Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public, ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> _	For the	2017 calen	idar year, or tax year beginning	Jul 1	, 2017, a	nd endin	g Ju	n 30	, 20 18
В	Check If	applicable:	C Name of organization New Scho	ool for the A	rts			D Employ	er Identification number
	Address		Doing business as					86-0	794933
	Name ch	nange	Number and street (or P.O. box if ma	all is not delivered to stre	et address)	Room/sul	te	E Telepho	ne number
	initial retu	urn	1216 E. Apache Blvd					(480) 481-9235
	Final return	rn/terminated	City or town, state or province, coun	try, and ZIP or foreign p	ostal code				
	Amended		Tempe , AZ 85281					G Gross re	eceipts \$ 1,846,652.
		*	Name and address of principal office	r.			Híal is this a o		subordinates? Yes X No
			Katy Cardenas, 1216 F		. Tempe, A	Z 8528	1		
$\overline{}$	Tax-exen	npt status:	∑ 501(c)(3)		4947(a)(1) or [a list. (see instructions)
j	Website:	_	ww.aznsaa.com) - (mooremo.) <u>-</u>	<u> </u>		H(c) Group		
ĸ			Corporation Trust Associate	tion ☐ Other ► I	L Year	r of formati		<u> </u>	of legal domicile: AZ
	art i	Summa			. 1:		233.	<u> </u>	
			scribe the organization's missi	on or most signific	ant activities:	Educa	tion		
ģ	1		nool for the Arts' te	_				rnerie	ntial
Activities & Governance			on learning, and the						iictat
Ĕ			s box ► if the organization of						ite nat accate
Š			f voting members of the gover					3	3
ଥ	1		f independent voting members					4	2
es			ber of individuals employed in					5	50
ž	•		ber of individuals employed in ber of volunteers (estimate if r	•	•	-		6	0
(Ct.			lated business revenue from F					7a	· · · · · · · · · · · · · · · · · · ·
•								7b	0.
	b	Net unreia	ted business taxable income	irom Form 990-1, 1	ine 34		Prior Ye		0.
		Cantalbuil	and avents (Dout VIII line :	16\		⊢			
<u>n</u> e			ons and grants (Part VIII, line 1					,019.	1,526,697.
Revenue		-	ervice revenue (Part VIII, line 2		,909.				
Æ			t income (Part VIII, column (A)					755.	1,387.
	11	Other reve	nue (Part YH cotum) (A) U ire nue - ad <u>d lines 8. t</u> Krough 1 T-(m	5 5, 6d, 8c, 9c, 10c	c, and 11e) .	·.:. -		,108.	316,470.
	12	Total rever	iue add lihes 8 through 17 (m	ust equal Part VIII,	column (A), lin	e 12)	1,847	791.	1,844,554.
	13	Grants and	d similar amounts paid (Part I)	(, coudinn (A), lines	1–3)	· • 📙			
	14	1, 2, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
es	15	Salaries, ot	ther compensation, employee b	enefits (Part IX, colu	umn (A), lines 5	i–10)	964	,138.	1,047,930.
Sue	16a	Profession	al fundraising aestPart X oc	blumn (A), line 11e)	· · _	· <u> </u>		La contract to the second to the
Expenses	b '	Total fundı	raising expenses (Bart IX) cold	ስሽፕ (D), line 25) ▶		0.	那一点,		京 は は は は は は は は は は は は は は は は は は は
ш			enses (Part IX, column (A), line			_		,481.	775,923.
			nses. Add lines 13-17 (must e					,619.	1,823,853.
_		Revenue le	ess expenses. Subtract line 18	3 from line 12				,172.	20,701.
ssets or Salances						В	eginning of Cu		End of Year
sets Par	20	Total asset	ts (Part X, line 16)			· · L	2,622	,192.	2,432,612.
Net As Fund B.	21	Total liabili	ities (Part X, line 26)			· · <u>L</u>	2,611	,009.	2,370,812.
<u>Ž</u> Ž	22	Net assets	or fund balances. Subtract lir	ne 21 from line 20		<u> </u>	11	,183.	61,800.
Pä	art II	Signatu	ire Block						
			, I declare that I have examined this re						ny knowledge and belief, it is
tru	e, correct,	and complet	e. Declaration of preparer (other than	officer) is based on all in	formation of which	h preparer	has any knowle	edge	
			11100						
Sig	ın	Signate	ure of officer				Dat	θ /_	N 10
He	re	Kat	y Cardenas, Executiv	e Dean					7-19
	- 1	Туре о	or print name and title						
Pa	id	Print/Type	preparer's name	Preparer's signature		Dat	ө	Check [If PTIN
	ıa eparer	Anthor	ny Lorenzo	Anthon &v	lener	/-	3-19	self-emp	
	•	<u> </u>		The state of the s	7	<u> </u>	Firm	's EIN ► 8	36-1097761
US	e Only		dress ► 1450 W. GUADALUI	PE RD. STE 11	1, GILBERT	C, AZ 1	1.		80)644-1097
May	y the IR	S discuss	this return with the preparer s	hown above? (see	instructions)				X Yes □ No
_			tion Act Notice, see the separate			REV	10/16/18 PRO		Form 990 (2017)

Form 990 (2017)

Page 2

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		×
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	×	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
. c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	×	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	×	
l4a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
U	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		Forr	990	_

Part	Checklist of Required Schedules (continued)			
00	Did the assessment as a secretary beauty to still and if we want to the secretary of the se	r 	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	×	
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	×	×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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	•	×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
		Form	990	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s	-: -:	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	in the state of		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		101	
	reportable gaming (gambling) winnings to prize winners?	1c	MANUAL SAFE	Massia!!
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		鑑	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
h		48	and the second	X
þ	If "Yes," enter the name of the foreign country: ►			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	建工程	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ŀ	ŀ	
	required to file Form 8282?	7c	W/ CT NV 2004	X
	If "Yes," indicate the number of Forms 8282 filed during the year		熟糖	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	S WARE	(SQ.19
	sponsoring organization have excess business holdings at any time during the year?	8		1
9		200 minute	3507	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	er anter a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		(14) T-1-
	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			
	the state of the s	14a	 -↓	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			tions.
Ö	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	<u>. X</u>
Sect	ion A. Governing Body and Management		V	l Na
10	Enter the number of veting members of the governing heady at the and of the tay year.	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		25 - 1 - 2 - 2 - 2 - 2 - 2	
	if the governing body delegated broad authority to an executive committee or similar		54.5	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2		2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	經歷		F. 18
_	any other officer, director, trustee, or key employee?	2	E Enim	×
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		 ``
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	134 X	60 m	17 . Yes
	the year by the following:		ر مر شر المستحد المحد	
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	_8b	×	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
C4!	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/ - \	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		×
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		 ^
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	不然作品		701.5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		l
40	describe in Schedule O how this was done	12c		<u>×</u>
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	X	483/2 d
13	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	188	1, 10, 10	189
а	The organization's CEO, Executive Director, or top management official	್ಸ್ಪ್ರಮ್ 15a	ا تشریک	×
b	Other officers or key employees of the organization	15b		×
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	N FEE	1. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	2 0 2
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		*****	
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			3 - S
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10 m	ایمانی ازد جایکار خ	
	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ Section 5104 requires an examination to make its Forms 1022 (or 1024 if applicable), 990, and 990 T (Section	5047	1/2/-	001.3
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	3U1(0	S(ک)رز	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)	arant -	a de con	, ,,,,,,,,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	a cot t	outy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	orda.		
20	Organization, 1216 E. Apache Blvd., Tempe., AZ 85281 (480)481-9235	,uius.		

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Form	990	(2017)	

Page 7

Form 990 (2017)

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	V			one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)	ndıvıdua or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jane Dowell Secretary/Treasurer	1.00	×						0.	0.	0.
(2) Katy Cardenas President/Exec. Dean	40.00	×		×				57,353.	33,788.	10,461.
(3) Julie Adams Bd Member	1.00	×						0.	0.	0.
(4)										
(5)										· · · · · · · · · · · · · · · · · · ·
(6)										
(7)										
(8)										
(9)										
(10)			 !							
(11)								· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(12)								-		
(13)										
(14)										

REV 10/16/18 PRO

	(A) Name and title	(B) Average hours per week (list any	box,	unies er and	Pos eck s pe	rson irect	than of the than of the the than the	n an tee)	(D) Reportable compensation from	(E) Reportab compensation related	able ion from ed	(F) Estimated amount of other
,			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations
(15)												
(16)									<u> </u>			
(17)												
(18)				-								
(19)											-	
(20)												·
		L				_						
(23)												
(24)												
(25)					-							
1b c	Sub-total			<u>.</u>				>	57,353.	33,	788.	10,461
_	Total (add lines 1b and 1c)			<u>. </u>	· ·	•	.		57,353.	33,		10,461
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list		above) wł	no received mo	ore than \$	100,000) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	loyee, or high	est comp	ensated	Yes No
4	For any Individual listed on line 1a, is the organization and related organizations Individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or in		
Section	on B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Rep year.											
	(A) Name and business add	ess							(B) Description of se	rvices		(C) Compensation

2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who		

Par	VIII	Statement of Reve							_
CONTRACTOR	a number hates	Check if Schedule C	contains	a res	ponse or note t				· · · · · · ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue Revenue excluded from tax under sections 512-514
もあ	1a	Federated campaigns	3	1ů					
Grants	b	Membership dues .		1b					
A S	С	Fundraising evonts .		1c			OFFICE TO		
를 를	d	Related organizations		1d					
ns, Sim	e	Government grants (con		1e	1,509,513.				
uftio ier:	1	All other contributions, gi and similar amounts not inc		4.6	17 104				
音音	_	Noncash contributions include		11 b	17,184.				
Cortributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1				1,526,697.			
	- ''-	Totali / taa iii loo ta T	<u> </u>	<u> </u>	Business Code		The state of the s		
Æ	2a					44712-B0R-0008-003007-0-20444	wing Total Antra Bishas Jelles (1775)		352845-6555-4 standard-102-000-00-00-00-00-00-00-00-00-00-00-00-
Re	b				-				
<u>.</u> 8	С								
Sen	d								•
E	е								
Program Service Revenue	f	All other program serv				ļ	TO THE PARTY OF TH	ANN FERNEN HEEDEN FERNENS	
<u> </u>	g 3	Total. Add lines 2a-2 Investment income					经验证证证证明	ing sa Cumada an Canada T	1
	, s	and other similar amo			>	1,387.	1,387.	o.	о.
	4	Income from investment	-			1,307.	1,507.	· ·	
	5			•					
	_		(i) Real		(ii) Personal				721234
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	_d	Net rental income or (· · ·		with a well the best of the second	U.S. S. Service Market Property and Property Services	A STATE OF THE SECOND	22424
	7a	Gross amount from sales of	(i) Securiti	8 S	(II) Other				
	L .	assets other than inventory							
	b	Less: cost or other basis and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .			. >	一個の影響を見る他の形式を	(1) 18 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	表示。完成是完成的形式。2018	France Transfer of Conference Comments
		rece game or (1000)				V			
nue	8a	Gross Income from fu	ndraising						
		events (not including \$	_		-				
Other Reve		of contributions reporte	d on line 10	5) .					
Je.		See Part IV, line 18 .		· a	4,696.				
₹	b	Less: direct expenses		. b	2,098.				
	C	Net income or (loss) fr			events . ►	2,598.		0.	2,598.
	уа	Gross Income from ga See Part IV, line 19 .	ming activition						
	.	Less: direct expenses		· a . b					
	b	Net income or (loss) fi			vities ►			经过程的表示。600%是2013点层	No. of Participants of the Participant of the Participants of the Participant of the Participants of the Participant of the
	10a	Gross sales of In							
		returns and allowance		. а					
	b	Less: cost of goods s	old	. b					
	C	Net income or (loss) fr	rom sales c	of Inve					
		Miscellaneous R			Business Code				
	11a	Supply Sales-St			900099	29,426.	29,426.	0.	0.
	b	Management Services-			561110	43,000.	43,000.	0.	0.
	С	Facility rented		ool	531120	120,863.	120,863.	0.	0.
	d	All other revenue .		.		120,583.	120,583.	0.	0.
	- e	Total Add lines 11a-			🟲		315 350		
	12	Total revenue. See in	istructions.		<u> ▶</u>	1,844,554.	315,259.	. 0.	2,598.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respor								
	ot include amounts reported on lines 6b, 7b, b, 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 paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	70,851.	70,851.	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	811,050.	723,050.	88,000.	0.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	59,501.	51,330.	8,171.	0.				
9	Other employee benefits	40,815.	31,271.	9,544.	0.				
10	Payroll taxes	65,713.	58,980.	6,733.	0.				
11	Fees for services (non-employees):								
a	Management								
b	Legal	11 200	0.	11 200					
c d	Accounting	11,200.	0.	11,200.	0.				
e	Professional fundraising services. See Part IV, line 17		为组合过程的证据		· · · · · · ·				
f	Investment management fees		CANADA SAN TANNERS OF THE CHARLES OF THE CHARLES	ESTABLISHMENT OF MANAGEMENT OF THE TRANSPORT	 · · · · · · · · · ·				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	31,123.	24,467.	6,656.	0.				
12	Advertising and promotion								
13	Office expenses	91,965.	90,291.	1,674.	0.				
14	Information technology								
15	Royalties								
16	Occupancy	191,420.	188,718.	2,702.	0.				
17 18	Travel	10,136.	111.	10,025.	0.				
	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	176,086.	174,505.	1,581.	0.				
20 21	Interest	170,000.	174,505.	1,361.	0.				
22	Depreciation, depletion, and amortization .	177,960.	177,960.	0.	0.				
23	Insurance	10,953.	8,250.	2,703.	0.				
24	Other expenses, itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Dues and fees	41,130.	35,771.	5,359.	0.				
b	Miscellaneous	33,950.	32,849.	1,101.	0.				
۲ 0									
d e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,823,853.	1,668,404.	155,449.	0.				
<u>26</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)	1,020,000.		200, 1.51					

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing 244,618 1 130,838 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 5,389 3 14,690 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 Inventories for sale or use 8 14,353. 9 Prepaid expenses and deferred charges 9 13,482 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,852,916 10b **b** Less: accumulated depreciation 2,357,832. 2,273,602. 11 Investments—publicly traded securities . . . 11 12 12 Investments - other securities. See Part IV. line 11 . Investments-program-related. See Part IV. line 11. 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,622,192. 16 2,432,612. 17 Accounts payable and accrued expenses 6,232. 17 12,263. 18 18 19 37,045. 19 20 2,602,316. 20 2,319,043. Escrow or custodial account liability. Complete Part IV of Schedule D. 2,461 21 2,461. Loans and other payables to current and former officers, directors, 22 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 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 2,370,812 26 Total liabilities. Add lines 17 through 25 2,611,009 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 11,183. 27 27 28 28 Temporarily restricted net assets Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ō 30 30 Net Assets Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 61,800. 33 11,183. 33 2,622,192. 34 2,432,612. Total liabilities and net assets/fund balances

' Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1,84		
2	Total expenses (must equal Part IX, column (A), line 25)	1,82	23,8	353.
3	Revenue less expenses. Subtract line 2 from line 1	7	20,7	701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		11,1	83.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	2	29,9	916.
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,8	300.
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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:	2a		×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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:	2b	×	
c	Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in	2c	THE RES	×
0-	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2017)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization					Employer Identificatio	n number
	School for the Arts		·			86-0794933	
	t I Reason for Public Cha						ons.
	organization is not a private found		•		•	•	\sim
1	A church, convention of church						$^{\prime})$
2	A school described in section						
3	A hospital or a cooperative ho						//// F-44b
4	A medical research organization	•	onjunction with a hos	pital desc	ribed in	section 170(b)(1)(A)	(III). Enter the
-	hospital's name, city, and stat An organization operated for					ad by a gayaraman	tal unit described in
5	section 170(b)(1)(A)(iv). (Com		college of university	owned c	or operati	ed by a governmen	tal unit described in
•	_	•	montal unit dogaribas	l in coefi	an 170/h	\/4\/A\/ ₆ .\	
6 7	☐ A federal, state, or local gover☐ An organization that normally						n the general nublic
•	described in section 170(b)(1)			port non	i a gove	innental and or not	ii tilo general public
8	☐ A community trust described i			Part II)			
9	An agricultural research organ			-	erated in	conjunction with a	land-grant college
·	or university or a non-land-gra						
	university:	gg.	,	,			J
10	An organization that normally	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investmen	to its exempt fu	nctions—subject to c	ertain exe	ceptions,	and (2) no more tha	in 331/3% of its
	acquired by the organization a	ifter June 30, 19	75. See section 509 (a	a)(2). (Co	mplete P	art III.)	Dasiriesses
11	An organization organized and						
12	☐ An organization organized and						
	of one or more publicly support	orted organizatio	ns described in sect i	ion 509(a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro	_					
а	☐ Type I. A supporting organ	nization operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
	the supported organization					the directors or trust	ees of the
	supporting organization. Y	-					
b	☐ Type II. A supporting orga						
	control or management of organization(s). You must				persons	that control or man	age the supported
	Type III functionally integ	•			onnoctic	n with and function	ally integrated with
С	its supported organization						any integrated with,
d	☐ Type III non-functionally		•				orted organization(s)
u	that is not functionally inte	grated. The orga	pporting organization nization generally mu	st satisfy	a distribi	ution requirement an	nd an attentiveness
	requirement (see Instructio						
е	☐ Check this box if the organ	ization received	a written determination	on from ti	ne IRS th	at it is a Type I. Type	e II. Type III
•	functionally integrated, or	Type III non-func	tionally integrated sup	porting	organizat	ion.	·, . , p ·
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ır governing ment?	support (see instructions)	other support (see instructions)
		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	•
				Yes	No		
(A)							
		<u> </u>					_
(B)							
				_			
(C)							
/D\							
(D)							
/E)							
(E)							
Total		7 4 4 W	が対象がある。	2 TEN	的收拾		

Part	(Complete only if you checked the						
	Part III. If the organization fails to						<u>/</u>
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	T	T		1 11000	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(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				15 2 17		
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	* 5					
	on B. Total Support		1				
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Gross Income from interest, dividends,		 				
Ū	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business activities, whether or not the business	•					
	is regularly carried on						
10	Other Income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	LESCY MAINTENANCE AND		SAN ADDRESS OF SHIP OF			
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(šee instruction	ne)	3是2000条通机的	图,医系统则型设施2	12	
13	First five years. If the Form 990 is for the				 . or fifth tax v		n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6					14	<u> %</u>
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi					15	check this
iva	box and stop here. The organization qual						
b	331/3% support test-2016. If the organization	-		-			_
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		▶ 🗆
17a	10%-facts-and-circumstances test -20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "organization		umstances te	_		s as a publicly	
ь	10%-facts-and-circumstances test—20					•	
	15 is 10% for more, and if the organiza	ition meets th	e "facts-and-c	circumstances'	" test, check	this box and s	top here.
	Explain in Part VI how the organization n	neets the "fac	ts-and-circums	stances" test.	The organizati		a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization di						
	instructions	• • • •	· · · · · · ·	<u> </u>		edule A (Form 990	

Part	III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked to						der∕Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	ll.)	
	ion A. Public Support	,			·		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ł		1		/	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities					/	
	furnished in any activity that is related to the		İ		1		
3	organization's tax-exempt purpose Gross receipts from activities that are not an			-	7	'	
3	unrelated trade or business under section 513				/		
4	Tax revenues levied for the				/		
	organization's benefit and either paid to						
	or expended on its behalf			ĺ	/		
5	The value of services or facilities				/		
	furnished by a governmental unit to the			/	ľ		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .			/			
þ	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		//	<u> </u>			
8	Public support. (Subtract line 7c from					作是"以"等"以"等 的	
_	line 6.)		100				
Secti	on B. Total Support		1	Ironare array cent. solated X	I see a rate a constitue of a sea of the	Charles of the Control of the Contro	
	dar year (or fiscal year beginning in)	(a) 2013/	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross Income from Interest, dividends,					· }	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		,				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						·· · · · · · · · · · · · · · · · · · ·
	and 12.)						
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch				<u></u>	16	%
	on D. Computation of Investment In				(0)	1 4= 1	
17	Investment income percentage for 2017 (-		17	<u>%</u>
18	Investment income percentage from 2016					18	and line
19a	331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box						
/	33 ¹ /3% support tests—2016. If the organiz	•	-	•		-	
٦	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						

Part IV 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 Fart VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Dld 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 7? 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.)

		Yes	No
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	alo A (ott) 650 or 650-62) 20 [7			Page 5
Part	V Supporting Organizations (continued)			
44		San Care	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	the same and the s			1000
h	below, the governing body of a supported organization?	11a		├ ─
	A family member of a person described in (a) above?	11b		├
Sect	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. Ion B. Type I Supporting Organizations	11c		<u> </u>
0000	ion b. Type i Supporting Organizations		V	T
1	Did the directors trustees or membership of one or more supported experientless have the assumption	(Designation	Yes	No
•	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.			表现形 .
2	Did the organization operate for the benefit of any supported organization other than the supported	那線編	基化水 色	205-02
_	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	THE SEC	克尔迪克 多斯
Secti	ion C. Type II Supporting Organizations	1		
			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		, concret
Secti	on D. All Type III Supporting Organizations			
		D Security	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?			
2	•	1	e65303044	21425.020
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		350073
3	By reason of the relationship described in (2), did the organization's supported organizations have a		3333	
•	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	\$200 P	9945555
Secti	on 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 I	netrur	tions	
a	The organization satisfied the Activities Test. Complete line 2 below.	1151140		<i>y•</i>
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (caa inc	taioti	onel
		,00 1113	.,	<i></i>
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	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	51-20 - 201-201-2	in the second
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	-	2b	22 - A	ble mark
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		建筑	100
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Marie Control	SOARSSILalza
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g tri	ust on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	niza	tions must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	 	-
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	•	
e 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 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	建筑是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是	
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-functionall instructions).		tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
	ion D - Distributions	7-11	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	ınizations	
4				
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part Vi). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See Instructions.		·	
9	Distributable amount for 2017 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount	T	411	4111
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	建筑建筑建筑		9 / A 20
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.		DE NAMES DE VOI SOND PRESIDENT PRESI	
3	Excess distributions carryovor, If any, to 2017			
<u>a</u>				
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	Carryover from 2012 not applied (see Instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f.	TANK TO SALAST THE DESIGNATION OF A	KELLINGELINGEN WEREN	THE TANK THE
4	Distributions for 2017 from			
~	Section D, line 7: \$			
а		THE THE PROPERTY OF THE PARTY O	THE WATER AND THE PERSON THE PERSON WITH THE PERSON WATER	ACCOUNTS AND ACCOUNTS TO SECOND
<u>a</u>	Applied to underdistributions or prior years Applied to 2017 distributable amount	ENTRE LA CONTRACTOR DE		S. S. S. C. C. C. Market St. Branch St. B. S. S. C. S.
		#EDBO STEELS OF THE EDGS OF A STRUCTURE CONTROL STRUCTURE		
5	Remaining underdistributions for years prior to 2017, if		400 mg/g database addition in many and its loss and a second	
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
=	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	design of the second of the se		
8	Breakdown of line 7:		The Atlanta Dale Panish a Strain	
_a	Excess from 2013			
b	Excess from 2014 ,			
U	Excess from 2015			
d	Excess from 2016			
0	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	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.)
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REV 10/16/18 PRO

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer Identification number** New School for the Arts 86-0794933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

	·							
	ule D (Form 990) 2017				·			Page :
	t III Organizations Maintaining C	oilections of	Art, His	storical	Treasure	s, or 0	ther Similar As	sets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther reco	ords, che	ck any of t	the follo	wing that are a s	ignificant use of it
а	☐ Public exhibition		d	☐ Loar	n or exchar	ige prog	grams	
b	☐ Scholarly research			☐ Othe			- 	
С	Preservation for future generations							
4	Provide a description of the organizatio XIII.	n's collections	and exp	lain how	they furthe	r the or	ganization's exen	npt purpose in Par
5	During the year, did the organization so assets to be sold to raise funds rather the	olicit or receive an to be maint	donatio ained as	ns of art, part of th	historical e organiza	treasure tion's c	es, or other simila	ar Ves No
Par	t IV Escrow and Custodial Arran							
	Complete if the organization a 990, Part X, line 21.		on Fo	rm 990,	Part IV, lir	ne 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, c	ustodian or otl	ner interi	nediary f	or contribu	itions o	r other assets no	ot
	included on Form 990, Part X?							☐ Yes ⊠ No
b	If "Yes," explain the arrangement in Part	XIII and compl	ete the f	ollowing t	able:			
		•					A	mount
С	Beginning balance					10	;	· · · · · · · · · · · · · · · · · · ·
đ	Additions during the year					10	1	
Θ	Distributions during the year					16	•	
f	Ending balance					11		
2a	Did the organization include an amount of					ustodia	l account liability	? ⊠ Yes □ No
b	If "Yes," explain the arrangement in Part							
Par	t V Endowment Funds.							<u></u>
	Complete if the organization ar	nswered "Yes	" on Fo	m 990, I	Part IV, lin	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and			,				
	losses				İ			
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year er	d balanc	e (line 1g	, column (a	a)) held	as:	······
а	Board designated or quasi-endowment				,, (-	••		
b	Permanent endowment ▶	%				\		
С	Temporarily restricted endowment ▶	·* %						
	The percentages on lines 2a, 2b, and 2c	should equal 1	00%.					
3a	Are there endowment funds not in the p organization by:			zation tha	at are held	and ad	ministered for the	Yes No
	M							3a(i)
	(ii) related organizations							3a(II)
b	If "Yes" on line 3a(ii), are the related orga							3b
4	Describe in Part XIII the intended uses of		•			• •		UN
Part			5 51140	· · · · · · · · · · · · · · · · · · ·				
i aii	Complete if the organization ar		on For	m 990 F	Part IV lin	A 11A	See Form 990 I	Part X line 10
	Description of property	(a) Cost or ot	her basis	(b) Cost o	r other basis ther)	(c) /	Accumulated appreciation	(d) Book value
12	Land	(111000111			·		preciation	40,000.
	EMIM	i			, _, _, _, _, _, _, _, _, _, _, _, _,	LINES TO SECURE		201000

Part VII	Investments—Other Securities		000 D (0 / 11	441 0 5	000 D. I.V. II. 45
	Complete if the organization ans			·	
	(including name of security)	' l	(b) Book value		lethod of valuation; nd-of-year market value
(1) Financia	I derivatives	 	····		
	held equity interests	[
(3) Other	••••••				
(^)					
(B)					
(C)					
(D)					_
(E) (F)	***************************************				
(G)					
(H)			_ 		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			PART TO ART - 30 TO THE PART	Ministra in Charles of the Real Printers
Part VIII	Investments—Program Related	<u></u>		RIP BUR ST	
T art Vin	Complete if the organization answers		n 990 Part IV lin	a 11c See For	m 990 Part X line 13
	(a) Description of investment	100 011 011	(b) Book value		lethod of valuation:
	(4) 2330.1210.1.01.1100.11101.11		(2) 2001. 14.40		nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
_(8)					
(9)	15 000 5 14 1/51 1/51			No. and the second second	Smart a sea a real About the sea at the
	b) must equal Form 990, Part X, col. (B) line 13.)			Water State of Land	西斯坦西亚洲
Part IX	Other Assets.	uorad "Voo" on Farm	- 000 David IV II:-	- 11d C E	m 000 Dark V line 15
	Complete if the organization answ	Description	1 990, Part IV, III	e 11a, 5ee Fon	(b) Book value
/43	Įū.	7 Description			(b) Book taids
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)		<u></u> . ▶	
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" on Form	1990, Part IV, line	e 11e or 11t. Se	ee Form 990, Part X,
<u> </u>	line 25.		IN man size of	avend, while confidence	TRANSPORTER TO AND A SECOND OF THE PROPERTY OF
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes			A STATE OF THE PARTY	
(2)				201	
(3) (4) (5)					
(4)					
(6)					
(7)				典人建筑艺	
(8)				The state of the state of	一直是是一个
(9)					128:30 268 P. W.
) must equal Form 990, Part X, col. (B) line 25.) ▶				
(,		الأنكسي المرافقة فراريها المستوليسة والمستوان والمستوان	anner ann a maraillean i La Tair an La Tair	many and the company of the first file of the file of

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return	•
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	• •		7	1,846,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۱.	1		
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
θ	Add lines 2a through 2d		• • • • • •	20	2,098.
3	Subtract line 2e from line 1	<i>:</i> ·		3	1,844,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<u> </u>		
С 5	Add lines 4a and 4b			4c	
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,844,554.
Fait	•			er Ketu	rn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	• •		1	1,825,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.0-	ĺ		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	<u> </u>		
ر 0	Other losses	2c	2 222		
ď		2d	2,098.		2 000
	Add lines 2a through 2d	• •		20	2,098.
3	Subtract line 2e from line 1	i ·	<i>.</i>	3	1,823,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			
	Add lines 4a and 4b		<u> </u>	3332	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c 5	1,823,853.
	Supplemental Information.	5 70.7	· · · · · · · · · · · · · · · · · · ·	3	1,023,033.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4 · P	ert IV lines 1h and 2h	· Part V	line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
•	, , , , , , , , , , , , , , , , , , , ,	•			
	•				
Pt IV	7, Line 2b: The School maintains an account for re	ceir	ots collected b	y stud	ient
group	os/clubs to be used at the discretion of the stude	nts	in the specifi	c grou	ıp/club.
Pt X,	Line 2: Uncertain Tax Positions - The School acc	ount	s for uncertai	n tax	
	dans de ann de accordance with man have the	0 +			
posit	ions, if any, in accordance with FASB Accounting	Star	ndards Codifica	tion	
04	on 740. In passed one with those professional sta		ada tha Cabaal		4-00
Secu	on 740. In accordance with these professional sta	nuai	as the school	recogi	11268
.	esitions only to the sytemt that Management belia		it is Umama li	leo l se	
cax F	ositions only to the extent that Management belie	ves	ic is more ii	 кетλ	
		_ TT	00	M	
tnan	not" that its tax positions will be sustained upo	n ir	(S examination.	Manac	Jement
				20 00	110
pelle	ves that it has no uncertain tax positions for th	е ує	ear ended June	30, 20) T 8 .
D. V.	Time Od. Fundual dan amanan and daduated discount	1	. <i>6</i>	F	
LC XI	, Line 2d: Fundraising expenses are deducted dire	CLT	rrom revenue	on For	.In
000					
990.					
pt XI	I, Line 2d: Fundraising expenses are deducted dir	ect1	v from revenue	on	
	-, ba analyzozny saponoso alo assadota all		.,		

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
Form 990		
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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. ► Go to www.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New School for the Arts

Employer Identification number 86-0794933

rai	<u> </u>			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	- Sensulus
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	×	
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		×
	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 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	×	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		×
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x .	-
d	Coples of all material used by the organization or on its behalf to solicit contributions?	4d	×	*********
	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:			
а	Students' rights or privileges?	5a	7E/6th 345	×
b	Admissions policies?	5b		×
С	Employment of faculty or administrative staff?	5c		×
d	Scholarships or other financial assistance?	5d		×
е	Educational policies?	5e		×
f	Use of facilities?	5f		×
g	Athletic programs?	5g		×
h	Other extracurricular activities?	5h		×
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	450 E 1 1 1 E
þ	Has the organization's right to such aid ever been revoked or suspended?	6b	TENNER!	×
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 "No," explain on Part II.	7	×	

SCHEDULE K (Form 990) New School for the Arts

Name of the organization Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection 201

86-0794933

OMB No. 1545-0047

Employer identification number ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Dord School	Dand Louise							86-	86-0794933	33	
	ond issues										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	eoud enssi (e)	(f) Descrip	(f) Description of purpose	(g) Defeased		(h) On (i) behalf of fir issuer	(i) Pooled financing
A TDA-Con	▲ TDA-County of Dima	196-0445991	2 PIGATE LOC		000			88	£	T _ T	Yes No
TON WATE	mey or rima	00-044330T	97NW//T7/	02/27/2013	3, 930, 000.	. Repayment of	previous	ponds	×	×	
8								-			
ပ											_
D											-
Part II P	Proceeds								+	_	4
					A	8	O	-		۵	
	Amount of bonds retired	•			630,137.	-					
	Amount of bonds legally defeased				217,584.						
ŀ	Total proceeds of issue			4,	237,565.			 			
	Gross proceeds in reserve funds				821,823.						
	Capitalized interest from proceeds			•							
	Proceeds in refunding escrows							-			
-	Issuance costs from proceeds				175,264.						
	Credit enhancement from proceeds										
-	Working capital expenditures from proceeds	sı									
	Capital expenditures from proceeds										
	Other spent proceeds										
ı	Other unspent proceeds										
13 Year of	Year of substantial completion				2013						
				Yes	å	Yes	Yes	Š	Yes	_	S S
	Were the bonds issued as part of a current refunding issue?	refunding issue?		×		-					2
	Were the bonds issued as part of an advance refunding issue?	ce refunding issue	33		×					-	
	Has the final allocation of proceeds been made?	ade?		×						-	1
17 Does th	Does the organization maintain adequate books and records to support the	books and record	s to support	the						-	
final all	final allocation of proceeds?			×		-					
Part III P	Private Business Use										
;	•				А	В	O			۵	
T Was the	Was the organization a partner in a partnership, or a member of an LLC,	ship, or a member	of an LLC,	Yes	No	Yes No	Yes	2	Yes	Z	2

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Are there any lease arrangements that may result in private business use of which owned property financed by tax-exempt bonds?

REV 10/16/18 PRO

Schedule K (Form 990) 2017

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Schedule K (Form 990) 2017

Part III P	Private Business Use (Continued)								•
		4		8			၁	٥	
3a Are the busine	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	Š
b If "Yes" counse	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?								i
c Are the bond-1	Are there any research agreements that may result in private business use of bond-financed property?				_				
d If "Yes outside	If "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 to other to	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 •		%		%		%		%
5 Enter t result anothe	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		%		%		%		%
6 Total c	Total of lines 4 and 5		%	ļ	%		%		%
7 Does t	Does the bond issue meet the private security or payment test?								
8a Has the nongov	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 dispos	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes section	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							} }	
9 Has th nonqu require	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?								
Part IV	Arbitrage								
		4					ر	ا ا	
1 Has the Penalth	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penatty in Lieu of Arbitrage Rebate?	Sa Aes	≗×	Yes	S.	SS CS	Š	SS SS	<u>۷</u>
2 If "No	ff "No" to line 1, did the following apply?								
- [Rebate not due yet?								}
	Exception to rebate?								
c No ret	No rebate due?	×							
If "Yes" to performed	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the	Is the bond issue a variable rate issue?		×						
4a Has thedge	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×						
b Name	Name of provider								
c Term	Term of hedge			į					
1 1	Was the hedge superintegrated?								
e Wast	Was the hedge terminated?								
BAA		REV 10/16/18 PRO	œ,					Schedule K (Form 990) 2017	ırın 990) 2017
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Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)								
	4			8		S		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
Was the regulatory safe harbor for								
6 Were any gross proceeds invested beyond an available temporary period? .		×						
7 Has the organization established written procedures to monitor the	;							
밁	×							
Procedures to Undertake Corrective Action								
	۷			8	- 1	S	- 1	Q
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under	8	Q.	Yes	8	Yes	No	Xes	O.
PartVI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	onses to a	uestions	on Schedu	le K. See i	nstructions			
Other: Part V - Not applicable as no violation or non-compliance was identified.	pliance	was ide	ntified.					
Pt II ln 3 A: The total proceeds from issue exceed the issue price by	sue price	e by \$3(\$307.565 a	sthe	honds were	issued	at	
	1					1		
c A: The rebate computation was performed June	4. 2018.							
7	Ţ							
	!			}				
]]
							Nother Auto IV	Chock of Comments of the Control
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REV 10/16/18 PRO

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.

20**17**

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer Identification number

New School for the Arts	86-0794933
Pt VI, Line 11b: The Executive Director receives the Form 990 di	rectly from
the CPA. Then, the Form 990 is forwarded to Board Members who rea	ad the return
for accuracy, address questions or concerns prior to filing, then	n approve the
Form 990 for filing.	
Pt VI, Line 19: All documents are available upon request.	
Pt XI: During the year ended June 30, 2017, the School implements	ed 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.	
	-

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization New School for the Arts

Part

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0794933

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f) Direct controlling entity (e) End-of-year assets 170(b)(1)(A)(ii) N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(c)(3) (c)
Legal domicile (state
or foreign country) (b) Primary activity AZ(b) Primary activity Education (1) New School for the Arts Middle School 90-0063833 (a) Name, address, and EIN (if applicable) of disregarded entity 1216 E. Apache Blvd. Tempe AZ 85281 (a)Name, address, and EIN of related organization Part II € 0 ව 3 0 9 9 8 ල €

Schedule R (Form 990) 2017

REV 10/16/18 PRO

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Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2017 Yes No Identification of Related Organizations Taxable as a Corporation or Trust. 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. 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. General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h) Disproportionate aflocations? Yes No (f) Share of total income (g)
Share of end-of-(e)
Type of entity
(C corp., S corp., or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512—514) REV 10/16/18 PRO (c) Legal domicile (state or foreign country) (d)
(Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EN of related organization (a)
Name, address, and EIN of related organization Part III Part IV ত্র 9 ε Ξ Ø හ ₹ Ø ව € 0 9 Ε Ξ

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	S S
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?	r more related organization	ons listed in Parts	» IHV?		1/200	
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			•	-a	-	×
Gift, grant, or capital contribution to related organization(s)		•	•	4	 	×
Gift, grant, or capital contribution from related organization(s)	•	•	•	2	\vdash	×
Loans or loan guarantees to or for related organization(s)	•	•		P	-	×
Loans or loan guarantees by related organization(s)	•	•	•	5	\vdash	×
Dividends from related organization(s)		•	•	#	-	×
Sale of assets to related organization(s)		•	•	19		×
Purchase of assets from related organization(s)	•	•	•	ŧ	\vdash	×
Exchange of assets with related organization(s)	•	•	•	; =	\vdash	×
Lease of facilities, equipment, or other assets to related organization(s)	•			F	×	
Lease of facilities, equipment, or other assets from related organization(s)			•	¥	_	×
Performance of services or membership or fundraising solicitations for related organization(s)	•	•	•	=	×	
Performance of services or membership or fundraising solicitations by related organization(s)		•	•	E	\vdash	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę	×	
Sharing of paid employees with related organization(s)				ç	×	
		•	•		のおり	
Reimbursement paid to related organization(s) for expenses	•	•	•	1	_	×
Reimbursement paid by related organization(s) for expenses			•	19	Н	×
Other transfer of cash or property to related organization(s)		•		+		×
Other transfer of cash or property from related organization(s)	•		•	15	-	×
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.	nplete this line, including	covered relation	ships and transa	ction three	splots	۱.,
(a) Name of related organization	(b) Transaction / type (a—s)	(c) Amount involved	(d) Method of determining amount involved	(d) fring amount	involve	Ę.
						1
					Ì	ŀ
		-				
						1
REV 10/16/18 PRO			Schedu	Schedule R (Form 990) 2017	990) 2	<u>3</u>

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

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.

Second of the managed	garination. See	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	האמיים היווח האהים		an investment b	1						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(i) Onate Code V~-UBI		(I)	(K)) Harre
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	B	end-of-year assets	afocation	ω, -		managing partner?		grife
			sections 512—514)	Yes No			Yes	Z CZ		Yes No	To	
(1)									-		,	
(2)									+-	+	-	
(3)										 		
(4)									+-	-		
(5)									+		_	
(9)									+	-		
ω										+		
(8)									-	-		
(6)										+		
(10)									+	+-	-	
(11)									+-	+		1
(12)									-	-		
(13)									 			
(14)									 	-	-	
(15)										+-		
(16)									-	+	ļ ———	1
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Schedule R (Form 990) 2017	Page (
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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