa	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	10-7-10-5	Yes	No
•••	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	-	<del>                                     </del>
	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.	11c		<b>_</b>
Se	ction B. Type I Supporting Organizations			
			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		
	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		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		Const. Colors	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
	a The organization satisfied the Activities Test Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	tions).		
_	A U.S. of all Annual (A) hadrons	ſ		
2			Yes	No
	a 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		
	b 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 <b>Part VI</b> 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 each of the supported organizations? Provide details in Part VI.	3a		
	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		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 2	0, 1970 (explain in Part V implete Sections A throug	l). See h E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses pald or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoverles of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ated Type	III supporting organization	on
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016

Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continuea)	
tion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt purpos	ies		
Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	e details	
Distributable amount for 2016 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(ili) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2016:			
From 2013			
From 2014			
From 2015			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2016 distributable amount			
Carryover from 2011 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2016 from Section D, line 7:			
Applied to underdistributions of prior years			
Applied to 2016 distributable amount			
Remaining underdistributions for years prior to 2016, if any.  Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
Excess distributions carryover to 2017. Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2013			
Excess from 2014			
Excess from 2015			
Excess from 2016			
	Amounts paid to supported organizations to accomplish exempt purpose Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of support Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization Part VI). See instructions.  Distributable amount for 2016 from Section C, line 6  Line 8 amount divided by Line 9 amount  tion E — Distribution Allocations (see instructions)  Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See Instructions.  Excess distributions carryover, if any, to 2016:  **Total of lines 3a through e  Applied to underdistributions of prior years  Applied to 2016 distributable amount  Carryover from 2011 not applied (see Instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2016 from Section D, line 7:  \$ Applied to underdistributions of prior years  Applied to 2016 distributable amount  Remainder. Subtract lines 4a and 4b from 4.  Remaining underdistributions of prior years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2017. Add lines 3j and 4c.  Breakdown of line 7:  Excess from 2013  Excess from 2014  Excess from 2015	Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organization in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Amounts paid to acquire exempt-use assets  Caulified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions, Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provid in Part VI). See instructions.  Distributable amount for 2016 from Section C, line 6  Line 8 amount divided by Line 9 amount  tion E — Distribution Allocations (see instructions)  Distributions if any, for years prior to 2016 (reasonable cause required — explain Part VI). See instructions.  Excess distributions arryover, if any, to 2016:  From 2013	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Cualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions are amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount  tion E — Distribution Allocations (see instructions)  Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2016:  **From 2013

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Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)

Schedule A (Form 990 or 990-EZ) 2016

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Name	of the organization			<del></del>	Employer Identification	on number
	New School for the Arts				86-0794933	
Par	থাড়া Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fu	nds or Acc	counts.	
	Complete if the organization answer	ered 'Yes' on Form 990, F	Part IV, line 6.			
		(a) Donor advised t	iunds	(b) F	Funds and other acc	counts
1	Total number at end of year				<del></del>	·
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 are the organization's property, subject to the organization's property.	advisors in writing that the assignization's exclusive legal con	ets held in donor a trol?	dvised funds	Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other purpe	ose conferring	g	No
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, I	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the	ne organization (check all that a	ipply).			
	Preservation of land for public use (e.g., reci	reation or education)	Preservation of	of a historicali	y important land are	a
	Protection of natural habitat		Preservation of	of a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation c	ontribution in the f			·
				( + 22 denoted	Held at the End of	the Tax Year
	Total number of conservation easements			<b></b>		<del></del>
	o Total acreage restricted by conservation easeme			<del></del>	······································	····
	Number of conservation easements on a certifie		•	- 20		
	d Number of conservation easements included in structure listed in the National Register		<i>.</i>			······································
3	Number of conservation easements modified, tratax year ►	- -		y the organiz	ation during the	
4	Number of states where property subject to con-		***************************************			
5	Does the organization have a written policy rega and enforcement of the conservation easements					No
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violation	ons, and enforcing	conservation	easements during to	he year
7	Amount of expenses incurred in monitoring, insp ▶\$	pecting, handling of violations, a	and enforcing cons	ervation ease	ements during the ye	ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(li)?					No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in it the organization's financial stat	ts revenue and exp ements that descri	ense statem bes the organ	ent, and balance sho nization's accounting	eet, and 3 for
Pa	Complete if the organization answ	ections of Art, Historica vered 'Yes' on Form 990,	<b>I Treasures, o</b> Part IV, line 8.	r Other Si	milar Assets.	
1	a If the organization elected, as permitted under s art, historical treasures, or other similar assets in in Part XIII, the text of the footnote to its financi	held for public exhibition, educa	tion, or research ir	statement and furtherance	d balance sheet wor of public service, pro	ks of ovide,
	b If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these Items:	for public exhibition, education	, or research in fur	therance of p	ublic service, provid	of art, e the
	(i) Revenue included on Form 990, Part VIII, I	ine 1				
	(II) Assets included in Form 990, Part X					
2	amounts required to be reported under SFAS 1	16 (ASC 958) relating to these	items:			· - <del></del>
	a Revenue included on Form 990, Part VIII, line					<i>y</i> •
	b Assets included in Form 990, Part X			<i>.</i>	▶\$	1

Pai	Reconciliation of	Revenue per Audited Financial Statements With Revenue per Retu	rn.
	Complete if the org	anization answered 'Yes' on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other	r support per audited financial statements	1 1,849,950.
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12.	
		on investments	
		acilities	
•	c Recoveries of prior year grants	2c	
(	d Other (Describe in Part XIII.) •	2,159.	
•	e Add lines 2a through 2d		2e 2,159.
3	Subtract line 2e from line 1		1,847,791.
4	Amounts included on Form 996	D, Part VIII, line 12, but not on line 1:	
E	a Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	
Ł	b Other (Describe in Part XIII.) .		
c	Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and	4c. (This must equal Form 990, Part I, line 12.)	1,847,791.
Par	TXII Reconciliation of I	Expenses per Audited Financial Statements With Expenses per Re	turn.
	Complete if the orga	anization answered 'Yes' on Form 990, Part IV, line 12a.	
1	Total expenses and losses per	audited financial statements	1,726,778.
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25:	
a	a Donated services and use of fa	cilitles	
Ł	Prior year adjustments	2b	
		2c	
c	d Other (Describe in Part XIII.) .	2,159.	
e	Add lines 2a through 2d		2e 2,159.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990	), Part IX, line 25, but not on line 1:	
	· ·	ded on Form 990, Part VIII, line 7b	
	-	4b	
		<b></b>	l c
		d 4c. (This must equal Form 990, Part I, line 18)	1,724,619.
	tixili Supplemental Info		
Provi	ide 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, and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
une 4	t; Part X, line 2; Part XI, lines 20	and 4b, and Part An, lines 2d and 4b. Also complete this part to provide any additional i	nrormation.
	The	School maintains an account for receipts collected by	y student
	grou	ps/clubs to be used at the discretion of the student	s in the
Pt	<del>=</del>	cific group/club.	
	Unce	ertain Tax Positions - The School accounts for uncert	ain tax
	posi	tions, if any, in accordance with FASB Accounting St	andards
	<del>-</del>	fication Section 740. In accordance with these profe	

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Pt X, Line 2

Pt XI, Line 2d

Schedule D (Form 990) 2016

standards the School recognizes tax positions only to the extent that Management believes it is "more likely than not" that its tax positions will be sustained upon IRS examination. Management believes that it has

Fundraising expenses are deducted directly from revenue on Form 990.

no uncertain tax positions for the year ended June 30, 2017.

Pt XII, Line 2d Fundraising expenses are deducted directly from revenue on Form 990.

#### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number New School for the Arts 86-0794933

			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	Х	
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	X	
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		X
	The School is an Arizona public charter school. As such, discrimination is prohibited, and Arizona residents are aware that no school can discriminate in any manner.			
4	Does the organization maintain the following?			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	_4 a	X	
	nondiscriminatory basis?	4 b		Х
(	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c	х	:
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	X	
	if you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
	The School does not provide scholarships or other financial assistance.			
5	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	5 a	-	Χ
ı	b Admissions policles?	5 b		X
•	c Employment of faculty or administrative staff?	5 c		<u>X</u>
(	d Scholarships or other financial assistance?	5 d		Х
•	e Educational policies?	5 е		X
1	f Use of facilities?	5 f		Х
9	g Athletic programs?	5 g		Х
l	h Other extracurricular activities?	5 h		X
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	_X	- 17
	b Has the organization's right to such aid ever been revoked or suspended?	6 b		X
7	If you answered 'Yes' on either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections  4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If			
	4.01 tilloggi 4.05 of Rev. 1766. 7550, 19752 C.B. 507, covering factar folialistin intelliging in	7.	x	

86-0794933 Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Line 6b

The School receives monthly State aid payments and grants from the State of Arizona and federal agencies, based on the number of students enrolled and attending. These funds are used in accordance with the requirements set forth by the State of Arizona and/or the federal government.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990.
 Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Employer identification numbe 86-0794933

27.44							3	86-0794933	<u>س</u>		
(b) Issuer EIN	(c) CUSIP#	(d) Date issued	enssl (e)	nice	(j) Des	cription of p	esodun	(g) Defeased	1		(i) Pooled financing
86-0445981	72177MNZ6	05/22/13	3,930	,000. Re	payment	of previ	puod sno	Yes	Yes		Yes No
								-	1	+	- -
										-	_
				A		8		O		۵	
				152,249.							
Amount of bonds legally defeased				50,000.							
			4,2								
Gross proceeds in reserve funds									_		
Capitalized interest from proceeds											
			3,3	348,003.							
				75,264.							
Credit enhancement from proceeds			-								
Working capital expenditures from proceeds											
Capital expenditures from proceeds			-								
Other unspent proceeds											
Year of substantial completion			-	2013							
			Yes	No	Yes	SN S	Yes	2	X	F	9
a current refunding issue	•		×						3	+	
an advance refunding iss	ne?			×						$\frac{1}{1}$	
Has the final allocation of proceeds been made?	:		×							+	
equate books and record	Is to support the f	inal allocation	*							-	
6)										-	
				4			0			۵	
			Yes	ν	Yes	٩	Yes	Š	Yes	L	2
a partnership, or a memb	er of an LLC, whi	ch owned	<del></del>							-	
that may result in private	business use of									-	
otice, see the Instruction	ons for Form 990						-    	Sched	ule K (F	- m	2016
A IDA-County of Pima B C C C C Amount of bonds retired  A A mount of bonds retired  A A mount of bonds retired  A Gross proceeds in reserve funds  A Gross proceeds in retunding escrows  A Gross proceeds in retunding escrows  A Gross proceeds in retunding escrows  A Gross proceeds in reserve funds  A Gross proceeds in reserve funds  A Gross proceeds  A Credit enhancement from proceeds  A Were the bonds issued as part of a law the final allocation of proceeds  A Were the bonds issued as part of a law the final allocation maintain ade of proceeds?  B Are there any lease arrangements the bond-financed broperty?  BAA For Paperwork Reduction Act No	86-0445981 86-0445981  86-0445981  current refunding issue advance refunding issue hadvance refunding issue hat made?	(a) Issuer Name   (b) Issuer EIN   (c) CUSIP #	(b) Issuer EIN (c) CUSIP # (d) Date issued  86-0445981 72177MNZ6 05/22/13  86-0445981 72177MNZ6 05/22/13  current refunding issue?	(d) Date issued (e) Is  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/1	(d) Date issued (e) Is  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/13 3,  05/22/1	(d) Date issued (e) Issue price	(d) Date issued (e) Issue price (f) Descript  05/22/13 3,930,000. Repayment of 452,249.	(d) Date issued (e) Issue price (f) Description of purpose   150,22/13   3,930,000. Repayment of previous bond   452,249.   B	(d) Date issued (e) Issue price (f) Description of purpose Decorption of purpose OF No. 25/22/13 3,930,000 Repayment of previous bonds OF No. 25/22/9 A B C C C C C C C C C C C C C C C C C C	(d) Date issued (e) Issue price (f) Description of purpose Decorption of purpose OF No. 25/22/13 3,930,000 Repayment of previous bonds OF No. 25/22/9 A B C C C C C C C C C C C C C C C C C C	(d) Date issued (e) Issue price (f) Description of purpose   Defeased   Defea

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Schedule K (Form 990) 2016

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 New School for the Arts						86-0794933	933	т
Partill Private Business Use (Continued)								
	A			В		ပ		۵
-	Yes	No	Yes	No	Yes	No	Yes	_
3 a Are there any management or service contracts that may result in private business use of bond-financed property?								
b if 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
dlf 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. · · · · · · · · · · · · · · · · · · ·		96		9/0		&		:
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		9/0		dφ		ovo		
6 Total of lines 4 and 5		8		940		90	19	
7 Does the bond issue meet the private security or payment test?								
8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b if 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of		0/0		940		640		
c if Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								
Partity Arbitrage								
	A		1	В		ပ		۵

	¥		۵		•		_	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	×							
2 If 'No' to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								!
If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		×						
4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×				:		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Schedule K (Form 990) 2016	2016 New School for the Arts						86-0794933	33	Page 3
Harrival Arbitrage (Continued)	(Continued)								
		۷ - رود دوم	\ \frac{1}{2}		8	υ   			
5 a Were gross proce	5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?	<u> </u>	×	<b>C</b> 31		S	ON	SP I	2
b Name of provider									
c Tern of GIC	c Term of GIC								
d Was the regulatory	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross pr	Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization section 148?	7 Has the organization established written procedures to monitor the requirements of section 148?	×							
Partive Procedu									
		<b>▼</b>			B	0			Q
Has the organization est requirements are timely if self-remediation isn't a	Has the organization established written procedures to ensure that violations of rederal tax requirements are timely identified and corrected through the voluntary closing agreement program. If self-remediation isn't available under applicable regulations?	Yes	No	Yes	No	Yes	No	Yes	S S
Part VIM Supplem	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	to question	ns on Sch	edule K. S	ee instru	ctions			
Other	Part V - Not applicable as no violation or non-compliance was identified.	on-comp]	liance v	vas iden	tified.	onds we	Just en	ر ب د	
Pt II ln 3 A		7. 1.			) ;		<b>3</b>	3 3 5	

Page 3

86-0794933

New School for the Arts

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

New School for the Arts

Employer Identification number

86-0794933

The Executive Director receives the Form 990 directly from the CPA. Then, the Form 990 is forwarded to Board Members who read the return for accuracy, address questions or concerns prior to filing, then approve the Form 990 for filing.

Pt VI, Line 11b

Pt VI, Line 19

All documents are available upon request.

During the year ended June 30, 2017, the School implemented the provisions of FASB Accounting Standards Update No. 2015-03, resulting in a decrease to beginning net assets at June 30, 2016 of \$126,057.

Pt XI

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Servica Name of the organization

New School for the Arts

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2016

OMB No 1545-0047

Employer identification number

86-0794933

Rand Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.	complete if the organizati	ion answered 'Yes'	on Form 990, Pa	art IV, line 33.			! !
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) ntity Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	<b>D</b>
(1)							}
(2)							
(3)							
Randing Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	rganizations. Complete ons during the tax year.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had tax year.	answered 'Yes' (	on Form 990, P	art IV, line 34 bec	ause it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tus Direct controlling entity	lling Sec 512(b)(13) controlled entity?	(13) ntity?
						Yes	No
(1) New School for the Arts Middle School - 1216 E. Apache Blvd Tempe, AZ 85281	Education	AZ	501(c)(3)	170(b)(1)(A)(ii)	(ii) N/A		×
(3)							
(4)							1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001 09/09/16		Sche	Schedule R (Form 990) 2016	2016

86-0794933

Schedule R (Form 990) 2016 New School for the Arts

Parming Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	(i) General or managing partner?	(k) Percentage ownership
		country)		512-514)			Yes No		Yes No	
(1)										
				-						
										<del></del>
(2)										
										·····
(3)										
<b>IDATION Identification of Related Organizations Taxable as a Corporation or Trust</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	of Related Organit had one or mo	nizations ore related	Taxable as a organizations	Corporation or treated as a cor	Trust Complete poration or trust	if the organization	on answer	ed 'Yes' on Form	n 990, Part	

					L				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Died Died	(e) Type of entity	(f) Share of	(g) Share of end-of-	(h) Percentage	(i) Sec 512(b)(13)	13)
		(state or foreign	controlling	(C corp, S corp,		year assets	ownership	controlled en	int.
		//	(mm)					Yes	ટ
(1)									}
	- 1								
(2)									
	····								
									1
(6)	<del>- •</del>								
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Schedule R (Form 990) 2016

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l for the Arts	Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.
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New School	elat
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Schedule R (Form 990) 2016	ansactions With Related
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The property of the state of th					
Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	٦
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted in Parts II-IV?		報 間 報 報 報 報	36	
đ			7	<b>X</b>	
the state of the s					٦,
b Gift, grant, or capital contribution to related organization(s)			1 p	×	اہ
c Gift, grant, or capital contribution from related organization(s)			1c	×	
			;	;	١,
d Loans of loan guarantees to of for related organization(s)			B .	×	اد
e Loans or loan guarantees by related organization(s)		•	1e	× -	
			※ 高級者が		靈
			がある。	2000年である。	3
t Dividends from related organization(s)			11	X	اب
g Sale of assets to related organization(s)			19	× -	
			-	'	١.
In Functions of assets from related organization(s)	• • • • • • • • • • • •		=	×	اہ
i Exchange of assets with related organization(s)			:	× _	
i Losco of facilities equipment or other secate to related organization(e)			-	┞	П
			S THE PERSON NAMED IN COLUMN N	-15	37
					5
k Lease of facilities, equipment, or other assets from related organization(s)			1k	× 	
1 Doctomono of capitaes or mambarchin or fundraising coliribations for related organization(s)			Ę	  >	1
				+	
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×	اہ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	×	~
o Shanno of paid employees with related organization(s)			7	>	٦
			the leaf and the leaf	くとなる。	<u>آ</u>
p Reimbursement paid to related organization(s) for expenses			10	×	اب
a Reimbursement baid by related organization(s) for expenses			19	×	
					2
					Щ,
Cuther transfer of cash or property to related organization(s)			:	×	اب
s Other transfer of cash or property from related organization(s)			18	×	W
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and trai	saction thresholds.			
(a)	(P)	(5)	(5)		1
Name of related organization	Transaction	Amount involved	Method of determining	termining	_
	type (a-s)		amonut in	volved	- 1
					-
					- 1
			_		
					- 1
(4)					
					l
(5)					
					l
					J.
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86-0794933

Partiving Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) ina was not a related organization. Occ insurations regarding excussion to certain investment partitions.	Education, Octomore	novo filmingo cuos		1100000	auticionipo.					Ì	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign		(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	(i) Code V-UBI amount in box	(j) General or managing		(k) Percentage ownership
		country)		501(c)(3) organization		assets	allocations?	20 of Schedule K-1 (Form 1065)			-
		`	sections 512-514)	Yes No			Yes No		Yes	ž	
(1)											
					<del></del>						
(2)											
	<del>-</del> -	_									
(3)							-				
(4)											
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(4)							-				
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Schedule R (Form 990) 2016 New School for the Arts 86-079

Rattiville Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.