# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

| A F                         | or th           | e 201       | 9 calendar year, or tax year beginning $07/01$ , 2019,   | and ending         |                         | 06/30 <b>,2</b>                            | <b>0</b> 20 |                 |
|-----------------------------|-----------------|-------------|--|--------------------|-------------------------|--|-------------|-----------------|
| _                           |                 |             | C Name of organization   |                    | D Employer ide          | ntification nu                             | nber        |                 |
| Вс                          | heck if a       | oplicable:  | STUDIO IN A SCHOOL ASSOCIATION, INC.   |                    |                         |  |             |                 |
|                             | Addre           |             | Doing Business As  |                    | 13-3003                 | 112  |             |                 |
|                             | 7 '             | change      | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite         | E Telephone nu          | ımber                                      |             |                 |
|                             | +               | return      | 75 WEST END AVENUE   |                    | (212) 765               | 5-5900                                     |             |                 |
|                             | +               | inated      | City or town, state or province, country, and ZIP or foreign postal code   |                    | ,                       |  |             |                 |
|                             | Amer            |             | NEW YORK, NY 10023   |                    | <b>G</b> Gross receipts | s \$ 7                                     | 646         | ,122.           |
|                             | returi<br>Appli | n<br>cation | F Name and address of principal officer: ALISON SCOTT-WILLIAMS   | <u> </u>           | H(a) Is this a group    |  | Yes         | X No            |
|                             | pend            | ing         | 75 WEST END AVENUE, NEW YORK, NY 10023   | J                  | subordinates?           | · —  | ⊣           | $\vdash$        |
| _                           | Tau au          |             |  |                    | H(b) Are all subordir   | nates included? [<br>h a list. (see instri | _ Yes       | No              |
|                             |                 | empt st     | atus: $X = 501(c)(3) = 501(c)( )$ (insert no.) 4947(a)(1) or WWW.STUDIOINASCHOOL.ORG                                 | r   527            | _                       | •  |             |                 |
|                             |                 |             |  | 1                  | H(c) Group exemp        |  |             |                 |
| _                           |                 |             | nization: X Corporation Trust Association Other  | L Year of form     | nation: 1979 <b>M</b> s | state of legal d                           | omicile:    | NY              |
| 12                          | art l           |             | mmary  |                    | TID C TAMBLE            |  | D           |                 |
|                             | 1               | Briefly     | y describe the organization's mission or most significant activities: TO FOST  | IER CREATI         | VE & INTELL             | JECTUAL                                    | DE A E      |                 |
| Governance                  |                 |             | MENT OF STUDENTS OF ALL AGES & COLLABORATE WITH  |                    |                         | 5<br>                                      |             |                 |
| rua                         |                 |             | OUGH QUALITY VISUAL ARTS PROGRAMS LED BY ARTS  |                    |                         |  |             |                 |
| š                           | 2               |             | k this box 🕨 🔛 if the organization discontinued its operations or disposed   |                    | 1                       | 1  |             |                 |
| ŏ                           | 3               | Numb        | per of voting members of the governing body (Part VI, line 1a)   |                    |                         | 3  |             | 22.             |
| S.                          | 4               |             | per of independent voting members of the governing body (Part VI, line 1b)   |                    |                         | 4  |             | 21.             |
| iţį                         | 5               |             | number of individuals employed in calendar year 2019 (Part V, line 2a)   |                    |                         | 5  |             | 330.            |
| Activities &                | 6               | Total       | number of volunteers (estimate if necessary)   |                    |                         | 6  |             | 21.             |
| ď                           | 7a              | Total       | unrelated business revenue from Part VIII, column (C), line 12   |                    |                         | 7a   | - 4         | 1,524           |
|                             | b               | Net u       | nrelated business taxable income from Form 990-T, line 34  | <u> </u>           |                         | 7b   | - 4         | 1,774           |
|                             |                 |             |  |                    | Prior Year              | Cu   | rrent Y     | ear             |
| Ф                           | 8               | Contr       | ibutions and grants (Part VIII, line 1h)   |                    | 6,183,74                |  | 5,401       | L,539           |
| nue                         | 9               | Progra      | am service revenue (Part VIII, line 2g)  COPY  PUBLIC INS  | FOR                | 442,97                  | 8.   | 373         | 3,702           |
| Revenue                     | 10              | Invest      | tment income (Part VIII, column (A), lines 3, 4, and 7d)   | SPECTION           | 1,334,93                | 2.   | 993         | 3,201           |
| œ                           | 11              | Other       | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                    |                         | 0.   | 1           | 1,110           |
|                             | 12              |             | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                    | 7,961,65                | 8.   | 5,769       | ,552            |
|                             | 13              |             | s and similar amounts paid (Part IX, column (A), lines 1-3)  |                    | 432,81                  | 5.   | 264         | 1,082           |
|                             | 14              |             | its paid to or for members (Part IX, column (A), line 4)   |                    |                         | 0.   |             | 0               |
| ç                           | 15              |             | es, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 5,666,87           | 0. !                    | 5,583                                      | 3,430       |                 |
| Expenses                    | 16a             |             | ssional fundraising fees (Part IX, column (A), line 11e)   |                    |                         | 0.   |             | 0               |
| e<br>e                      | b               |             | fundraising expenses (Part IX, column (D), line 25)   340,198.   |                    |                         |  |             |                 |
| ш                           | 17              |             | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                    | 1,115,35                | 6  | 1,270       | 720             |
|                             |                 |             | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                    | 7,215,04                | 1.   | 7,118       | 3,232           |
|                             | 19              |             | nue less expenses. Subtract line 18 from line 12   |                    | 746,61                  | 7.   | -348        | 3,680           |
| es                          |                 | 110101      | 100 1000 expenses. Cubitate interest into 10 month into 12 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1                       |                    | inning of Current Ye    |  | d of Yea    |                 |
| Net Assets or Fund Balances | 20              | Total       | assets (Part X, line 16)   |                    | 21,664,34               |  |             | 7,698           |
| Ass<br>Bal                  | 21              |             | assets (Part X, line 16)<br>liabilities (Part X, line 26)  |                    | 1,294,44                |  |             | 7,296           |
| E de                        | 22              |             | ssets or fund balances. Subtract line 21 from line 20.   |                    | 20,369,90               |  |             | ,402            |
|                             | rt II           |             | gnature Block  |                    | .,,.                    |  | ,           |                 |
|                             |                 |             | of perjury, I declare that I have examined this return, including accompanying schedule                              | es and statements  | and to the best of      | my knowleda                                | e and be    | elief. it is    |
| true                        | e, corre        | ect, and    | complete. Declaration of preparer (other than officer) is based on all information of which                          | n preparer has any | knowledge.              |  |             |                 |
|                             |                 |             |  |                    |                         |  |             |                 |
| Sig                         | n               |             | Signature of officer   |                    | Date                    |  |             |                 |
| He                          | re              |             |  |                    |                         |  |             |                 |
|                             |                 |             | Type or print name and title   |                    |                         |  |             |                 |
|                             |                 |             | Type preparer's name Preparer's signature  | Date               | Ok I                    | ; PTIN                                     |             |                 |
| Paid                        | i               |             | HAMMERSCHMIDT The work of signature  | 1/29/202           |                         | "  | 4179        |                 |
| Pre                         | parer           |             | CANNA VANNA TILE   | .,20,202           | 1 1                     | 13-53815                                   |             |                 |
| Use                         | Only            |             |  |                    | 1 ,                     | 212-885-                                   |             |                 |
| N/a:                        | the !           | _           | saddress 100 PARK AVENUE NEW YORK, NY 10017-5001 closs this return with the preparer shown above? (see instructions) |                    |                         |  |             | <b>—</b>        |
|                             |                 |             |  |                    |                         |  | es 000      | No<br>No        |
| ror                         | rape            | ıwork       | Reduction Act Notice, see the separate instructions.   |                    |                         | Fo   | ım ササし      | <b>0</b> (2019) |

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| P   | art III   | Statement of Program Service Accomplishments   | , , , , , , , , , , , , , , , , , , , |
|-----|-----------|--|---------------------------------------|
| _   |           | Check if Schedule O contains a response or note to any line in this Part III                     | X                                     |
| 1   | •         | lescribe the organization's mission:   |                                       |
|     | SEE SO    | CHEDULE O  |                                       |
|     |           |  |                                       |
|     |           |  |                                       |
| 2   | Did the   | organization undertake any significant program services during the year which were not listed on | the                                   |
| _   |           | rm 990 or 990-EZ?  | Yes X No                              |
|     | If "Vac " | describe these new services on Schedule O.   |                                       |
| 3   |           | e organization cease conducting, or make significant changes in how it conducts, any prog        | ram                                   |
| Ŭ   |           | ?  | Yes X No                              |
|     |           | describe these changes on Schedule O.  |                                       |
| 4   | Describ   | e the organization's program service accomplishments for each of its three largest program se    | ervices, as measured by               |
|     |           | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at | nd allocations to others              |
|     | the tota  | I expenses, and revenue, if any, for each program service reported.                              |                                       |
|     |           |  |                                       |
| 4a  | (Code:    | ) (Expenses \$1,536,729. including grants of \$0. ) (Revenue \$                                  | 224,435.                              |
|     | THE R     | ESIDENCY PROGRAM PROVIDES CUSTOMIZED VISUAL ARTS INSTRUCTION                                     |                                       |
|     |           | SERVES DESIGNATED CLASSES, OFFERS SPECIFIC ART MEDIA, OR   |                                       |
|     |           | SSES THE NEEDS OF PARTICULAR STUDENTS, SUCH AS MULTILINGUAL                                      |                                       |
|     |           | ERS OR STUDENTS WITH DISABILITIES. RANGING FROM 6 TO 20  |                                       |
|     |           | , RESIDENCIES SERVE STUDENTS BOTH DURING AND AFTER SCHOOL.                                       |                                       |
|     |           | O ARTIST INSTRUCTORS PROVIDE HANDS-ON VISUAL ART INSTRUCTION                                     |                                       |
|     |           | FUDENTS AS WELL AS TEACHER AND FAMILY ENGAGEMENT IN THE  |                                       |
|     |           | L ARTS. DUE TO THE PANDEMIC IN 2020, INSTRUCTION SHIFTED TO                                      |                                       |
|     |           | AL PLATFORMS. IN 2019-20, THE RESIDENCY PROGRAM SERVED   |                                       |
|     |           | O STUDENTS IN 241 RESIDENCES IN PARTNERSHIP WITH 124 PARTNER                                     |                                       |
|     | SITES     | IN ALL NYC BOROUGHS.   |                                       |
|     | (Code:    | ) (Expenses \$ 1,379,823. including grants of \$ 0. ) (Revenue \$                                | 0. )                                  |
| 41. | ` .       | DNG TERM PROGRAM ESTABLISHES SEQUENTIAL, STANDARDS-BASED   |                                       |
|     |           | L ARTS CURRICULUM IN NYC PUBLIC SCHOOLS WHICH LACK VISUAL  |                                       |
|     |           | INSTRUCTION. PARTNER SCHOOLS HAVE TITLE I STATUS, MAKE A   |                                       |
|     |           | R COMMITMENT, AND DEDICATE A SPACE FOR THE ART STUDIO.   |                                       |
|     |           | GH INSTRUCTION ACROSS GRADES IN DIVERSE ART MEDIA,   |                                       |
|     |           | SSIONAL DEVELOPMENT AND FAMILY WORKSHOPS, AND SCHOOL-WIDE  |                                       |
|     |           | ITIONS, THE ARTIST INSTRUCTOR EMBEDS THE VISUAL ARTS INTO THE                                    |                                       |
|     | CURRI     | CULUM AND CULTURE OF THE SCHOOL. THE PROGRAM WORKS WITH 25                                       |                                       |
|     | SCHOO     | LS CITYWIDE EACH YEAR, SERVING UP TO 9,000 STUDENTS AND 500                                      |                                       |
|     | TEACH     | ERS. IN MARCH 2020, DUE TO THE PANDEMIC, ALL INSTRUCTION   |                                       |
|     | MOVED     | TO A DIGITAL LEARNING STRATEGY.  |                                       |
|     |           |  |                                       |
| 4c  | (Code:    | ) (Expenses \$ 894,574. including grants of \$ 95,780. ) (Revenue \$                             | 26,190.                               |
|     |           | OUT-OF-SCHOOL TEEN PROGRAMS FOCUS ON MIDDLE AND HIGH SCHOOL                                      |                                       |
|     |           | NTS AND ARE DESIGNED TO BUILD TEENS' CAPACITY AS ARTISTS;  |                                       |
|     |           | RE THEM FOR THE COLLEGE APPLICATION PROCESS; AND PROVIDE   |                                       |
|     |           | NGFUL WORK WITH COMMUNITY-BASED ORGANIZATIONS AND CULTURAL                                       |                                       |
|     |           | TUTIONS. PROGRAMS INCLUDE STUDIO INTENSIVES, A SERIES OF   |                                       |
|     |           | CED VISUAL ARTS WORKSHOPS OFFERED FREE ON SATURDAYS AND  |                                       |
|     |           | G SCHOOL BREAKS; AND THE TEEN APPRENTICESHIP PROGRAM AND   |                                       |
|     |           | BERG ARTS INTERNSHIP PROGRAM, WHICH BUILD ACADEMIC AND   |                                       |
|     |           | LACE SKILLS; MENTOR STUDENTS IN THE COLLEGE SEARCH PROCESS;                                      |                                       |
|     | TMTKO     | DUCE CAREERS IN THE ARTS, AND PROVIDE PAID SUMMER EMPLOYMENT.                                    |                                       |
|     |           |  |                                       |
| 4   | I Other n | rogram services (Describe on Schedule O.)  |                                       |
|     | -         | es\$ 1,628,387. including grants of\$ 168,302. )(Revenue\$ 123,077.)                             |                                       |
| 46  |           | ogram service expenses ► 5,439,513.  |                                       |

| Part | Checklist of Required Schedules  |     | V    | Na |
|------|--|-----|------|----|
|      | In the consideration described in continue 504(1)(0) on 4047(2)(4) (atheretical continues of a testino 10 (1) (1) (1)  |     | Yes  | No |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  | ,   | х    |    |
| •    | complete Schedule A  | 2   | X    |    |
| 2    |  |     | - 1  |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |      | Х  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  | 3   |      | 21 |
| 4    | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |      | Х  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   | -   |      |    |
| J    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |      | Х  |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |     |      |    |
| Ū    | 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   |      | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |      |    |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  | 7   |      | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |     |      |    |
|      | complete Schedule D, Part III  | 8   | Х    |    |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |     |      |    |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |     |      |    |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |      | X  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |      |    |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Х    |    |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |     |      |    |
|      | VII, VIII, IX, or X 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 | Х    |    |
| 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 | Х    |    |
| С    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more  |     |      | 77 |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |      | X  |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  |     |      | Х  |
| _    | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   | 11d | Х    | Λ  |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |      |    |
| '    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х    |    |
| 122  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 111 | - 21 |    |
| 12 a | Schedule D, Parts XI and XII.  | 12a | х    |    |
| h    | Was the organization included in consolidated, independent audited financial statements for the tax year? If   | 120 |      |    |
| b    | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |      | Х  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |      | Х  |
|      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |      | Х  |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |     |      |    |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate  |     |      |    |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |      | Х  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |     |      |    |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |      | X  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |     |      |    |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |      | Х  |
| 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  |      | Х  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |     |      |    |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |      | Х  |
| 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  |      | X  |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |      | Х  |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |      |    |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     | Х    |    |
|      | domestic government on Part IX, column (Δ), line 12 If "Ves." complete Schedule I, Parts Land II   | 21  | Λ    | ı  |

| Par          | Checklist of Required Schedules (continued)  |            | V   | Na  |
|--------------|--|------------|-----|-----|
|              | Did the constitution and the OF 000 of constant and the original transfer.   |            | Yes | No  |
| 22           | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | 22         | Х   |     |
| 22           | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     |     |
| 23           |  |            |     |     |
|              | organization's current and former officers, directors, trustees, key employees, and highest compensated  | 22         | Х   |     |
| 24-          | employees? If "Yes," complete Schedule J   | 23         |     |     |
| 24 a         |  |            |     |     |
|              | \$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           | 240        |     | Х   |
| h            | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>24b |     |     |
|              | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 240        |     |     |
| C            | to defease any tax-exempt bonds?   | 24c        |     |     |
| ч            | 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   | 244        |     |     |
| <b>2</b> 5 a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | Х   |
| h            | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 23a        |     |     |
|              | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |            |     |     |
|              | If "Yes," complete Schedule L, Part I  | 25b        |     | Х   |
| 26           | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |     |
|              | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |     |
|              | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>   | 26         | Х   |     |
| 27           | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |            |     |     |
|              | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |            |     |     |
|              | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these   |            |     |     |
|              | persons? If "Yes," complete Schedule L, Part III   | 27         |     | Х   |
| 28           | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |            |     |     |
|              | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |            |     |     |
| а            | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     |     |
|              | "Yes," complete Schedule L, Part IV  | 28a        | Х   |     |
| b            | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | X   |
|              | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |            |     |     |
|              | "Yes," complete Schedule L, Part IV  | 28c        |     | X   |
| 29           | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | Х   |     |
| 30           | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            |     |     |
|              | conservation contributions? If "Yes," complete Schedule M  | 30         | X   |     |
| 31           | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | X   |
| 32           | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |            |     |     |
|              | complete Schedule N, Part II   | 32         |     | X   |
| 33           | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |     |
|              | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.   | 33         | X   |     |
| 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         |     | X   |
|              | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        | X   |     |
| b            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |            |     |     |
|              | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     | X   |
| 36           | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |            |     | 3.5 |
|              | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |     | X   |
| 37           | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     | v   |
| 00           | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | X   |
| 38           | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. | 20         | Х   |     |
| Part         |  | 38         | 21  |     |
| ાલા          | Check if Schedule O contains a response or note to any line in this Part V   |            |     |     |
|              | Shook ii Gonoddio G Gondano a response of note to any line ii tilis i ait v  |            | Yes | No  |
| 1a           | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |     |     |
|              | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |     |     |
|              | Did the organization comply with backup withholding rules for reportable payments to vendors and   |            |     |     |
| J            | reportable gaming (gambling) winnings to prize winners?  | 1c         | Х   |     |
|              |  |            |     |     |

Form **990** (2019)

| Par         | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |            |     |      |
|-------------|---|------------|-----|------|
|             |   |            | Yes | No   |
| 2a          | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |            |     | i    |
|             | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 330   |            |     |      |
| b           | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | Х   |      |
|             | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                   |            |     |      |
| 3a          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         |     | Х    |
|             | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>  | 3b         |     |      |
|             | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,                                   |            |     |      |
| <b>-</b> -a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a         |     | Х    |
| h           | If "Yes," enter the name of the foreign country \bigs   |            |     |      |
| D           |   |            |     | i    |
| <b>.</b> .  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                       | 5a         |     | Х    |
|             | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5b         |     | X    |
|             | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5c         |     |      |
|             | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 30         |     |      |
| ба          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 60         |     | Х    |
| _           | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a         |     | - 21 |
| b           | If "Yes," did the organization include with every solicitation an express statement that such contributions or  | <b>6</b> L |     |      |
| _           | 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   | _          |     | 3.5  |
|             | and services provided to the payor?   | 7a         |     | X    |
|             | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     |      |
| С           | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |            |     |      |
|             | required to file Form 8282?   | 7c         |     | X    |
| d           | If "Yes," indicate the number of Forms 8282 filed during the year   |            |     |      |
| е           | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | X    |
| f           | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     | Х    |
| g           | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                          | 7g         |     |      |
| h           | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.                       | 7h         |     |      |
| 8           | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |            |     |      |
|             | sponsoring organization have excess business holdings at any time during the year?  | 8          |     |      |
| 9           | Sponsoring organizations maintaining donor advised funds.   |            |     |      |
| а           | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |      |
| b           | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |      |
|             | Section 501(c)(7) organizations. Enter:   |            |     | i    |
|             | Initiation fees and capital contributions included on Part VIII, line 12  |            |     | i    |
|             | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |            |     | i    |
|             | Section 501(c)(12) organizations. Enter:  |            |     | i    |
|             | Gross income from members or shareholders   |            |     | i    |
|             | Gross income from other sources (Do not net amounts due or paid to other sources  |            |     | i    |
|             | against amounts due or received from them.)   |            |     |      |
| 12a         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |      |
|             | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |     |      |
| 13          | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     | i    |
| -           | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |     |      |
| _           | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |            |     |      |
| h           | Enter the amount of reserves the organization is required to maintain by the states in which  |            |     |      |
|             | the organization is licensed to issue qualified health plans  |            |     |      |
| c           | Enter the amount of reserves on hand  |            |     |      |
|             | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | Х    |
|             | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>  | 14b        |     |      |
|             | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |            |     |      |
| 15          | excess parachute payment(s) during the year?  | 15         |     | Х    |
|             | If "Yes," see instructions and file Form 4720, Schedule N.  |            |     |      |
| 16          |   | 16         |     | Х    |
| 16          | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 10         |     |      |
|             | ii res, complete i unii 4720, conedule O.   |            |     |      |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.2 1a 1a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 2.1 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright$   $\frac{NY}{}$ , 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records FGREG PIERSON, 75 WEST END AVENUE, NEW YORK, NY 10023

Form **990** (2019)

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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. See instructions for the order in which to list the persons above.

| Check this box if neither | the organization nor | anv related | l organization | compensated | any current office | r. director. or trustee. |
|---------------------------|----------------------|-------------|----------------|-------------|--------------------|--------------------------|
|                           |                      |             |                |             |                    |                          |

| (A)<br>Name and title         | (B) Average hours per week  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | an     | (D) Reportable compensation from the | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other compensation      |  |
|-------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--------------------------------------|---|---|--|
|                               | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization<br>(W-2/1099-MISC)      | organizations<br>(W-2/1099-MISC)                | from the organization and related organizations |  |
| (1) THOMAS CAHILL             | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| PRESIDENT - STUDIO INSTITUTE  | 0.  | Х  |                       | Х       |              |                              |        | 298,000.                             | 0.  | 38,026  |  |
| (2) JOYCE LAWLER              | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| DIRECTOR OF DEVELOPMENT       | 0.  |  |                       |         |              | X                            |        | 122,198.                             | 0.  | 18,417  |  |
| (3) MARGO AMGOTT              | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| INTERIM EXEC DIR., AS OF 6/19 | 0.  |  |                       | Х       |              |                              |        | 98,903.                              | 0.  | 0   |  |
| (4) CHRISTINE OFFERMANN       | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| DIR. OF FINANCE, THRU 09/19   | 0.  |  |                       | Х       |              |                              |        | 91,389.                              | 0.  | 6,269   |  |
| (5) JON FISH, (09/19-12/19)   | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| INTERIM DIR. OF FINANCE       | 0.  |  |                       | Х       |              |                              |        | 77,031.                              | 0.  | 0   |  |
| (6) GREGORY PIERSON           | 35.00   |  |                       |         |              |                              |        |                                      |   |   |  |
| DIR. OF FINANCE, AS OF 12/19  | 0.  |  |                       | Х       |              |                              |        | 2,885.                               | 0.  | 0   |  |
| (7) DR. VIVIAN PAN            | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| CHAIR                         | 0.  | Х  |                       | Х       |              |                              |        | 0.                                   | 0.  | 0   |  |
| (8) KENNETH COOPER            | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| VICE CHAIR                    | 0.  | X  |                       | Х       |              |                              |        | 0.                                   | 0.  | 0   |  |
| (9) DOROTHY LICHTENSTEIN      | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| VICE CHAIR                    | 0.  | X  |                       | Х       |              |                              |        | 0.                                   | 0.  | 0   |  |
| (10) PATRICIA HEWITT, ESQ.    | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| TREASURER                     | 0.  | X  |                       | Х       |              |                              |        | 0.                                   | 0.  | 0   |  |
| (11) MARY MATTINGLY           | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| SECRETARY                     | 0.  | Х  |                       | Х       |              |                              |        | 0.                                   | 0.  | 0   |  |
| (12) TONY BECHARA             | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| DIRECTOR                      | 0.  | Х  |                       |         |              |                              |        | 0.                                   | 0.  | 0   |  |
| (13) PHONG BUI                | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| DIRECTOR                      | 0.  | Х  |                       |         |              |                              |        | 0.                                   | 0.  | 0   |  |
| (14) JENNNIFER CECERE         | 2.00  |  |                       |         |              |                              |        |                                      |   |   |  |
| DIRECTOR, AS OF 01/20         | 0.  | X  |                       |         |              |                              |        | 0.                                   | 0.  | 0   |  |

Form **990** (2019)

JSA 9E1041 2.000

| Color   Colo     | Part VII Section A. Officers, Directors, Tru  | ustees, Ke      | y En         | plo   | ye    | es,  | and I     | Hig  | hest Compensat    | ed Employees (c | ontinued) |
|--|---|-----------------|--------------|-------|-------|------|-----------|------|-------------------|-----------------|-----------|
| Control check more than one box. unless proson is sort and check more than one box. unless proson is sort and officer and a direction/useron is and an influence of the compensation from the organization (N-2/1099-MISC)   | (A)   | (B) (C) (D) (E) |              |       |       |      |           |      | (E)               | (F)             |           |
| No.   Process      | Name and title                                | 1               |              |       |       |      |           |      |                   |                 |           |
| Compensation   Com      |   |                 | ,            |       |       |      |           |      |                   | · '             |           |
| Tested   Comparization   Com     |   |                 | office       |       | d a d |      | tor/trust | ee)  |                   |                 |           |
| 15  ERIKA FAUST  |   |                 | Indi<br>or d | Inst  | Off:  | Key  | High      | Forr |                   |                 |           |
| 15  ERIKA FAUST  |   | 1 -             | vidu         | ituti | cer   | em   | nest      | ner  | (W-2/1099-MISC)   |                 | •         |
| 15  ERIKA FAUST  |   |                 | tor tor      | onal  |       | oloy | con       |      |                   |                 |           |
| 15  ERIKA FAUST  |   |                 | uste         | trus  |       | ee   | hper      |      |                   |                 |           |
| 15   ERIKA FAUST   |   |                 | Ф            | tee   |       |      | sate      |      |                   |                 |           |
| DIRECTOR   | TEV EDINA ENTOR                               | 2 00            |              |       |       |      | ă.        |      |                   |                 |           |
| 16  RICHARD GLASEBROOK   |   | +               |              |       |       |      |           |      |                   | 0               | 0         |
| DIRECTOR   |   |                 | Λ            |       |       |      |           |      | 0                 | 0.              | 0         |
| 17) AGNES GUND   |   | +               |              |       |       |      |           |      |                   | 0               | 0         |
| FOUNDER/DIRECTOR   |   |                 | Λ            |       |       |      |           |      | 0                 | 0.              | 0         |
| 18   ISABELLA HUTCHINSON   |   | +               | v            |       |       |      |           |      | 0                 | 0               | 0         |
| DIRECTOR   |   |                 | Λ            |       |       |      |           |      | 0                 | 0.              | 0         |
| 19   JANE KLEIN  |   | +               | v            |       |       |      |           |      | 0                 | 0               | 0         |
| DIRECTOR   0.   x   0   0.   0   0   0   0   0   0   0   |   |                 | - 2          |       |       |      |           |      | 0                 | 0.              | 0         |
| 20   |   | +               | v            |       |       |      |           |      | 0                 | 0               | 0         |
| DIRECTOR   |   |                 |              |       |       |      |           |      | 0                 | 0.              | 0         |
| 21) JOANNA MILSTEIN DIRECTOR O. X O. O. O.  22) HASNA MUHAMMAD, ED. D. DIRECTOR O. X O. O   |   | +               | x            |       |       |      |           |      | 0                 | 0               | 0         |
| DIRECTOR  2.0 HASNA MUHAMMAD, ED. D.  DIRECTOR  0. X  0. 0. 0. 0.  23) SHANE NEUFELD  2.00  DIRECTOR  0. X  0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0. 0. 0.  DIRECTOR  0. X  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0  |   |                 | 21           |       |       |      |           |      | 0                 | 0.              |           |
| 22) HASNA MUHAMMAD, ED. D. 2.00 DIRECTOR 0. X 0. 0. 0  23) SHANE NEUFELD 2.00 DIRECTOR 0. X 0. 0. 0  24) LINDA SAFRAN 2.00 DIRECTOR 0. X 0. 0. 0  25) AMANDA TAYLOR 2.00 DIRECTOR 0. X 0. 0. 0  55) AMANDA TAYLOR 2.00 DIRECTOR 0. X 0. 0. 0. 0  4 Sub-total 690,406. 0. 62,712. 0  C Total from continuation sheets to Part VII, Section A  |   | +               | x            |       |       |      |           |      | 0                 | 0               | 0         |
| DIRECTOR    O  |   |                 |              |       |       |      |           |      |                   | 0.              |           |
| 23) SHANE NEUFELD   2.00   0.00         |   | +               | x            |       |       |      |           |      | 0                 | 0.              | 0         |
| DIRECTOR  0. X  0. 0. 0  24) LINDA SAFRAN  2.00  DIRECTOR  0. X  0. 0. 0  25) AMANDA TAYLOR  DIRECTOR  0. X  0. 0. 0  50  The Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of individual  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  |   |                 |              |       |       |      |           |      |                   |                 |           |
| DIRECTOR  DIREC    |   | +               | x            |       |       |      |           |      | 0                 | 0.              | 0         |
| DIRECTOR  25.) AMANDA TAYLOR DIRECTOR  0. X  0. 0. 0  690,406. 0. 62,712.  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual   |   |                 |              |       |       |      |           |      | _                 |                 | <u>-</u>  |
| DIRECTOR  DIREC    |   | +               | x            |       |       |      |           |      | 0                 | 0.              | 0         |
| DIRECTOR    Director     |   |                 |              |       |       |      |           |      | -                 |                 |           |
| 1b Sub-total   |   | +               | Х            |       |       |      |           |      | 0                 | 0.              | 0         |
| c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual   | 1h Sub-total                                  |                 |              |       |       |      |           |      | 690,406.          | 0.              | 62,712.   |
| d Total (add lines 1b and 1c).    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual steed on line 1a receive or accrue compensation from any unrelated organization or individual steed organization or |   |                 |              | • •   | • •   |      |           |      | 0.                | 0.              | 0.        |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4  The second reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | ·   | -               |              | -     | -     |      |           | •    | 690,406.          | 0.              | 62,712.   |
| reportable compensation from the organization ▶ 4  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |   |                 |              |       |       |      |           | o re | ceived more than  | \$100,000 of    |           |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |   |                 |              |       |       |      | ,         |      |                   | ,               |           |
| employee on line 1a? If "Yes," complete Schedule J for such individual   |   |                 |              |       |       |      |           |      |                   |                 | Yes No    |
| employee on line 1a? If "Yes," complete Schedule J for such individual   | 3 Did the organization list any former office | er. directo     | r. or        | tru   | ıste  | e.   | kev e     | ame  | olovee, or highes | t compensated   |           |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |   |                 |              |       |       |      |           |      |                   |                 | 3 X       |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   | 4 For any individual listed on line 1a is the | sum of rar      | ortah        | مام د | om    | nar  | eatio     | n ai | nd other compen   | sation from the |           |
| individual   |   |                 |              |       |       |      |           |      |                   |                 |           |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  |   |                 |              |       |       |      |           |      | •                 |                 | 4 X       |
|  |   |                 |              |       |       |      |           |      |                   |                 |           |
|  |   |                 |              |       |       |      |           |      |                   |                 | 5 X       |

### **Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C)<br>Compensation |
|-------------------------------|-----------------------------|---------------------|
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |

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

| Part VII Section A. Officers, Directors, Tru   | istees Ke   | v Fm                           | nnlo                  | Ve                   | 28                   | and F                           | lia             | hest Compensat                        | ed Employ                       | iees (c        | ontinue        | Page <b>{</b>                             |
|--|---|--------------------------------|-----------------------|----------------------|----------------------|---------------------------------|-----------------|---------------------------------------|---------------------------------|----------------|----------------|---|
| (A) Name and title   | (B) Average hours per week (list any hours for    | (do r<br>box,<br>office        | not cl                | Pos<br>heck<br>ss pe | c)<br>sition<br>more | e than o<br>is both<br>or/trust | ne<br>an<br>ee) | (D)  Reportable compensation from the | (E) Reporta compensatio related | ble<br>on from | Esti<br>amo    | (F) mated punt of ther ensation           |
|  | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee         | Highest compensated employee    | Former          | organization<br>(W-2/1099-MISC)       | (W-2/1099-                      |                | orgai<br>and   | n the<br>nization<br>related<br>nizations |
| 26) PATRICIA WILLIAMS DIRECTOR   | 2.00  | Х                              |                       |                      |                      |                                 |                 | 0                                     |                                 | 0.             |                | (   |
| 27) FRED WILSON  | 2.00  |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
| DIRECTOR, AS OF 04/20  | 0.  | Х                              |                       |                      |                      |                                 |                 | 0 .                                   |                                 | 0.             |                | (   |
| 28) ALISON SCOTT-WILLIAMS  | 35.00   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
| PRESIDENT, AS OF 03/20   | 0.  |                                |                       | Х                    |                      |                                 |                 | 0 .                                   |                                 | 0.             |                | (   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
| 1b Sub-total<br>c Total from continuation sheets to Part VII, S  | ection A  |                                |                       |                      |                      |                                 | <b>&gt;</b>     | 0.                                    |                                 | 0.             |                | 0   |
| d Total (add lines 1b and 1c)  | -   |                                | -                     | -                    |                      |                                 | <b>&gt;</b>     |                                       |                                 |                |                |   |
| 2 Total number of individuals (including but not   | limited to t                                      |                                |                       |                      |                      |                                 | o re            | eceived more than                     | \$100,000                       | of             |                |   |
| reportable compensation from the organizatio   | n <b>▶</b>  | 4                              | 1                     |                      |                      |                                 |                 |                                       |                                 |                |                |   |
|  |   |                                |                       |                      |                      | _                               |                 |                                       |                                 |                |                | Yes No                                    |
| 3 Did the organization list any former offic<br>employee on line 1a? If "Yes," complete Sched              |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                | 3              | Х   |
| 4 For any individual listed on line 1a, is the organization and related organizations grandividual         | eater than  | \$15                           | 50,0                  | 00?                  | . If                 | "Yes                            | s, "            | complete Schedu                       |                                 |                | 4              | X   |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y             | accrue co   | mpen                           | sati                  | on 1                 | fron                 | n any                           | un              | related organization                  |                                 |                | 5              | Х   |
| Section B. Independent Contractors   |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
| 1 Complete this table for your five highest com-<br>compensation from the organization. Report of<br>year. |   |                                |                       |                      |                      |                                 |                 |                                       |                                 |                |                |   |
| (A) Name and business add  | dress   |                                |                       |                      |                      |                                 |                 | (B)<br>Description of se              | rvices                          | C              | (C)<br>ompensa | ation                                     |

| (A) Name and business address | (B) Description of services | (C)<br>Compensation |
|-------------------------------|-----------------------------|---------------------|
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |

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

### Part VIII Statement of Revenue

|  |     | Check if Schedule O contains a resp          | onse or note to an | v line in this Part V | /III                                   |                                      |  |
|--|-----|--|--------------------|-----------------------|--|--------------------------------------|--|
|  |     |  |                    | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| S S  | 1a  | Federated campaigns 1a                       |                    |                       |  |                                      | 000110110 012 011                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | b   | Membership dues                              |                    |                       |  |                                      |  |
| တ် မို   | c   | Fundraising events 1c                        |                    |                       |  |                                      |  |
| fts,   | d   | Related organizations 1d                     |                    |                       |  |                                      |  |
| ₽₩   | e   | Government grants (contributions) 1e         | 1,649,128.         |                       |  |                                      |  |
| ns,  | f   | All other contributions, gifts, grants,      | 1,015,120.         |                       |  |                                      |  |
| ë  | •   | and similar amounts not included above . 1f  | 3,752,411.         |                       |  |                                      |  |
| t per  | g   | Noncash contributions included in            | 3,732,111.         |                       |  |                                      |  |
| 눌  | 9   | lines 1a-1f 1g                               | <b>\$</b> 536,081. |                       |  |                                      |  |
| a C  | h   | Total. Add lines 1a-1f                       |                    | 5,401,539.            |  |                                      |  |
|  |     | Total: Add lilles 1a-11                      | Business Code      | 371017333.            |  |                                      |  |
| g.   | _   | FEES FROM SCHOOL FUNDS AND CBO'S             | 900099             | 373,702.              | 373,702.                               |                                      |  |
| Program Service<br>Revenue                             | 2a  | TEED FROM SCHOOL FOUNDS AND CEO S            | - 500055           | 373,702.              | 575,702.                               |                                      |  |
| Ser  | b   |  |                    |                       |  |                                      |  |
| E P  | С   |  | -                  |                       |  |                                      |  |
| gra<br>Re  | d   |  | -                  |                       |  |                                      |  |
| S.   | е   |  | -                  |                       |  |                                      |  |
| -  | f   | All other program service revenue            |                    | 373,702.              |  |                                      |  |
|  | g_  | Total. Add lines 2a-2f                       |                    | 3/3,/02.              |  |                                      |  |
|  | 3   | Investment income (including dividends       | _                  | 222 560               |  | -4,524.                              | 328,092.   |
|  |     | other similar amounts)                       |                    | 323,568.              |  | -4,524.                              | 320,092.   |
|  | 4   | Income from investment of tax-exempt bor     |                    |                       |  |                                      |  |
|  | 5   | Royalties                                    | (ii) Personal      | 0.                    |  |                                      |  |
|  | _   |  | (II) I elsolial    |                       |  |                                      |  |
|  | 6a  | Gross rents 6a                               |                    |                       |  |                                      |  |
|  | b   | Less: rental expenses 6b                     |                    |                       |  |                                      |  |
|  | С   | Rental income or (loss) 6c                   |                    | _                     |  |                                      |  |
|  | d   | Net rental income or (loss)                  |                    | 0.                    |  |                                      |  |
|  | 7a  | Gross amount from (i) Securities             | (ii) Other         |                       |  |                                      |  |
|  |     | sales of assets                              |                    |                       |  |                                      |  |
|  |     | other than inventory <b>7a</b> 1,520,203     | 3. 26,000.         |                       |  |                                      |  |
| ne   | b   | Less: cost or other basis                    |                    |                       |  |                                      |  |
| evenue   |     | and sales expenses <b>7b</b> 873,570         |                    |                       |  |                                      |  |
| Re   | С   | Gain or (loss)                               | 3. 23,000.         |                       |  |                                      |  |
| e  | d   | Net gain or (loss)                           | <u></u>            | 669,633.              |  |                                      | 669,633.   |
| Other  | 8a  | Gross income from fundraising                |                    |                       |  |                                      |  |
|  |     | events (not including \$                     |                    |                       |  |                                      |  |
|  |     | of contributions reported on line            |                    |                       |  |                                      |  |
|  |     | 1c). See Part IV, line 18                    |                    |                       |  |                                      |  |
|  | b   | Less: direct expenses 81                     |                    |                       |  |                                      |  |
|  | С   | Net income or (loss) from fundraising even   | s                  | 0.                    |  |                                      |  |
|  | 9a  | Gross income from gaming                     |                    |                       |  |                                      |  |
|  |     | activities. See Part IV, line 19 9a          |                    |                       |  |                                      |  |
|  | b   | Less: direct expenses 91                     | 0.                 |                       |  |                                      |  |
|  | С   | Net income or (loss) from gaming activitie   | s <b>&gt;</b>      | 0.                    |  |                                      |  |
|  | 10a | Gross sales of inventory, less               |                    |                       |  |                                      |  |
|  |     | returns and allowances 10                    |                    |                       |  |                                      |  |
|  | b   | Less: cost of goods sold 10                  | <b>b</b> 0.        |                       |  |                                      |  |
|  | С   | Net income or (loss) from sales of inventory |                    | 0.                    |  |                                      |  |
| sn   |     |  | Business Code      |                       |  |                                      |  |
| e e  | 11a | MISCELLANEOUS REVENUE                        | 900099             | 1,110.                |  |                                      | 1,110.   |
| lan  | b   |  | -                  |                       |  |                                      |  |
| e e e  | С   |  |                    |                       |  |                                      |  |
| Miscellaneous<br>Revenue                               | d   | All other revenue                            |                    |                       |  |                                      |  |
|  |     | Total. Add lines 11a-11d                     |                    | 1,110.                |  |                                      |  |
| 10.4   | 12  | Total revenue. See instructions              |                    | 6,769,552.            | 373,702.                               | -4,524.                              | 998,835.   |

STUDIO IN A SCHOOL ASSOCIATION, INC.

### 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 resp   | <u> </u>              |                          | · · · · · · · · · · · · · · · · · · · |                         |
|----------|---|-----------------------|--------------------------|---------------------------------------|-------------------------|
| Do       | not include amounts reported on lines 6b, 7b,   | <u>.</u>              | (B)                      |                                       | (D)                     |
|          | 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service expenses | (C) Management and general expenses   | Fundraising<br>expenses |
|          | Grants and other assistance to domestic organizations   |                       | ολροποσο                 | general expenses                      | охроносо                |
| •        | and domestic governments. See Part IV, line 21  | 223,293.              | 223,293.                 |                                       |                         |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22   | 40,789.               | 40,789.                  |                                       |                         |
| 3        | Grants and other assistance to foreign  |                       |                          |                                       |                         |
|          | organizations, foreign governments, and foreign   |                       |                          |                                       |                         |
|          | individuals. See Part IV, lines 15 and 16   | 0.                    |                          |                                       |                         |
|          | Benefits paid to or for members   | 0.                    |                          |                                       |                         |
| 5        | Compensation of current officers, directors, trustees, and key employees  | 686,899.              | 563,311.                 | 89,399.                               | 34,189.                 |
| 6        | Compensation not included above to disqualified   |                       |                          |                                       |                         |
|          | persons (as defined under section 4958(f)(1)) and   |                       |                          |                                       |                         |
|          | persons described in section 4958(c)(3)(B)  | 4,125,277.            | 3,382,552.               | F27 F24                               | 205,191.                |
|          | Other salaries and wages  | 4,125,277.            | 3,302,332.               | 537,534.                              | 205,191.                |
| 8        | Pension plan accruals and contributions (include  | 84,921.               | 69,869.                  | 10,763.                               | 4,289.                  |
| _        | section 401(k) and 403(b) employer contributions)   | 575,833.              | 473,768.                 | 72,979.                               | 29,086.                 |
| 9        | Other employee benefits   | 110,500.              | 90,915.                  | 14,004.                               | 5,581.                  |
| 10       | Payroll taxes   | 110,300.              | 70,713.                  | 11,001.                               | 3,301.                  |
| 11       | Fees for services (nonemployees):   | 0.                    |                          |                                       |                         |
|          | Management Legal Legal  | 0.                    |                          |                                       |                         |
|          | Accounting  | 66,754.               |                          | 66,754.                               |                         |
|          | Lobbying  | 0.                    |                          |                                       |                         |
|          | Professional fundraising services. See Part IV, line 17   | 0.                    |                          |                                       |                         |
|          | Investment management fees  | 5,398.                |                          | 5,398.                                |                         |
|          | Other. (If line 11g amount exceeds 10% of line 25, column   |                       |                          |                                       |                         |
|          | (A) amount, list line 11g expenses on Schedule O.)  | 499,580.              | 227,194.                 | 233,005.                              | 39,381.                 |
| 12       | Advertising and promotion   | 4,528.                | 2,584.                   | 1,447.                                | 497.                    |
| 13       | Office expenses   | 72,796.               | 28,896.                  | 41,967.                               | 1,933.                  |
| 14       | Information technology  | 0.                    |                          |                                       |                         |
| 15       | Royalties   | 0.                    |                          |                                       |                         |
| 16       | Occupancy   | 79,293.               | 17,195.                  | 62,098.                               |                         |
| 17       | Travel  | 78,943.               | 70,306.                  | 8,603.                                | 34.                     |
| 18       | Payments of travel or entertainment expenses  | 0                     |                          |                                       |                         |
|          | for any federal, state, or local public officials   | 5,241.                | 4,787.                   | 335.                                  | 119.                    |
| 19       | Conferences, conventions, and meetings  | 0.                    | 4,707.                   | 333.                                  |                         |
| 20       | Interest  | 0.                    |                          |                                       |                         |
| 21<br>22 | Payments to affiliates  Depreciation, depletion, and amortization   | 10,507.               |                          | 10,507.                               |                         |
| 23       | Insurance   | 22,845.               |                          | 22,845.                               |                         |
| 24       | Other expenses. Itemize expenses not covered  |                       |                          |                                       |                         |
|          | above (List miscellaneous expenses on line 24e. If  |                       |                          |                                       |                         |
|          | line 24e amount exceeds 10% of line 25, column  |                       |                          |                                       |                         |
|          | (A) amount, list line 24e expenses on Schedule O.)  |                       |                          |                                       |                         |
| _        | PROGRAM SUPPLIES  | 183,262.              | 182,916.                 | 346.                                  |                         |
|          | BAD DEBT EXPENSES   | 176,773.              | 33,206.                  | 143,567.                              |                         |
| _        | DUES & SUBSCRIPTIONS  | 38,211.               | 12,228.                  | 6,728.                                | 19,255.                 |
| d        | STIPENDIARY   | 6,775.                | 6,775.                   | 10.040                                |                         |
|          | All other expenses  | 19,814.               | 8,929.                   | 10,242.                               | 643.                    |
|          | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the                               | 7,118,232.            | 5,439,513.               | 1,338,521.                            | 340,198.                |
| 26       | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here |                       |                          |                                       |                         |
|          | following SOP 98-2 (ASC 958-720)  | 0.                    |                          |                                       |                         |

# Part X Balance Sheet

|               |          | Check if Schedule O contains a response or note to any line in this Pa   | art X                    |     |                        |
|---------------|----------|--|--------------------------|-----|------------------------|
|               |          |  | (A)<br>Beginning of year |     | (B)<br>End of year     |
|               | 1        | Cash - non-interest-bearing  | 705,185.                 | 1   | 1,070,536.             |
|               | 2        | Savings and temporary cash investments   | 1,421,152.               | 2   | 1,316,175.             |
|               | 3        | Pledges and grants receivable, net   | 1,328,909.               | 3   | 2,303,563.             |
|               | 4        | Accounts receivable, net   | 878,025.                 | 4   | 359,691.               |
|               | 5        | Loans and other receivables from any current or former officer, director,  |                          |     |                        |
|               |          | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          |     |                        |
|               |          | controlled entity or family member of any of these persons   | 0.                       | 5   | 0.                     |
|               | 6        | Loans and other receivables from other disqualified persons (as defined  |                          |     |                        |
|               |          | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).   | 0.                       | 6   | 0.                     |
| S             | 7        | Notes and loans receivable, net  | 0.                       | 7   | 0.                     |
| Assets        | 8        | Inventories for sale or use  | 0.                       | 8   | 0.                     |
| As            | 9        | Prepaid expenses and deferred charges  | 34,995.                  | 9   | 32,495.                |
|               | _        | Land, buildings, and equipment: cost or other  |                          |     |                        |
|               | ···      | basis. Complete Part VI of Schedule D 10a 1,193,149.   |                          |     |                        |
|               | h        | Less: accumulated depreciation   | 131,142.                 | 10c | 128,166.               |
|               | 11       | Investments - publicly traded securities   | 758,825.                 | 11  | 615,167.               |
|               | 12       | Investments - other securities. See Part IV, line 11   | 16,135,749.              | 12  | 16,786,010.            |
|               | 13       | Investments - program-related. See Part IV, line 11.   | 0.                       | 13  | 0.                     |
|               | 14       | Intangible assets  | 0.                       | 14  | 0.                     |
|               | 15       | Other assets. See Part IV, line 11   | 270,363.                 | 15  | 295,895.               |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 33)  | 21,664,345.              | 16  | 22,907,698.            |
| _             | 17       |  | 295,756.                 | 17  | 285,541.               |
|               | 18       | Accounts payable and accrued expenses  | 0.                       | 18  | 0.                     |
|               | 19       | Grants payable   | 35,250.                  | 19  | 0.                     |
|               | 20       | Deferred revenue   | 0.                       | 20  | 0.                     |
|               | 20<br>21 | Tax-exempt bond liabilities  | 0.                       | 21  | 0.                     |
| "             | 22       | Loans and other payables to any current or former officer, director,   | <u> </u>                 | 21  | 0.                     |
| Liabilities   | 22       | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          |     |                        |
| ij            |          | controlled entity or family member of any of these persons   | 0.                       | 22  | 236,175.               |
| Lia           | 22       |  | 0.                       | 23  | 0.                     |
|               | 23<br>24 | Secured mortgages and notes payable to unrelated third parties   | 0.                       | 24  | 0.                     |
|               | 24<br>25 | Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third | 0.                       | 24  | 0.                     |
|               | 23       | parties, and other liabilities not included on lines 17-24). Complete Part X   |                          |     |                        |
|               |          | •  | 963,437.                 | 25  | 1,905,580.             |
|               | 26       | of Schedule D  | 1,294,443.               | 26  | 2,427,296.             |
| _             | 20       |  | 1,201,110.               | 26  | 2,127,250.             |
| Fund Balances |          | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.  |                          |     |                        |
| au            | 27       | Net assets without donor restrictions  | 12,471,593.              | 27  | 11,935,361.            |
| Bal           | 28       | Net assets with donor restrictions.  | 7,898,309.               | 28  | 8,545,041.             |
| Б             | 20       | h  | 7,000,000.               | 28  | 0,545,041.             |
| Ξ             |          | Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.  |                          |     |                        |
| ō             | 29       | Capital stock or trust principal, or current funds   |                          | 29  |                        |
| įts           | 29<br>30 | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 30  |                        |
| Assets        |          | Retained earnings, endowment, accumulated income, or other funds   |                          | 30  |                        |
| t A           | 31       |  | 20,369,902.              |     | 20,480,402.            |
| Net           | 32       | Total lie bilities and not assets/fund balances  | 21,664,345.              | 32  | 22,907,698.            |
| _             | 33       | Total liabilities and net assets/fund balances   | 41,004,343.              | 33  | Form <b>990</b> (2019) |

Form **990** (2019)

Page **12** Form 990 (2019)

| Part | XI Reconciliation of Net Assets  |         |      |      |      |      |
|------|--|---------|------|------|------|------|
|      | Check if Schedule O contains a response or note to any line in this Part XI                            |         |      |      |      |      |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |      |      | 69,5 |      |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2       |      | 7,1  | 18,2 | 232. |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3       |      | -3   | 48,6 | 580. |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4       |      |      | 69,9 |      |
| 5    | Net unrealized gains (losses) on investments   | 5       |      | 4    | 59,1 | L80. |
| 6    | Donated services and use of facilities   | 6       |      |      |      | 0.   |
| 7    | Investment expenses  | 7       |      |      |      | 0.   |
| 8    | Prior period adjustments   | 8       |      |      |      | 0.   |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)                                   | 9       |      |      |      | 0.   |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         |         |      |      |      |      |
|      | 32, column (B))  | 10      |      | 20,4 | 80,4 | 102. |
| Part | XII Financial Statements and Reporting   |         |      |      |      |      |
|      | Check if Schedule O contains a response or note to any line in this Part XII                           |         |      |      |      |      |
|      |  |         |      |      | Yes  | No   |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                   |         |      |      |      |      |
|      | If the organization changed its method of accounting from a prior year or checked "Other," e           | xplain  | in   |      |      |      |
|      | Schedule O.  |         |      |      |      |      |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?.       |         |      | 2a   |      | X    |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were cor         | npiled  | or   |      |      |      |
|      | reviewed on a separate basis, consolidated basis, or both:   |         |      |      |      |      |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                 |         |      |      |      |      |
| b    | Were the organization's financial statements audited by an independent accountant?                     |         |      | 2b   | X    |      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audi        | ted or  | n a  |      |      |      |
|      | separate basis, consolidated basis, or both:   |         |      |      |      |      |
|      | Separate basis   |         |      |      |      |      |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersight | t of |      |      |      |
|      | the audit, review, or compilation of its financial statements and selection of an independent accounta | ınt?    |      | 2c   | X    |      |
|      | If the organization changed either its oversight process or selection process during the tax year, e   | xplain  | on   |      |      |      |
|      | Schedule O.  |         |      |      |      |      |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set fo  | rth in  | the  |      |      |      |
|      | Single Audit Act and OMB Circular A-133?   |         |      | 3a   |      | X    |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | lergo   | the  |      |      |      |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a     | •       |      | 3b   |      |      |

### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | tion A. Public Support   |                    |                 |            |                 |                 |             |
|------|--|--------------------|-----------------|------------|-----------------|-----------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015    | <b>(b)</b> 2016 | (c) 2017   | <b>(d)</b> 2018 | <b>(e)</b> 2019 | (f) Total   |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 5,785,844.         | 7,718,454.      | 5,595,220. | 6,183,748.      | 5,401,539.      | 30,684,805. |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                 |            |                 |                 | 0.          |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                 |            |                 |                 | 0.          |
| 4    | Total. Add lines 1 through 3   | 5,785,844.         | 7,718,454.      | 5,595,220. | 6,183,748.      | 5,401,539.      | 30,684,805. |
| 5    | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  |                    |                 |            |                 |                 | 4,088,665.  |
| 6    | Public support. Subtract line 5 from line 4  |                    |                 |            |                 |                 | 26,596,140. |
| Sec  | tion B. Total Support  |                    |                 |            |                 |                 |             |
|      | ndar year (or fiscal year beginning in)  | (a) 2015           | <b>(b)</b> 2016 | (c) 2017   | (d) 2018        | <b>(e)</b> 2019 | (f) Total   |
| 7    | Amounts from line 4  | 5,785,844.         | 7,718,454.      | 5,595,220. | 6,183,748.      | 5,401,539.      | 30,684,805. |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 629,064.           | 549,780.        | 332,562.   | 366,589.        | 323,568.        | 2,201,563.  |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on   |                    |                 |            | 625.            |                 | 625.        |
| 10   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1   |                    | 271,237.        |            |                 | 1,110.          | 272,347.    |
| 11   | Total support. Add lines 7 through 10  |                    |                 |            |                 |                 | 33,159,340. |
| 12   | Gross receipts from related activities, etc. (s  | ee instructions) . |                 |            |                 | 12              | 2,487,352.  |
| 13   | First five years. If the Form 990 is for organization, check this box and stop here.   |                    |                 |            |                 |                 |             |
| Sec  | tion C. Computation of Public Supp   |                    |                 |            | 1               |                 |             |
| 14   | Public support percentage for 2019 (lin  |                    | -               |            |                 | 14              | 80.21%      |
| 15   | Public support percentage from 2018  |                    |                 |            |                 | 15              | 82.01%      |
| 16a  | 331/3% support test - 2019. If the org   | •                  |                 | •          |                 | •               |             |
|      | box and <b>stop here</b> . The organization qu   | •                  |                 | •          |                 |                 |             |
| b    | 331/3% support test - 2018. If the org   |                    |                 |            |                 |                 |             |
| 47-  | this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  |                    |                 |            |                 |                 |             |
| 17a  |  | _                  |                 |            |                 |                 |             |
|      | 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported |                    |                 |            |                 |                 |             |
|      | <del>-</del>   |                    |                 | _          |                 |                 |             |
| h    | organization   |                    |                 |            |                 |                 |             |
| D    |  | -                  |                 |            |                 |                 |             |
|      | 15 is 10% or more, and if the organization   |                    |                 |            |                 |                 | •           |
|      | Explain in Part VI how the organization  |                    |                 |            | _               | -               |             |
| 10   | supported organization   |                    |                 |            |                 |                 |             |
| 18   | Private foundation. If the organization instructions   |                    |                 |            |                 |                 |             |
|      | instructions   |                    |                 |            |                 |                 | <u> </u>    |

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

| Sec  | tion A. Public Support   |                      |                        | / 1                | <u>'</u>         | ,                |            |
|------|--|----------------------|------------------------|--------------------|------------------|------------------|------------|
|      | ndar year (or fiscal year beginning in)  | (a) 2015             | <b>(b)</b> 2016        | (c) 2017           | (d) 2018         | <b>(e)</b> 2019  | (f) Total  |
| 1    | Gifts, grants, contributions, and membership fees                                      |                      |                        |                    |                  |                  |            |
|      | received. (Do not include any "unusual grants.")                                       |                      |                        |                    |                  |                  |            |
| 2    | Gross receipts from admissions, merchandise  |                      |                        |                    |                  |                  |            |
|      | sold or services performed, or facilities  |                      |                        |                    |                  |                  |            |
|      | furnished in any activity that is related to the                                       |                      |                        |                    |                  |                  |            |
|      | organization's tax-exempt purpose  |                      |                        |                    |                  |                  |            |
| 3    | Gross receipts from activities that are not an   |                      |                        |                    |                  |                  |            |
|      | unrelated trade or business under section 513  |                      |                        |                    |                  |                  |            |
| 4    | Tax revenues levied for the  |                      |                        |                    |                  |                  |            |
|      | organization's benefit and either paid to  |                      |                        |                    |                  |                  |            |
|      | or expended on its behalf  |                      |                        |                    |                  |                  |            |
| 5    | The value of services or facilities  |                      |                        |                    |                  |                  |            |
|      | furnished by a governmental unit to the  |                      |                        |                    |                  |                  |            |
|      | organization without charge  |                      |                        |                    |                  |                  |            |
| 6    | Total. Add lines 1 through 5   |                      |                        |                    |                  |                  |            |
| 7 a  | Amounts included on lines 1, 2, and 3  |                      |                        |                    |                  |                  |            |
|      | received from disqualified persons   |                      |                        |                    |                  |                  |            |
| b    | Amounts included on lines 2 and 3  |                      |                        |                    |                  |                  |            |
|      | received from other than disqualified  |                      |                        |                    |                  |                  |            |
|      | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                      |                        |                    |                  |                  |            |
| С    | Add lines 7a and 7b  |                      |                        |                    |                  |                  |            |
| 8    | Public support. (Subtract line 7c from   |                      |                        |                    |                  |                  |            |
|      | line 6.)   |                      |                        |                    |                  |                  |            |
| Sec  | tion B. Total Support  |                      |                        |                    |                  |                  |            |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015             | <b>(b)</b> 2016        | (c) 2017           | (d) 2018         | <b>(e)</b> 2019  | (f) Total  |
| 9    | Amounts from line 6  |                      |                        |                    |                  |                  |            |
| 10 a | 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   |                      |                        |                    |                  |                  |            |
| С    | 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   | or the organiza      | ation's first, seco    | nd, third, fourth  | , or fifth tax y | ear as a section | 501(c)(3)  |
|      | organization, check this box and stop here   |                      |                        |                    |                  |                  | ▶ 🔃        |
| Sec  | tion C. Computation of Public Supp   |                      |                        |                    |                  |                  |            |
| 15   | Public support percentage for 2019 (line 8,  | column (f), divid    | ded by line 13, colu   | mn (f))            |                  | 15               | %          |
| 16   | Public support percentage from 2018 Sche   |                      |                        |                    |                  | 16               | %          |
| Sec  | tion D. Computation of Investment  | Income Per           | centage                |                    |                  |                  |            |
| 17   | Investment income percentage for 2019 (lin   |                      |                        |                    |                  | 17               | %          |
| 18   | Investment income percentage from 2018 S   | 3chedule A, Part     | III, line 17           |                    |                  | 18               | %          |
| 19 a | 331/3% support tests - 2019. If the or   | ganization did r     | not check the bo       | ox on line 14, a   | nd line 15 is m  | ore than 331/3%  | , and line |
|      | 17 is not more than 331/3%, check thi  | s box and <b>sto</b> | <b>p here.</b> The org | anization qualifie | s as a publicly  | supported organi | zation . > |
| b    | 331/3% support tests - 2018. If the orga   |                      |                        |                    | ·                |                  | . —        |
|      | line 18 is not more than $331/3\%$ , check   |                      | -                      | •                  |                  | • • •            |            |
| 20   | Private foundation. If the organization of   | lid not check a      | a box on line 1-       | 4, 19a, or 19b,    | check this box   | and see instruc  | ctions -   |

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### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.**
- 10 a 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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Schedule A (Form 990 or 990-EZ) 2019

| Jenead      | ne A (1 01111 330 01 330 EZ) 2013  |         |          | age <b>c</b> |
|-------------|--|---------|----------|--------------|
| Part        | Supporting Organizations (continued)   |         | <b>V</b> |              |
|             |  |         | Yes      | No           |
| 11          | Has the organization accepted a gift or contribution from any of the following persons?  |         |          |              |
| а           | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |         |          |              |
|             | below, the governing body of a supported organization?   | 11a     |          |              |
|             | A family member of a person described in (a) above?  | 11b     |          |              |
|             | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>   | 11c     |          |              |
| Secti       | on B. Type I Supporting Organizations  |         | V        | NI.          |
|             |  |         | Yes      | NO           |
| 1           | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or  |         |          |              |
|             | controlled the organization's activities. If the organization had more than one supported organization,  |         |          |              |
|             | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |         |          |              |
|             | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |          |              |
| 2           | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,  |         |          |              |
|             | supervised, or controlled the supporting organization.   | 2       |          |              |
| Secti       | on C. Type II Supporting Organizations   |         |          |              |
|             |  |         | Yes      | No           |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed   |         |          |              |
|             | the supported organization(s).   | 1       |          |              |
| Secti       | on D. All Type III Supporting Organizations  |         |          |              |
|             |  |         | Yes      | No           |
| 1           | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?  | 11      |          |              |
| 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2       |          |              |
| 3           | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3       |          |              |
| Secti       | on E. Type III Functionally Integrated Supporting Organizations  |         |          |              |
| 1<br>a<br>b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  | structi | ons).    |              |
| С           | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see   | instru  | ctions)  |              |
| ^           | Activities Test Anguay (a) and (b) below   |         | Yes      | No           |
| 2           | Activities Test. Answer (a) and (b) below.   |         |          |              |
| 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 <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,  |         |          |              |
|             | how the organization was responsive to those supported organizations, and how the organization determined  |         |          |              |
|             | that these activities constituted substantially all of its activities.   | 2a      |          |              |
| b           | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these   |         |          |              |
|             | activities but for the organization's involvement.   | 2b      |          |              |
| 3           | Parent of Supported Organizations. Answer (a) and (b) below.   |         |          |              |
| а           | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |         |          |              |
|             | trustees of each of the supported organizations? Provide details in Part VI.   | 3a      |          |              |
| b           | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |          |              |

Page 6 Schedule A (Form 990 or 990-EZ) 2019

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ               | ization        | s                           |                             |
|--|----------------|-----------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying    | trust or       | n Nov. 20, 1970 (expla      | in in Part VI). See         |
| instructions. All other Type III non-functionally integrated supporting organization | -              |                             | •                           |
| 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   |                | (A) Prior Year              | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see                      |                |                             |                             |
| instructions for short tax year or assets held for part of year):                    |                |                             |                             |
| a Average monthly value of securities  | 1a             |                             |                             |
| <b>b</b> Average monthly cash balances   | 1b             |                             |                             |
| c Fair market value of other non-exempt-use assets                                   | 1c             |                             |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d             |                             |                             |
| e Discount claimed for blockage or other   |                |                             |                             |
| factors (explain in detail in <b>Part VI</b> ):                                      |                |                             |                             |
| 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              |                             |                             |
| 4 Enter greater of line 2 or line 3.   | 4              |                             |                             |
| 5 Income tax imposed in prior year   | 5              |                             |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to               |                |                             |                             |
| emergency temporary reduction (see instructions).                                    | 6              |                             |                             |
| 7 Check here if the current year is the organization's first as a non-functionally   | y integra      | ated Type III supporting    | g organization (see         |
| instructions).   |                |                             |                             |

Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

| Part     | V Type III Non-Functionally Integrated 509(a)(3)                | <b>Supporting Organizat</b> | ions (continued)                       |   |
|----------|---|-----------------------------|--|---|
| Secti    | on D - Distributions  |                             |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish ex        | kempt purposes              |  |   |
| 2        | Amounts paid to perform activity that directly furthers exer    | npt purposes of support     | ed                                     |   |
|          | organizations, in excess of income from activity                |                             |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpo         | ses of supported organiz    | zations                                |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                             |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)       |                             |  |   |
| 6        | Other distributions (describe in Part VI). See instructions.    |                             |  |   |
| 7        | <b>Total annual distributions.</b> Add lines 1 through 6.       |                             |  |   |
| 8        | Distributions to attentive supported organizations to which     | the organization is resp    | onsive                                 |   |
|          | (provide details in Part VI). See instructions.                 |                             |  |   |
| 9        | Distributable amount for 2019 from Section C, line 6            |                             |  |   |
| 10       | Line 8 amount divided by line 9 amount                          |                             |  |   |
|          | Section E - Distribution Allocations (see instructions)         | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1        | Distributable amount for 2019 from Section C, line 6            |                             |  |   |
| 2        | Underdistributions, if any, for years prior to 2019             |                             |  |   |
|          | (reasonable cause required - explain in Part VI). See           |                             |  |   |
|          | instructions.   |                             |  |   |
| 3        | Excess distributions carryover, if any, to 2019                 |                             |  |   |
| a        | From 2014   |                             |  |   |
| b        | From 2015   |                             |  |   |
| C        | From 2016   |                             |  |   |
| d        | From 2017   |                             |  |   |
| е        | From 2018   |                             |  |   |
| f        | Total of lines 3a through e                                     |                             |  |   |
| g        | Applied to underdistributions of prior years                    |                             |  |   |
| h        | Applied to 2019 distributable amount                            |                             |  |   |
| i_       | Carryover from 2014 not applied (see instructions)              |                             |  |   |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                             |  |   |
| 4        | Distributions for 2019 from                                     |                             |  |   |
|          | Section D, line 7: \$   |                             |  |   |
| a        | Applied to underdistributions of prior years                    |                             |  |   |
| b        | Applied to 2019 distributable amount                            |                             |  |   |
| C        | Remainder. Subtract lines 4a and 4b from 4.                     |                             |  |   |
| 5        | Remaining underdistributions for years prior to 2019, if        |                             |  |   |
|          | any. Subtract lines 3g and 4a from line 2. For result           |                             |  |   |
|          | greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h        |                             |  |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                             |  |   |
|          | Part VI. See instructions.                                      |                             |  |   |
| 7        | Excess distributions carryover to 2020. Add lines 3j            |                             |  |   |
|          | and 4c.   |                             |  |   |
| 8        | Breakdown of line 7:  |                             |  |   |
| a        | Excess from 2015  |                             |  |   |
| b        | Excess from 2016  |                             |  |   |
|          | Excess from 2017  |                             |  |   |
| d        | Excess from 2018  |                             |  |   |
| е        | Excess from 2019  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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

| SCHEDULE A, PART II - OTHER INCOME |      |          |      |      |        |          |  |
|------------------------------------|------|----------|------|------|--------|----------|--|
| DESCRIPTION                        | 2015 | 2016     | 2017 | 2018 | 2019   | TOTAL    |  |
| MISCELLANEOUS REVENUE              |      | 271,237. |      |      | 1,110. | 272,347. |  |
| TOTALS                             |      | 271,237. |      |      | 1,110. | 272,347. |  |

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

STUDIO IN A SCHOOL ASSOCIATION, INC. 13-3003112 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number 13-3003112

| art I | Contributors (s | ee instructions). | Use duplicate | copies of Part | I if additional space | e is needed. |
|-------|-----------------|-------------------|---------------|----------------|-----------------------|--------------|
|-------|-----------------|-------------------|---------------|----------------|-----------------------|--------------|

| (a) | (b)                        | (c)                     | (d)  |
|-----|----------------------------|-------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |
| 1   |                            | \$1,200,000.            | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a) | (b)                        | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |
| 2   |                            | \$958,778.              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a) | (b)                        | (c) Total contributions | (d)  |
| No. | Name, address, and ZIP + 4 |                         | Type of contribution   |
| 3   |                            | \$605,350.              | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b)                        | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |
| 4   |                            | \$\$                    | Person Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a) | (b)                        | (c) Total contributions | (d)  |
| No. | Name, address, and ZIP + 4 |                         | Type of contribution   |
| 5_  |                            | \$350,000.              | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b)                        | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions     | Type of contribution   |
| 6   |                            | \$\$232,397.            | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

|            |  |   | 13-3003112   |
|------------|--|---|--|
| Part I     | Contributors (see instructions). Use duplicate cop | ies of Part I if additional space is ne | eeded.   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                 | (d)<br>Type of contribution  |
| 7          |  | \$\$                                    | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions              | (d)<br>Type of contribution  |
| 8          |  | \$\$                                    | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions              | (d)<br>Type of contribution  |
|            |  | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c)<br>Total contributions              | (d)<br>Type of contribution  |
|            |  | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                 | (d)<br>Type of contribution  |
|            |  | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                  | (c) Total contributions                 | (d)<br>Type of contribution  |
|            |  | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization STUDIO IN A SCHOOL ASSOCIATION, INC.

**Employer identification number** 13-3003112

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| 4                         | DONATED STOCKS                               |   |                      |
|                           |  | \$481,916.                                | VAR                  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given    | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  |   |                      |
|                           |  | \$  |                      |

| Name of o                 | rganization STUDIO IN A SCHOOL ASS  | OCIATION, INC.  |   | Employer identification number  |  |  |  |  |
|---------------------------|---|---|---|---|--|--|--|--|
|                           |   |   |   | 13-3003112  |  |  |  |  |
| Part III                  | (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit | the year from any of<br>ons completing Part<br>e year. (Enter this in | one contributor. (<br>Ill, enter the total<br>formation once. S | Complete columns (a) through (e) and of exclusively religious, charitable, etc. |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use   |   | (d) Description of how gift is held   |  |  |  |  |
| Part I                    | (b) Full pose of glit   | (c) use   | or grit   | (d) Description of now girt is need   |  |  |  |  |
|                           |   | (e) Transfe   | er of gift  |   |  |  |  |  |
|                           | Transferee's name, address, an  | nd ZIP + 4  | Relatio   | nship of transferor to transferee   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use   | of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   | <del></del>   |   |   |  |  |  |  |
|                           |   | (e) Transfe   | er of gift  |   |  |  |  |  |
|                           | Transferee's name, address, ar  | nd 7IP ± 4  | Polatio   | nship of transferor to transferee   |  |  |  |  |
|                           | Transferee S fiame, address, at   | IU ZIF T 4  | Kelatio   | issup of transferor to transferee   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use   | of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   | (e) Transfe   | er of gift  |   |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4  | Relatio   | nship of transferor to transferee   |  |  |  |  |
|                           |   |   |   | •   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           | -   |   | -   |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use   | of gift   | (d) Description of how gift is held   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   | (e) Transfe   | er of gift  |   |  |  |  |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4  | Relatio   | nship of transferor to transferee   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |
|                           |   |   |   |   |  |  |  |  |

### SCHEDULE D (Form 990)

Department of the Treasury

# 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

Internal Revenue Service Name of the organization Employer identification number STUDIO IN A SCHOOL ASSOCIATION, INC. 13-3003112 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 2 Aggregate value of contributions to (during year) 3 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 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II 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 (for example, 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 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB 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.
- If the organization elected, as permitted under FASB 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:
- 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$

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

Schedule D (Form 990) 2019

|          | Organizations Maintaini                                    | na Callantiana af                     | Aut Iliatauiaal Tua     |                   | han Cincilan Assats    |                | Page Z        |
|----------|--|---------------------------------------|-------------------------|-------------------|------------------------|----------------|---------------|
|          | organizations Maintaini                                    |                                       |                         |                   |                        | ·              |               |
| 3        | Using the organization's acquisition                       |                                       | other records, check    | cany of the fo    | llowing that make sign | gnificant use  | of its        |
|          | collection items (check all that app                       | ly):                                  |                         |                   |                        |                |               |
| а        | Public exhibition  |                                       |                         | or exchange pro   |                        | _              |               |
| b        | Scholarly research   |                                       | e X Other               | TO BE SOLD        | TO RAISE FUNDS         | 5              |               |
| С        | Preservation for future gene                               |                                       |                         |                   |                        |                |               |
| 4        | Provide a description of the organ                         | nization's collections                | and explain how t       | they further the  | organization's exem    | pt purpose in  | Part          |
|          | XIII.  |                                       |                         |                   |                        |                |               |
| 5        | During the year, did the organization                      |                                       |                         |                   |                        |                | _             |
|          | assets to be sold to raise funds rath                      |                                       | ained as part of the o  | organization's co | ollection?             | X Yes          | No            |
| Pa       | rt IV Escrow and Custodial A                               |                                       |                         |                   |                        |                |               |
|          | Complete if the organiza                                   | ition answered "Ye                    | es" on Form 990, F      | art IV, line 9, o | or reported an amoi    | unt on Form    |               |
|          | 990, Part X, line 21.                                      |                                       |                         |                   |                        |                |               |
| 1a       | Is the organization an agent, truste                       |                                       |                         |                   |                        |                | ٦             |
|          | included on Form 990, Part X?                              |                                       |                         |                   |                        | Yes            | No            |
| b        | If "Yes," explain the arrangement i                        | n Part XIII and comp                  | plete the following tab | ole:              |                        |                |               |
|          |  |                                       |                         |                   | Amour                  | nt             |               |
| С        | Beginning balance  |                                       |                         |                   |                        |                |               |
| d        | Additions during the year                                  |                                       |                         |                   |                        |                |               |
| е        | Distributions during the year                              |                                       |                         |                   |                        |                |               |
| f        | Ending balance   |                                       |                         |                   |                        |                | T             |
|          | Did the organization include an am                         |                                       |                         |                   |                        | Yes _          | No            |
|          | If "Yes," explain the arrangement i                        | n Part XIII. Check he                 | ere if the explanation  | has been provid   | ded on Part XIII       |                |               |
| Pa       | rt V Endowment Funds.                                      |                                       | - " - " - " - 000 F     | 2                 |                        |                |               |
|          | Complete if the organiza                                   |                                       |                         |                   |                        | T              |               |
|          |  | (a) Current year                      | (b) Prior year          | (c) Two years ba  |                        | (e) Four years |               |
| 1a       | Beginning of year balance                                  | 12,525,838.                           | 12,169,541.             | 11,831,15         | 10,941,101             |                |               |
| b        | Contributions  |                                       |                         |                   |                        | 606            | ,373          |
| С        | Net investment earnings, gains,                            |                                       |                         |                   |                        |                |               |
|          | and losses   | 1,113,744.                            | 1,062,243.              | 1,104,83          | 1,519,051              | 609            | ,049          |
| d        | Grants or scholarships                                     |                                       |                         |                   |                        |                |               |
| е        | Other expenditures for facilities                          |                                       |                         |                   |                        |                |               |
|          | and programs   | 550,000.                              | 525,000.                | 766,44            | 629,000                | _              | ,000          |
| f        | Administrative expenses                                    |                                       |                         |                   |                        |                | ,153          |
| g        | End of year balance  | 13,089,582.                           | 12,706,784.             | 12,169,54         | 11,831,152             | . 12,990       | <u>,928</u> . |
| 2        | Provide the estimated percentage                           | of the current year                   | end balance (line 1g,   | column (a)) held  | d as:                  |                |               |
| а        | Board designated or quasi-endown                           |                                       | _%                      |                   |                        |                |               |
| b        | Permanent endowment   15.3                                 |                                       |                         |                   |                        |                |               |
| С        | Term endowment ► 61.4900                                   | •                                     |                         |                   |                        |                |               |
|          | The percentages on lines 2a, 2b, a                         | •                                     |                         |                   |                        |                |               |
| 3a       | Are there endowment funds not in                           | the possession of the                 | ne organization that    | are held and ac   | dministered for the    | 74             |               |
|          | organization by:   |                                       |                         |                   |                        | Yes            |               |
|          | (i) Unrelated organizations                                |                                       |                         |                   |                        | 3a(i)          | X             |
|          | (ii) Related organizations                                 |                                       |                         |                   |                        | 3a(ii)         | X             |
| b        | If "Yes" on line 3a(ii), are the relate                    | •                                     | •                       |                   |                        | 3b             |               |
| 4        | Describe in Part XIII the intended u                       |                                       | tion's endowment fur    | nds.              |                        |                |               |
| Pa       | rt VI Land, Buildings, and Equ<br>Complete if the organize | <b>Jipment.</b><br>ation answered "Ye | es" on Form 990 I       | Part IV line 11   | a See Form 990 F       | art X line 10  | )             |
|          | Description of property                                    | (a) Cost or                           |                         |                   |                        | (d) Book value | ·             |
|          |  | (invest                               |                         |                   | depreciation           |                |               |
| 1a       | Land   |                                       |                         |                   |                        |                |               |
| b        | Buildings  |                                       |                         | 104 500           | 404 500                |                |               |
| С        | Leasehold improvements                                     |                                       |                         | 124,720.          | 424,720.               |                | 1.66          |
| d        | Equipment  |                                       |                         | 518,697.          | 492,535.               |                | 162.          |
| <u>e</u> | Other  |                                       |                         | 249,732.          | 147,728.               | 102,           |               |
| Tota     | I. Add lines 1a through 1e. (Column                        | (d) must equal Forn                   | n 990, Part X, columi   | n (B), line 10c.) | ▶                      | 128,           | 166.          |

Page 3 Schedule D (Form 990) 2019

| Part VII Investments - Other Securities.  Complete if the organization answered | l "Yes" on Form 990     | , Part IV, line 11b. See Form 990,                      | Part X, line 12. |
|---|-------------------------|---|------------------|
| (a) Description of security or category (including name of security)            | (b) Book value          | (c) Method of valuat<br>Cost or end-of-year mark        |                  |
| (1) Financial derivatives   |                         |   |                  |
| (2) Closely held equity interests   |                         |   |                  |
| (3) Other   |                         |   |                  |
| (A) PRIVATE EQUITY FUNDS  | 470,332.                | FMV   |                  |
| (B) PRIVATELY-HELD MUTUAL FUNDS   | 16,315,678.             | FMV   |                  |
| (C)   |                         |   |                  |
| (D)   |                         |   |                  |
| (E)   |                         |   |                  |
| (F)   |                         |   |                  |
| (G)<br>(H)  |                         |   |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)              | 16,786,010.             |   |                  |
| Part VIII Investments - Program Related.  | 10,700,010.             |   |                  |
| Complete if the organization answered   | "Yes" on Form 990       | , Part IV, line 11c. See Form 990,                      | Part X, line 13. |
| (a) Description of investment   | (b) Book value          | <b>(c)</b> Method of valuat<br>Cost or end-of-year mark |                  |
| (1)   |                         |   |                  |
| (2)   |                         |   |                  |
| <u>(3)</u>  |                         |   |                  |
| <u>(4)</u>  |                         |   |                  |
| (5)   |                         |   |                  |
| <u>(6)</u>  |                         |   |                  |
| (7)   |                         |   |                  |
| (8)   |                         |   |                  |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)          |                         |   |                  |
| Part IX Other Assets.   |                         |   |                  |
| Complete if the organization answered   | l "Yes" on Form 990     | , Part IV, line 11d. See Form 990,                      | Part X, line 15. |
|   | scription               |   | (b) Book value   |
| _(1)  |                         |   |                  |
| (2)   |                         |   |                  |
| (3)   |                         |   |                  |
| (4)   |                         |   |                  |
| (5)   |                         |   |                  |
| <u>(6)</u>  |                         |   |                  |
| <u>(7)</u>  |                         |   |                  |
| (8)<br>(9)  |                         |   |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) I                      | ine 15 )                | <b>•</b>  |                  |
| Part X Other Liabilities. Complete if the organization answered line 25.        |                         |   | m 990, Part X,   |
|   | otion of liability      |   | (b) Book value   |
| (1) Federal income taxes  | •                       |   |                  |
| (2) DEFERRED COMPENSATION   |                         |   | 863,247.         |
| (3) PPP LOAN  |                         |   | 1,042,333.       |
| (4)   |                         |   |                  |
| (5)   |                         |   |                  |
| (6)   |                         |   |                  |
| (7)   |                         |   |                  |
| (8)   |                         |   |                  |
| (9)   |                         |   |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)              |                         |   | 1,905,580.       |
| 2. Liability for uncertain tax positions. In Part XIII, provide the             | text of the footnote to | the organization's financial statements th              | at reports the   |

Schedule D (Form 990) 2019

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| Odnoda           | (1 0 m 330) 2013  |      | 1 agc -    |
|------------------|---|------|------------|
| Part             | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | n.   |            |
| 1                | Total revenue, gains, and other support per audited financial statements  | 1    | 7,223,334. |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |      |            |
| а                | Net unrealized gains (losses) on investments  |      |            |
| b                | Donated services and use of facilities  |      |            |
| С                | Recoveries of prior year grants   | -    |            |
| d                | Other (Describe in Part XIII.)  | 2e   | 459,180.   |
| e                | Add lines 2a through 2d   | 3    | 6,764,154. |
| 3<br>4           | Subtract line <b>2e</b> from line <b>1</b>  |      |            |
| a                | Investment expenses not included on Form 990, Part VIII, line 7b 4a 5 , 398 .   |      |            |
| b                | Other (Describe in Part XIII.)  |      |            |
| С                | Add lines 4a and 4b   | 4c   | 5,398.     |
| 5                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5    | 6,769,552. |
| Part             | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | ırn. |            |
| 1                | Total expenses and losses per audited financial statements  | 1    | 7,112,834. |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |      |            |
| а                | Donated services and use of facilities  | .    |            |
| b                | Prior year adjustments  | -    |            |
| C                | Other (Describe in Part XIII.)  | -    |            |
| d                | Other (Describe in Part XIII.)  | 2e   |            |
| е<br>3           | Subtract line 2e from line 1  | 3    | 7,112,834. |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |      |            |
| а                | Investment expenses not included on Form 990, Part VIII, line 7b 4a 5 , 398 .   |      |            |
| b                | Other (Describe in Part XIII.)  |      |            |
| С                | Add lines 4a and 4b   | 4c   | 5,398.     |
| 5                | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 5    | 7,118,232. |
| Provid<br>2; Par | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5 |      |            |
|                  |   |      |            |
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|                  |   |      |            |
|                  |   |      |            |

#### Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE ORGANIZATION RECEIVED CONTRIBUTIONS OF ARTWORK IN PRIOR YEARS TO BE SOLD TO RAISE FUNDS. VARIOUS PIECES OF ARTWORK ARE STILL IN THE ORGANIZATION'S POSSESSION.

PART V, LINE 1A, COLUMN (A):

BEGINNING OF YEAR BALANCE WAS RESTATED TO CORRECT AN ERROR.

PART V, LINE 4:

THE ENDOWMENT'S OBJECTIVE IS TO PROVIDE AN ANNUAL EARNINGS CASH FLOW TO ASSIST IN COVERING THE COST OF THE REPORTING ORGANIZATION'S OPERATIONS.

PART X, LINE 2:

STUDIO IN A SCHOOL ASSOCIATION, INC. (THE "REPORTING ORGANIZATION") WAS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. IN ADDITION, THE REPORTING ORGANIZATION HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE REPORTING ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE ("IRS") FORM 990, AS REQUIRED, AND ALL

### Part XIII Supplemental Information (continued)

OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020, THERE WAS NO INCOME THAT WAS SUBJECT TO UNRELATED BUSINESS INCOME TAX, AND THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

| Name of the organization  |                   |                                    |                          | ·                                     |   | Employer identificat                  | ion number                         |
|---|-------------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| STUDIO IN A SCHOOL ASSOCIATION,   | INC.              |                                    |                          |                                       |   | 13-300311                             | L2                                 |
| Part I General Information on Grants a  | nd Assistanc      | е                                  |                          |                                       |   |                                       |                                    |
| <ol> <li>Does the organization maintain records to<br/>the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol> | ints or assistand | e?                                 |                          |                                       |   |                                       | X Yes No                           |
| Part II Grants and Other Assistance to Part IV, line 21, for any recipient  |                   | _                                  |                          |                                       | additional space is n                                       |                                       | es" on Form 990,                   |
| (a) Name and address of organization<br>or government   | <b>(b)</b> EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) SCHOOL OF VISUAL ARTS   |                   |                                    |                          |                                       |   |                                       |                                    |
| 209 EAST 23RD ST, NEW YORK, NY 10010  | 13-5568364        | N/A                                | 14,700.                  |                                       |   |                                       | SCHOLARSHIPS                       |
| (2) FASHION INSTITUTE OF TECHNOLOGY (SUNY)  |                   |                                    |                          |                                       |   |                                       |                                    |
| 227 WEST 27TH ST, NEW YORK, NY 10001  | 13-2556338        | 501(C)(3)                          | 11,550.                  |                                       |   |                                       | SCHOLARSHIPS                       |
| (3) PROVIDENCE CHILDREN'S MUSEUM  |                   |                                    |                          |                                       |   |                                       |                                    |
| 100 SOUTH STREET PROVIDENCE, RI 02903   | 05-0370944        | 501(C)(3)                          | 7,760.                   |                                       |   |                                       | ARTS INTERN PROGRAM                |
| (4) RHODE ISLAND SCHOOL OF DESIGN   |                   |                                    |                          |                                       |   |                                       |                                    |
| 2 COLLEGE ST, PROVIDENCE, RI 02903  | 05-0258956        | 501(C)(3)                          | 7,560.                   |                                       |   |                                       | ARTS INTERN PROGRAM                |
| (5) BROOKLYN CHILDREN'S MUSEUM  |                   |                                    |                          |                                       |   |                                       |                                    |
| 145 BROOKLYN AVENUE BROOKLYN, NY 11213  | 11-2495664        | 501(C)(3)                          | 6,480.                   |                                       |   |                                       | ARTS INTERN PROGRAM                |
| (6) NEW YORK HALL OF SCIENCE  |                   |                                    |                          |                                       |   |                                       |                                    |
| 47-01 111TH STREET FLUSHING, NY 11368   | 11-2104059        | 501(C)(3)                          | 5,667.                   |                                       |   |                                       | ARTS INTERN PROGRAM                |
| _(7)  |                   |                                    |                          |                                       |   |                                       |                                    |
| (8)   |                   |                                    |                          |                                       |   |                                       |                                    |
| (9)   |                   |                                    |                          |                                       |   |                                       |                                    |
| (10)  |                   |                                    |                          |                                       |   |                                       |                                    |
| (11)  |                   |                                    |                          |                                       |   |                                       |                                    |
| (12)  |                   |                                    |                          |                                       |   |                                       |                                    |
| 2 Enter total number of coeffice 504(-)(0)  | d government      | raonizationa !!a                   | tod in the line 4 to     |                                       |   | <u> </u>                              | 5.                                 |
| <ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations I</li></ul>  | •                 | •                                  |                          |                                       |   |                                       | 1.                                 |
| For Paperwork Reduction Act Notice, see the Instru  |                   |                                    |                          |                                       |   |                                       | nedule I (Form 990) (2019)         |

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Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance    | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 STIPENDS FOR ARTS INTERN PROGRAM | 69.                      | 33,789.                  |                                   |   |  |
| 2 SCHOLARSHIPS                     | 7.                       | 7,000.                   |                                   |   |  |
| 3                                  |                          |                          |                                   |   |  |
| 4                                  |                          |                          |                                   |   |  |
| 5                                  |                          |                          |                                   |   |  |
| 6                                  |                          |                          |                                   |   |  |
| 7                                  |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

ARTS INTERN PROGRAM: STUDIO APPROVES SPECIFIC WORK PROJECTS DEVELOPED BY

PARTNER CULTURAL INSTITUTIONS. DURING THE COURSE OF THE INTERNSHIPS,

PROGRESS IS MONITORED WITH STUDENT LOGS AND EVALUATED BY PERIODIC SURVEYS

OF BOTH STUDENTS AND CULTURAL INSTITUTION STAFF.

SCHOLARSHIPS: SCHOLARSHIPS ARE AWARDED ANNUALLY FOR STUDENTS TO PURSUE

ARTS HIGHER EDUCATION. PAYMENTS ARE MADE DIRECTLY TO COLLEGES AND UNIV.

TO PAY THE COST OF SPECIFIC ART COURSES OR TO THE STUDENTS WHO PRESENT

EVIDENCE OF A PAID TUITION INVOICE AND A PASSING GRADE IN THE COURSE.

Schedule I (Form 990) (2019)

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Inspection Employer identification number

13-3003112

| Part | Questions Regarding Compensation  |          |     |    |
|------|---|----------|-----|----|
|      | <b>—</b>  |          | Yes | No |
| 1a   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form   |          |     |    |
|      | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |          |     |    |
|      | First-class or charter travel Housing allowance or residence for personal use   |          |     |    |
|      | Travel for companions Payments for business use of personal residence   |          |     |    |
|      | Tax indemnification and gross-up payments Health or social club dues or initiation fees   |          |     |    |
|      | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   |          |     |    |
| b    | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment  |          |     |    |
|      | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to   |          |     |    |
| •    | explain   | 1b       |     |    |
| 2    | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all   |          |     |    |
|      | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line  | ,        |     |    |
|      | 1a?   | 2        |     |    |
| 3    | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a |          |     |    |
|      | related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  |          |     |    |
|      | X Compensation committee Written employment contract  |          |     |    |
|      | Independent compensation consultant  X Compensation survey or study   |          |     |    |
|      | Form 990 of other organizations  X Approval by the board or compensation committee  |          |     |    |
| 4    | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |          |     |    |
| -    | organization or a related organization:   |          |     |    |
| а    | Receive a severance payment or change-of-control payment?   | 4a       |     | X  |
| b    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b       |     | X  |
| С    | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c       |     | X  |
|      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |          |     |    |
|      |   |          |     |    |
|      | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |          |     |    |
| 5    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |          |     |    |
|      | compensation contingent on the revenues of:   |          |     |    |
| а    | The organization?   | 5a       |     | X  |
| b    | Any related organization?   | 5b       |     | Х  |
| •    | If "Yes" on line 5a or 5b, describe in Part III.  |          |     |    |
| 6    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |          |     |    |
| _    | compensation contingent on the net earnings of:   | C-       |     | Х  |
| a    | The organization?   | 6a<br>6b |     | X  |
| D    | Any related organization?   | gn       |     | 21 |
| 7    |   |          |     |    |
| 7    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.                              | 7        | X   |    |
| 8    | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject  |          |     |    |
| •    | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe  |          |     |    |
|      | in Part III   | 8        |     | Х  |
| 9    | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |          |     |    |
|      | Regulations section 53.4958-6(c)?   | 9        |     |    |

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

|                              |      | (B) Breakdown o       | f W-2 and/or 1099-MI                | SC compensation                           | (C) Retirement and          | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|------------------------------|------|-----------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title           |      | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| THOMAS CAHILL                | (i)  | 298,000.              | 0.                                  | 0.  | 33,236.                     | 4,790.         | 336,026.             | 0.   |
| PRESIDENT - STUDIO INSTITUTE | (ii) | 0.                    | 0.                                  | 0.  | 0.                          | 0.             | 0.                   | 0.   |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
| 3                            | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
| 4                            | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
|                              | (ii) |                       |                                     |   |                             |                |                      |  |
|                              | (i)  |                       |                                     |   |                             |                |                      |  |
| 16                           | (ii) |                       |                                     |   |                             |                |                      |  |

STUDIO IN A SCHOOL ASSOCIATION, INC. 13-3003112

Schedule J (Form 990) 2019

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

IN 2019, CHRISTINE OFFERMANN (DIRECTOR OF FINANCE, THRU SEPTEMBER 2019),

AND JOYCE LAWLER (DIRECTOR OF DEVELOPMENT) RECEIVED BONUSES OF \$1,500 AND

\$2,500, RESPECTIVELY.

EXECUTIVE DIRECTOR DECIDED THE BONUSES FOR DIRECTOR OF FINANCE AND

DIRECTOR OF DEVELOPMENT.

#### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number STUDIO IN A SCHOOL ASSOCIATION, INC. 13-3003112

| Part I          |                           |   |   |       |                              | ion 501(c)(4), and a<br>n 990, Part IV, line |                 |                 |             |        | line 40                      | Ob.              |         |        |
|-----------------|---------------------------|---|---|-------|------------------------------|--|-----------------|-----------------|-------------|--------|------------------------------|------------------|---------|--------|
| 1               | (a) Name of disqualified  | person  | (b) Relatio                                 |       |                              | disqualified person and                      | (c) Desc        | ription         | of trans    | action |                              | · ·              | Correct | -      |
|                 |                           |   |   |       | organiz                      | 2auon  |                 | •               |             |        |                              | Ye               | s N     | 0      |
| (1)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (2)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (3)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (4)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (5)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (6)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| ı               |                           | ex, if any, on line  From Interest organization a | ne 2, above,<br>sted Persons<br>nswered "Ye | reimb | ursed                        | by the organization                          | n               |                 | <b>&gt;</b> | \$_    |                              | ne               |         | _<br>_ |
|                 | lame of interested person | (b) Relationship with organization                | (c) Purpose of loan                         | from  | an to or<br>n the<br>zation? | <b>(e)</b> Original principal amount         | (f) Balance due | <b>(g)</b> In ( | default?    | 1 -    | proved<br>pard or<br>nittee? | (i) Wr<br>agreem |         |        |
|                 |                           |   |   | То    | From                         |  |                 | Yes             | No          | Yes    | No                           | Yes              | No      | ,      |
| (1)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         |        |
| (2)             |                           |   |   |       |                              |  |                 |                 |             |        |                              |                  |         | _      |
| <del>'(2)</del> |                           |   |   |       |                              |  |                 | 1               |             |        |                              |                  |         | _      |

#### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2019

236,175.

(4) (5) (6) (7) (8) (9) (10)

Total

Schedule L (Form 990 or 990-EZ) 2019 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction |     | aring of zation's nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----|-------------------------|
|                               |   |                           |                                | Yes | No                      |
| (1)                           |   |                           |                                |     |                         |
| _(2)                          |   |                           |                                |     |                         |
| _(3)                          |   |                           |                                |     |                         |
| (4)                           |   |                           |                                |     |                         |
| (5)                           |   |                           |                                |     |                         |
| (6)                           |   |                           |                                |     |                         |
| (7)                           |   |                           |                                |     |                         |
| (8)                           |   |                           |                                |     |                         |
| (9)                           |   |                           |                                |     |                         |
| (10)                          |   |                           |                                |     |                         |

#### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

 Schedule L (Form 990 or 990-EZ) 2019
 Page 2

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
|-------------------------------|---|---------------------------|--------------------------------|--------|-------------------------|
|                               |   |                           |                                | Yes    | No                      |
| (1)                           |   |                           |                                |        |                         |
| _(2)                          |   |                           |                                |        |                         |
| _(3)                          |   |                           |                                |        |                         |
| (4)                           |   |                           |                                |        |                         |
| (5)                           |   |                           |                                |        |                         |
| (6)                           |   |                           |                                |        |                         |
| (7)                           |   |                           |                                |        |                         |
| (8)                           |   |                           |                                |        |                         |
| (9)                           |   |                           |                                |        |                         |
| (10)                          |   |                           |                                |        |                         |

# Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

#### SCHEDULE L, PART II

NAME AGNES GUND RELATIONSHIP WITH ORGANIZATION FOUNDER/DIRECTOR PURPOSE OF LOAN COVER PAYROLL EXP. X TO FROM LOAN TO OR FROM THE ORG.? 236,175. ORIGINAL PRINCIPAL AMOUNT 236,175. BALANCE DUE IN DEFAULT? X NO YES APPROVED BY BOARD OR COMMITTEE YES X NO WRITTEN AGREEMENT? X YES

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection Employer identification number

STUDIO IN A SCHOOL ASSOCIATION, INC.

13-3003112

| Par | Types of Property                      |                               |  |   |  |               |       |     |
|-----|--|-------------------------------|--|---|--|---------------|-------|-----|
|     |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash cont                           |               |       |     |
| 1   | Art - Works of art                     | Х                             | 1.   | 3,500.  | SELLING F  | PRICE         | 2     |     |
| 2   | Art - Historical treasures             |                               |  |   |  |               |       |     |
| 3   | Art - Fractional interests             |                               |  |   |  |               |       |     |
| 4   | Books and publications                 |                               |  |   |  |               |       |     |
| 5   | Clothing and household                 |                               |  |   |  |               |       |     |
|     | goods                                  |                               |  |   |  |               |       |     |
| 6   | Cars and other vehicles                |                               |  |   |  |               |       |     |
| 7   | Boats and planes                       |                               |  |   |  |               |       |     |
| 8   | Intellectual property                  |                               |  |   |  |               |       |     |
| 9   | Securities - Publicly traded           |                               | 9.   | 531,931.  | MARKET Ç   | QUOT <i>I</i> | ATIOI | N   |
| 10  | Securities - Closely held stock        |                               |  |   |  |               |       |     |
| 11  | Securities - Partnership, LLC,         |                               |  |   |  |               |       |     |
|     | or trust interests                     |                               |  |   |  |               |       |     |
| 12  | Securities - Miscellaneous             |                               |  |   |  |               |       |     |
| 13  | Qualified conservation                 |                               |  |   |  |               |       |     |
|     | contribution - Historic                |                               |  |   |  |               |       |     |
|     | structures                             |                               |  |   |  |               |       |     |
| 14  | Qualified conservation                 |                               |  |   |  |               |       |     |
|     | contribution - Other                   |                               |  |   |  |               |       |     |
| 15  | Real estate - Residential              |                               |  |   |  |               |       |     |
| 16  | Real estate - Commercial               |                               |  |   |  |               |       |     |
| 17  | Real estate - Other                    |                               |  |   |  |               |       |     |
| 18  | Collectibles                           |                               |  |   |  |               |       |     |
| 19  | Food inventory                         |                               |  |   |  |               |       |     |
| 20  | Drugs and medical supplies             |                               |  |   |  |               |       |     |
| 21  | Taxidermy                              |                               |  |   |  |               |       |     |
| 22  | Historical artifacts                   |                               |  |   |  |               |       |     |
| 23  | Scientific specimens                   |                               |  |   |  |               |       |     |
| 24  | Archeological artifacts                | X                             | 1.   | 650.  | COST   |               |       |     |
| 25  | Other ►( STAFF ART TOUR )              | Δ                             | 1.   | 050.  | C051   |               |       |     |
| 26  | Other ►()                              |                               |  |   |  |               |       |     |
| 27  | Other ►()                              |                               |  |   | <del>                                     </del> |               |       |     |
|     | Other ►(                               | 1 11                          |  |   | <del>                                     </del> |               |       |     |
| 29  | Number of Forms 8283 received          |                               |  |   | 29   |               |       |     |
|     | which the organization completed I     | -orm 8283,                    | Part IV, Donee Acknowledg                        | jement  | 29   |               | Yes   | No  |
| 302 | During the year, did the organizat     | ion rocoivo                   | by contribution any propo                        | rty reported in Part I line   | e 1 through                                      |               | 163   | 140 |
| Jua | 28, that it must hold for at least the |                               |  |   | _  |               |       |     |
|     | to be used for exempt purposes for     |                               |  |   |  | 30a           |       | Х   |
| h   | If "Yes," describe the arrangement i   |                               | olding period:                                   |   |  | Jua           |       |     |
| 31  | Does the organization have a           |                               | tance noticy that require                        | s the review of any   | nonstandard                                      |               |       |     |
| J 1 | contributions?                         |                               |  |   |  | 31            |       | Х   |
| 322 | Does the organization hire or use      |                               |  |   |  |               |       |     |
| JEa | contributions?                         | •                             | •  | •   |  | 32a           |       | Х   |
| h   | If "Yes," describe in Part II.         |                               |  |   |  | u             |       |     |
|     | If the organization didn't report an   | amount in o                   | column (c) for a type of pro-                    | perty for which column (a)  | ) is checked                                     |               |       |     |
|     | describe in Part II.                   |                               | or a type of pro                                 | porty for willon column (a)   | , is directed,                                   |               |       |     |

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

Part II Suppleme

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

RECEIVED.

Schedule M (Form 990) (2019)

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection

Employer identification number

13-3003112

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.

FORM 990, PART III, LINE 1:

STUDIO IN A SCHOOL ASSOCIATION OPERATES TWO PROGRAMMATICALLY AND

FINANCIALLY INDEPENDENT LLC'S:

- STUDIO IN A SCHOOL NYC, LLC REAFFIRMS THE ORGANIZATION'S COMMITMENT TO CORE DIRECT SERVICE AND EACH YEAR PROVIDES QUALITY VISUAL ARTS

INSTRUCTION TO 30,000 STUDENTS FROM PRE-K THROUGH 12TH GRADE, IN-SCHOOL AND AFTER-SCHOOL, IN PARTNERSHIP WITH 200 SCHOOLS AND EDUCATIONAL SITES CITYWIDE.

- STUDIO INSTITUTE, LLC PROVIDES PROFESSIONAL LEARNING PROGRAMS FOR EDUCATIONAL SYSTEMS, PARTNERSHIP PROGRAMS WITH CULTURAL AND COMMUNITY ORGANIZATIONS, ARTS INTERNSHIPS, AND THE DISSEMINATION OF ARTS EDUCATION RESEARCH IN LOCAL AND NATIONAL FORUMS. WITH A MANDATE TO REPLICATE AND DISSEMINATE STUDIO'S MODEL, THE INSTITUTE NOW OFFERS PROGRAMS IN BOSTON, CLEVELAND, MEMPHIS, NEWARK, PHILADELPHIA AND PROVIDENCE, AS WELL AS IN NEW YORK CITY.

IN BOTH LLC'S, STUDIO'S APPROACH IS DISTINGUISHED BY:

- THE COMMITMENT OF OUR ARTIST INSTRUCTORS, WHO ARE PROFESSIONAL, EXHIBITNG ARTISTS TRAINED IN STUDIO'S METHODOLOGY;
- A PRACTICE OF GENUINE COLLABORATION WITH EDUCATIONAL AND CULTURAL PARTNERS;
- CURRICULA AND LEARNING EXPERIENCES THAT ARE AGE-APPROPRIATE AND MATERIALS-RICH, AND THAT HAVE MEASURABLE IMPACTS;
- A CONSISTENT EMPHASIS ON ACCOUNTABILITY.

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES:

1. EARLY CHILDHOOD PROGRAM: YEAR-LONG VISUAL ARTS RESIDENCIES FOR NYC TITLE I PUBLIC ELEMENTARY SCHOOLS AND PUBLICLY FUNDED NEW YORK CITY EARLY EDUCATION CENTERS (NYCEEC). THE AIM OF THE 1-YEAR PRE-K/K PROGRAM IS TO INSTITUTE ART ACTIVITIES AS A REGULAR PART OF STUDENTS' EDUCATIONAL PROGRAMMING, SUSTAINABLE AFTER STUDIO'S TENURE AT EACH SITE. A PROFESSIONAL ARTIST IN EACH SITE WORKED WITH BETWEEN 4 TO 5 CLASSES ONE DAY-PER-WEEK FOR 20 DIRECT SERVICE DAYS, PROVIDING ART INSTRUCTION AS WELL AS MENTORING TEACHERS. IN FY20, DUE TO THE PANDEMIC, INSTRUCTION SHIFTED TO VIRTUAL LEARNING. ALL INSTRUCTION REQUIRED ARTISTS TO TEACH VIA A SCHOOL-BASED ONLINE PLATFORM OR VIA ZOOM. IN ADDITION STUDIO IN A SCHOOL CREATED STUDIO IN YOUR HOME WITH LESSONS DESIGNED FOR FAMILY LEARNING. 15 SITES PARTICIPATED IN FISCAL YEAR 2020; 1096 STUDENTS TOOK PART IN PAINTING, WOOD CONSTRUCTION, COLLAGE, AND CLAY UNITS OF STUDY; CLASSROOM TEACHERS ALSO RECEIVED TWO FULL-DAY PROFESSIONAL DEVELOPMENT SESSIONS AT STUDIO; ONE PARENT WORKSHOP WAS ALSO PROVIDED AT EACH SITE TO INTRODUCE ART MEDIA AND EXTEND ART ACTIVITIES AT HOME. THE SECOND COMPONENT TO THE EARLY CHILDHOOD PROGRAM IS THE PRE-K MENTORING RESIDENCY PROGRAM, DESIGNED SPECIFICALLY FOR TITLE I PUBLIC SCHOOLS AND NYCEECS. DURING THE PANDEMIC, 12 OUT OF 13 SPRING SEMESTER PRE-K MENTORING SITES ENGAGED IN DIGITAL LEARNING PRIOR TO THE PANDEMIC, FROM JULY 2019 THROUGH FEBRUARY 2020, 30 SCHOOLS PARTICIPATED WITH 1,932 STUDENTS.

Employer identification number 13-3003112

STUDIO REPLICATES EARLY CHILDHOOD PROGRAMS IN CLEVELAND, NEWARK AND MEMPHIS.

EXPENSES: \$493,476. REVENUE: \$75,875.

2. RESPONSE TO COVID-19: WHEN CITIES BEGAN CLOSING PROGRAMS AND SCHOOLS, PROGRAM STAFF FROM BOTH COMPANIES REACHED OUT TO PARTNER SCHOOLS AND SITES TO ASCERTAIN IF AND HOW WE COULD STAY ENGAGED TO BEST SERVE STUDENTS.

IN NEW YORK CITY, MANY OF OUR PARTNER SITES EAGERLY AGREED TO CONTINUE
THE PARTNERSHIP THROUGH DISTANCE LEARNING AND INSTRUCTIONAL MATERIALS,
CREATED BY SIAS ARTIST INSTRUCTORS, WERE UPLOADED TO THE SCHOOL'S ONLINE
LEARNING PLATFORM. THE MATERIALS INCLUDED VIDEO LESSONS DELIVERED BY THE
ARTIST INSTRUCTOR WITH WRITTEN INSTRUCTIONS FOR THE CLASSROOM TEACHER, AS
WELL AS RESOURCES SUCH AS REFLECTION WORKSHEETS, REFERENCE PHOTOS,
ARTWORK IMAGES, AND DIDACTICS. ARTIST INSTRUCTORS WERE ABLE TO VIEW AND
RESPOND TO SUBMITTED STUDENT ARTWORKS THROUGH THE DIGITAL CLASS PLATFORM
AS PERMITTED BY EACH SCHOOL. AS SCHOOLS BECAME MORE ADEPT WITH DISTANCE
LEARNING, SOME ARTIST INSTRUCTORS WERE INVITED TO DELIVER LIVE, 30- TO
45- MINUTE LESSONS.

UNITS OF STUDY WERE ALSO MODIFIED TO USE MATERIALS THAT STUDENTS WERE

MOST LIKELY TO HAVE AT HOME. FOR EXAMPLE, A CLASS IN PAPER MACHÉ WAS

REVISED TO USE ALUMINUM FOIL AS THE SCULPTURAL MEDIUM; ANOTHER USED FOOD

PACKAGING BOXES AS RAW MATERIAL. LESSONS WERE ALSO CREATED TO MEET

Employer identification number

STUDIO IN A SCHOOL ASSOCIATION, INC.

STUDENTS' EMOTIONAL NEEDS, SUCH AS TEACHING PORTRAITURE BY HAVING STUDENTS DRAW A FRIEND THAT THEY MISSED. SOME SCHOOLS CONCLUDED WITH SUMMER ART LESSON VIDEOS TO GIVE STUDENTS IDEAS FOR CONTINUED ARTMAKING OVER THE SUMMER.

IN ADDITION TO IN-SCHOOL ENGAGEMENT, IN LATE MARCH, STUDIO NYC LAUNCHED "STUDIO IN YOUR HOME" ON OUR WEBSITE AND VIA INSTAGRAM TO PROVIDE INSPIRATION FOR FAMILY ARTMAKING ACTIVITIES WITH MATERIALS FOUND AT HOME. THE SITE FEATURES ILLUSTRATED MULTI-STEP LESSONS, SHORT VIDEOS, AND DAILY ART ACTIVITIES FOCUSED ON A SPECIFIC OBJECTIVE, SUCH AS SEEING THINGS FROM MULTIPLE PERSPECTIVES OR FINDING SHAPES. TO DATE, STUDIO IN YOUR HOME HAS POSTED NEARLY 80 LESSONS, INCLUDING MATERIALS IN ENGLISH, SPANISH AND MANDARIN CHINESE, AND HAS RECEIVED NEARLY 25,000 VISITS. FOR STUDIO INSTITUTE, THE PROGRAM TEAMS CREATED LESSON KITS AND VIDEO RESOURCES FOR SCHOOLS AND FAMILIES IN CLEVELAND, MEMPHIS AND NEWARK. THESE RESOURCES ARE HOUSED ON THE LOOK, CREATE, SHARE SECTION OF THE STUDIO INSTITUTE WEBSITE. OUR PROGRAMS FOR TEENS AND COLLEGE STUDENTS WERE ADAPTED TO DELIVERY IN A VIRTUAL FORMAT.

EXPENSES: \$349,513. REVENUE: \$13,402.

3. COLLEGE PROGRAMS: STUDIO OFFERS 3 PROGRAMS TO SUPPORT COLLEGE STUDENTS: 1) ARTS INTERN PROGRAM - THROUGH THIS PROGRAM, COLLEGE STUDENTS WITH DEMONSTRATED FINANCIAL NEED LEARN ABOUT CAREERS IN THE ARTS. PAID SUMMER INTERNSHIPS IN CULTURAL INSTITUTIONS ARE COMPLEMENTED WITH REGULAR VISITS TO PARTICIPATING INSTITUTIONS AND OFFER BEHIND THE SCENES LOOKS AT MUSEUM OPERATIONS, PRESENTATIONS BY SENIOR STAFF AND CURATORS, AND PANELS
FEATURING YOUNG MUSEUM PROFESSIONALS. IN FISCAL 2019, THE ARTS INTERN
PROGRAM PROVIDED 67 INTERNSHIPS WITH 48 CULTURAL INSTITUTIONS IN 6 CITIES
(NEW YORK CITY, BOSTON, CLEVELAND, PHILADELPHIA, PROVIDENCE, AND
MEMPHIS). IN ADDITION TO THE INTERNS IN THESE CITIES, STUDIO INSTITUTE
SENT 8 COLLEGE INTERNS TO VENICE, ITALY, WHERE THEY FUNCTIONED AS GALLERY
GUIDES AT THE VENICE BIENNALE'S UNITED STATES PAVILION AND TAUGHT ART
LESSONS TO UNDERSERVED CHILDREN, YOUNG PEOPLE, AND MOTHERS THROUGH A
PARTNERSHIP WITH A COMMUNITY-BASED ORGANIZATION: 2)STUDIO'S MENTOR
PROGRAMS - OFFERS SUMMER EMPLOYMENT TO COLLEGE STUDENTS WHO SERVE AS
MENTORS FOR HIGH SCHOOL STUDENTS IN TWO SUMMER INTERNSHIP PROGRAMS; 3)
SCHOLARSHIPS - TO SUPPORT THE BROADER FIELD OF VISUAL ARTS EDUCATION,
STUDIO OFFERS COLLEGE SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS.
EXPENSES: \$335,750. GRANTS: \$161,302. REVENUE: \$27,600.

4. DEVELOPMENT PROJECTS AND PROFESSIONAL TRAINING: IN PARTNERSHIP WITH SCHOOL DISTRICTS, STUDIO LEADS LARGE-SCALE PROFESSIONAL DEVELOPMENT FOR EDUCATORS. THESE WORKSHOPS FOCUS ON DEVELOPMENTALLY-APPROPRIATE VISUAL ARTS INSTRUCTION, WITH A GOAL OF SETTING UP ACCESSIBLE ARTS CENTERS IN PRE-K CLASSROOMS. STUDIO ARTISTS AND FACILITATORS LEAD SESSIONS ON ART-MAKING AND ENGAGING YOUNG LEARNERS FOR TEACHERS AND ADMINISTRATORS. IN FISCAL YEAR 2020, 17 ALL-DAY WORKSHOPS PROVIDED TRAINING FOR 208 TEACHERS AND ADMINISTRATORS. THESE WORKSHOPS WERE FOLLOWED BY 1470 CLASSROOM HOURS WHEREIN ARTISTS DID ONE-ON-ONE MENTORING WITH TEACHERS AND STAFF BETWEEN THE MONTHS OF JULY 2019 AND FEBRUARY 2020. DUE TO THE

13-3003112

PANDEMIC, SESSIONS FOR TEACHERS SCHEDULED FOR MARCH - JUNE 2020 WERE CANCELLED. STUDIO REPLICATES PROFESSIONAL TRAINING PROGRAMS IN CLEVELAND, NEWARK, AND MEMPHIS.

EXPENSES: \$197,850. REVENUE: \$5,000.

5. ARTIST AND PROFESSIONAL DEVELOPMENT PROGRAMS: THROUGH GROUP TRAININGS AND ARTISTS SHADOWING ONE ANOTHER, STUDIO CREATES AND MAINTAINS A COMMUNITY OF ARTISTS WHO TEACH TO THE HIGHEST STANDARDS. 214 WORKSHOPS PROVIDED TRAINING FOR 188 ARTIST INSTRUCTORS AND 1112 TEACHERS.

PROFESSIONAL DEVELOPMENT PROGRAMS WERE CANCELLED FROM MARCH THROUGH JUNE 2020 DUE TO THE PANDEMIC.

EXPENSES: \$182,139.

6. EXHIBITIONS: STUDIO PROGRAMS CULMINATE IN SPECIAL SITE-BASED

EXHIBITIONS, AND MANY SITES PARTICIPATE IN STUDIO'S EXHIBITION

COLLABORATIONS WITH CULTURAL INSTITUTIONS THROUGHOUT NEW YORK CITY.

ARTWORK IS ALSO EXHIBITED AT STUDIO'S TWO GALLERY SPACES: THE WESTSIDE

ART STUDIO AND 1 EAST 53RD STREET. ALL STUDIO NYC END OF YEAR EXHIBITIONS

WERE POSTPOSNED TO FY21 DUE TO THE COVID-19 PANDEMIC.

EXPENSES: \$69,659. GRANTS: \$7,000. REVENUE: \$1,200.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S MANAGEMENT CONDUCTS AN INITIAL REVIEW OF THE FORM 990.

THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR THE

OPPORTUNITY TO REVIEW AND MAKE INQUIRY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE STUDIO IN A SCHOOL ASSOCIATION, INC. REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THIS DISTRIBUTION IS RECORDED IN THE CONTEMPORANEOUS MINUTES OF THE BOARD MEETING. THE DISCLOSURE STATEMENTS ARE SIGNED AND SUBMITTED TO THE CHAIRPERSON OF THE BOARD. PRIOR TO THEIR ELECTION, ANY POTENTIAL MEMBERS DISCLOSE, IN WRITING, ANY INTEREST IN ANY CORPORATION OR OTHER ORGANIZATION THAT PROVIDES GOODS OR PROFESSIONAL SERVICES TO THE CORPORATION FOR A FEE OR OTHER COMPENSATION. IF AT ANY TIME A DIRECTOR OR OFFICER ACQUIRES AN INTEREST IN A MATTER THAT MIGHT POSE A CONFLICT, HE OR SHE PROMPTLY DISCLOSES SUCH INTEREST IN WRITING TO THE CHAIRPERSON OF THE BOARD. WHEN ANY MATTER IN WHICH A DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS AN INTEREST COMES BEFORE THE BOARD OR A COMMITTEE OF THE BOARD FOR DECISION OR APPROVAL, THE INTEREST SHALL IMMEDIATELY BE DISCLOSED TO THE BOARD OF COMMITTEE BY THE INDIVIDUAL WHO HAS THE INTEREST.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE BUDGET AND PERSONNEL COMMITTEES OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT & CEO, EXECUTIVE DIRECTOR, AND DIRECTOR OF FINANCE -- THE KEY EMPLOYEES OF THE ORGANIZATION -- THROUGH DELIBERATION AT ITS ANNUAL REVIEW MEETING OF THE PROPOSED ORGANIZATION BUDGET IN THE LATE SPRING (APRIL-MAY) OF EACH FISCAL YEAR FOR THE ENSUING FISCAL YEAR. IN ORDER TO DETERMINE COMPENSATION, THE COMMITTEE REVIEWS STAFF COMPENSATION HISTORY, AND DATA SUCH AS INFLATION. COMPARABILITY DATA IS PRESENTED (E.G., FROM THE PROFESSIONALS FOR

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

NONPROFITS SALARY SURVEY). THE DELIBERATION IS CONTEMPORANEOUSLY
SUBSTANTIATED THROUGH WRITTEN MINUTES OF THE MEETING(S). THE FINAL
SALARY PROPOSAL IS PRESENTED AT THE MEETING OF THE BOARD OF DIRECTORS IN
JUNE FOR APPROVAL AS PART OF THE PROPOSED ANNUAL EXPENSE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### SCHEDULE R (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

The parameter of the organization 
■ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OMB No. 1545-0047
2019
Open to Public

Inspection
Employer identification number

13-3003112

STUDIO IN A SCHOOL ASSOCIATION, INC.

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

| (a)<br>Name, address, and EIN (if app |                    | (b) Primary activity | (c) Legal domicile (state or foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | (f) Direct controlling entity |
|---------------------------------------|--------------------|----------------------|---|----------------------------|---------------------------|-------------------------------|
| (1) STUDIO IN A SCHOOL NYC, LLC       | 81-3642389         |                      |   |                            |                           |                               |
| 75 WEST END AVENUE                    | NEW YORK, NY 10023 | VISUAL ART ED        | NY  | 4,643,443.                 | 2,936,694.                | SIAS                          |
| (2) STUDIO INSTITUTE, LLC             | 81-3618783         |                      |   |                            |                           |                               |
| 410 WEST 59TH STREET                  | NEW YORK, NY 10019 | VISUAL ART ED        | NY  | 2,632,438.                 | 4,311,327.                | SIAS                          |
| (3)                                   |                    |                      |   |                            |                           |                               |
| (4)                                   |                    |                      |   |                            |                           |                               |
| (5)                                   |                    |                      |   |                            |                           |                               |
| (6)                                   |                    |                      |   |                            |                           |                               |

Part II 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.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | conti | g)<br>512(b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|--|-------------------------------|-------|-------------------------------------|
|  |                                |   |  |                               | Yes   | No                                  |
| (1)  |                                |   |  |                               |       |                                     |
| (2)  |                                |   |  |                               |       |                                     |
| (3)  |                                |   |  |                               |       |                                     |
| (4)  |                                |   |  |                               |       |                                     |
| (5)  |                                |   |  |                               |       |                                     |
| (6)  |                                |   |  |                               |       |                                     |
| (7)  |                                |   |  |                               |       |                                     |

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

| Part III | <b>Identification of Rela</b><br>because it had one or | •   |     |                        |                           | •                     | nswered "Yes'           | on Form | 990, Part IV,       | line 34,          |   |
|----------|--|-----|-----|------------------------|---------------------------|-----------------------|-------------------------|---------|---------------------|-------------------|---|
| Nar      | (a)  | (b) | (c) | (d) Direct controlling | <b>(e)</b><br>Predominant | (f)<br>Share of total | (g)<br>Share of end-of- | (h)     | (i)<br>Code V - UBI | (j)<br>General or | Р |

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | Disprop | h)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j) General or managing partner? |    | <b>(k)</b><br>Percentage<br>ownership |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|---------|-----------------------------|---|----------------------------------|----|---------------------------------------|
|  |                                | oodiitiy)                                     |                               | ,   |                                 |  | Yes     | No                          |   | Yes                              | No |                                       |
| _(1)   |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (2)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (3)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (4)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (5)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (6)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |
| (7)  |                                |   |                               |   |                                 |  |         |                             |   |                                  |    |                                       |

Part IV 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.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | Section<br>512(b)(13<br>controlled<br>entity? |
|--|--------------------------------|---|---------------------------|---|-----------------------|---------------------------------------|--------------------------------|---|
| (1)  |                                |   |                           |   |                       |                                       |                                | Yes No  |
| (2)  |                                |   |                           |   |                       |                                       |                                |   |
| (3)  |                                |   |                           |   |                       |                                       |                                |   |
| (4)<br>(5)   |                                |   |                           |   |                       |                                       |                                |   |
| (6)  |                                |   |                           |   |                       |                                       |                                |   |
| (7)  |                                |   |                           |   |                       |                                       |                                |   |

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                        | Yes    | No   |
|-----|--|------------------------|--------|------|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?              |                        |        |      |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a                     |        |      |
| b   | Gift, grant, or capital contribution to related organization(s)  | 1b                     |        |      |
| С   | Gift, grant, or capital contribution from related organization(s)  | 1c                     |        |      |
|     | Loans or loan guarantees to or for related organization(s)   |                        |        |      |
|     | Loans or loan guarantees by related organization(s)  |                        |        |      |
|     |  |                        |        |      |
| f   | Dividends from related organization(s)   | 1f                     |        |      |
| g   | Sale of assets to related organization(s)  | 1g                     |        |      |
| h   | Purchase of assets from related organization(s)  | 1h                     |        |      |
| i   | Exchange of assets with related organization(s)  |                        |        |      |
| j   | Lease of facilities, equipment, or other assets to related organization(s)   |                        |        |      |
| _   |  |                        |        |      |
| k   | Lease of facilities, equipment, or other assets from related organization(s)   | 1k                     |        |      |
| ı   | Performance of services or membership or fundraising solicitations for related organization(s)   |                        |        |      |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)  |                        | 1      |      |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n                     |        |      |
|     | Sharing of paid employees with related organization(s)   |                        |        |      |
|     |  |                        |        |      |
| р   | Reimbursement paid to related organization(s) for expenses   | 1 p                    |        |      |
|     | Reimbursement paid by related organization(s) for expenses   |                        |        |      |
| _   |  |                        |        |      |
| r   | Other transfer of cash or property to related organization(s)  | 1r                     |        |      |
| s   | Other transfer of cash or property from related organization(s)  | . 1s                   |        |      |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction | threshol               | ds.    |      |
|     | (a) (b) (c) Name of related organization Transaction Amount involved Me  | (d)<br>hod of de       | 4      |      |
|     |  | mod of de<br>amount in |        | ng   |
|     |  |                        |        |      |
|     |  |                        |        |      |
| (1) |  |                        |        |      |
|     |  |                        |        |      |
| (2) |  |                        |        |      |
|     |  |                        |        |      |
| (3) |  |                        |        |      |
|     |  |                        |        |      |
| (4) |  |                        |        |      |
|     |  |                        |        |      |
| (5) |  |                        |        |      |
|     |  |                        |        |      |
| (6) |  |                        |        |      |
|     | Schedule   | R (Forn                | າ 990) | 2019 |

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Part V

Schedule R (Form 990) 2019

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

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

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under |     | e) partners ction (c)(3) zations? | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | Disprop | h)<br>portionate<br>ations? | amount in box 20 m<br>of Schedule K-1 p<br>(Form 1065) |     | ner? | (k)<br>Percentage<br>ownership |
|---|--------------------------------|---|---|-----|-----------------------------------|---------------------------------|--|---------|-----------------------------|--|-----|------|--------------------------------|
| (4)                                     |                                |   | sections 512-514)   | Yes | No                                |                                 |  | Yes     | No                          |  | Yes | No   |                                |
| (1)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (2)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (3)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (4)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (5)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (6)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (7)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (8)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (9)                                     |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (10)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (11)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (12)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (13)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (14)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (15)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
|   |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |
| (16)                                    |                                |   |   |     |                                   |                                 |  |         |                             |  |     |      |                                |

Schedule R (Form 990) 2019

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# Part VII Supplemental Information

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