

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>STUDIO IN A SCHOOL ASSOCIATION, INC.</u>			D Employer identification number <u>13-3003112</u>
	Doing Business As			E Telephone number <u>(212) 765-5900</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>75 WEST END AVENUE NEW YORK, NY 10023</u>			
F Name and address of principal officer: <u>ALISON SCOTT-WILLIAMS 75 WEST END AVENUE, NEW YORK, NY 10023</u>			G Gross receipts \$ <u>11,122,079.</u>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: <u>WWW.STUDIOINASCHOOL.ORG</u>			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1979</u> M State of legal domicile: <u>NY</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO FOSTER THE CREATIVE & INTELLECTUAL DEVELOPMENT OF STUDENTS OF ALL AGES & COLLABORATE WITH & SUPPORT EDUCATORS THROUGH QUALITY VISUAL ARTS PROGRAMS LED BY ARTS PROFESSIONALS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	266
	6 Total number of volunteers (estimate if necessary)	6	24
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,306.
b Net unrelated business taxable income from Form 990-T, line 34	7b	11.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,776,598.	8,921,078.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,617.	302,095.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,028.	120,452.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,178.	NONE
		6,228,421.	9,343,625.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	401,231.	309,276.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,269,427.	6,352,227.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>338,628.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,199,466.	1,746,754.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,870,124.	8,408,257.
19 Revenue less expenses. Subtract line 18 from line 12	-641,703.	935,368.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	26,491,871.	22,912,697.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,053,424.	915,065.
	24,438,447.	21,997,632.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>PAUL HAMMERSCHMIDT</u>	<u>PAUL HAMMERSCHMIDT</u>	<u>4/26/2023</u>		<u>P01384178</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>	Phone no. <u>212-885-8000</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,223,220. including grants of \$ NONE) (Revenue \$ 103,150.)

THE RESIDENCY PROGRAM PROVIDES CUSTOMIZED VISUAL ARTS INSTRUCTION THAT SERVES DESIGNATED CLASSES, OFFERS SPECIFIC ART MEDIA, OR ADDRESSES THE NEEDS OF PARTICULAR STUDENTS, SUCH AS MULTILINGUAL LEARNERS OR STUDENTS WITH DISABILITIES. RANGING FROM 6 TO 20 WEEKS, RESIDENCIES SERVE STUDENTS BOTH DURING AND AFTER SCHOOL. STUDIO ARTIST INSTRUCTORS PROVIDE HANDS-ON VISUAL ART INSTRUCTION FOR STUDENTS AS WELL AS TEACHER AND FAMILY ENGAGEMENT IN THE VISUAL ARTS. DUE TO THE PANDEMIC IN 2022, INSTRUCTION WAS MOSTLY IN PERSON. IN 2021-22, STUDIO NYC SERVED 21,060 STUDENTS, 155 RESIDENCIES, 142 SITES AND 1,142 TEACHERS ACROSS ALL OF OUR PROGRAMS.

4b (Code:) (Expenses \$ 1,472,209. including grants of \$ NONE) (Revenue \$ NONE)

THE LONG-TERM PROGRAM ESTABLISHES SEQUENTIAL, STANDARDS-BASED VISUAL ARTS CURRICULA IN NYC PUBLIC SCHOOLS WHICH LACK VISUAL ARTS INSTRUCTION. PARTNER SCHOOLS HAVE TITLE I STATUS, MAKE A 5-YEAR COMMITMENT, AND DEDICATE A SPACE FOR THE ART STUDIO. THE ARTIST INSTRUCTOR EMBEDS THE VISUAL ARTS INTO THE CURRICULUM AND CULTURE OF THE SCHOOL THROUGH INSTRUCTION ACROSS GRADES IN DIVERSE ART MEDIA, PROFESSIONAL DEVELOPMENT AND FAMILY WORKSHOPS, AND SCHOOL-WIDE EXHIBITIONS. IN 2021-22 THE PROGRAM WORKED WITH 23 SCHOOLS CITYWIDE, SERVING UP TO 7,700 STUDENTS AND 483 TEACHERS.

4c (Code:) (Expenses \$ 763,442. including grants of \$ 89,450.) (Revenue \$ 32,140.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,824,990. including grants of \$ 220,085.) (Revenue \$ 166,805.)

4e Total program service expenses 6,283,861.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable trusts.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (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.
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

GREG PIERSON, 75 WEST END AVENUE, NEW YORK, NY 10023
212-459-1455

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS CAHILL PRESIDENT - STUDIO INSTITUTE	35.00 NONE	X		X				320,380.	NONE	22,914.
(2) ALISON SCOTT-WILLIAMS NYC PRESIDENT	35.00 NONE	X		X				227,885.	NONE	19,711.
(3) GREGORY PIERSON DIRECTOR OF FINANCE	35.00 NONE			X				155,519.	NONE	8,151.
(4) PATRICIA HEWITT INTERIM CHAIR AND TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(5) KENNETH COOPER VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(6) DOROTHY LICHTENSTEIN VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(7) MARY MATTINGLY SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(8) AGNES GUND FOUNDER	2.00 NONE	X		X				NONE	NONE	NONE
(9) DR. VIVIAN PAN FORMER CHAIR	2.00 NONE	X						NONE	NONE	NONE
(10) JYOTSNA BEAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(11) TONY BECHARA DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) PHONG BUI DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) JENNIFER CECERE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) GREGORY CLARICK (AS OF 06/22) DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ERIKA FAUST DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(16) ISABELLA HUTCHINSON DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(17) JANE KLEIN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(18) KATHRYN MCAULIFFE DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(19) JOANNA MILSTEIN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(20) HASNA MUHAMMAD, ED.D. DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(21) SHANE NEUFELD DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(22) HILARY PECK (AS OF 06/2022) DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(23) TATIA MAYS-RUSSELL DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(24) AMANDA TAYLOR (AS OF 06/2022) DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(25) PATRICIA WILLIAMS DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							703,784.	NONE	50,776.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							703,784.	NONE	50,776.	

2 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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (26) FRED WILSON, DIRECTOR, 2.00 hours, NONE compensation, Individual trustee checked.

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

Table with 3 columns: Question, Yes, No. Row 3: Did the organization list any former officer... Yes, No (X). Row 4: For any individual listed... Yes, No (X). Row 5: Did any person listed... Yes, No (X).

Section B. Independent Contractors

1 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: SEE SCHEDULE O

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 response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	3,981,425.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,939,653.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 309,352.				
	h	Total. Add lines 1a-1f ▶		8,921,078.				
	Program Service Revenue				Business Code			
2a		FEES FROM SCHOOL FUNDS AND CBO'S		900099	302,095.	302,095.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			302,095.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		88,402.	NONE	5,306.	83,096.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss) ▶			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		1,789,804.	20,700.		
			7b		1,778,454.			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c		11,350.	20,700.		
	d	Net gain or (loss) ▶			32,050.		32,050.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
		8a		NONE				
		8b		NONE				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events ▶			NONE				
9a	Gross income from gaming activities. See Part IV, line 19							
		9a		NONE				
		9b		NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances							
		10a		NONE				
		10b		NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory ▶			NONE				
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			NONE			
12	Total revenue. See instructions ▶			9,343,625.	302,095.	5,306.	115,146.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	261,855.	261,855.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,421.	47,421.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	797,457.	645,823.	117,973.	33,661.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,679,306.	3,789,355.	693,500.	196,451.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,147.	78,720.	14,078.	4,349.
9 Other employee benefits	303,437.	245,882.	43,972.	13,583.
10 Payroll taxes	474,880.	384,807.	68,816.	21,257.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	104,047.		104,047.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,190.		1,190.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	604,676.	294,709.	286,458.	23,509.
12 Advertising and promotion	15,167.	10,582.	4,585.	
13 Office expenses	101,864.	24,086.	66,424.	11,354.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	89,394.	11,066.	74,705.	3,623.
17 Travel	63,368.	49,661.	13,271.	436.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,219.	1,045.	174.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	108,520.		108,520.	
23 Insurance	29,395.		29,395.	
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.)				
a PROGRAM SUPPLIES	382,762.	380,922.	1,840.	
b DUES & SUBSCRIPTIONS	82,547.	18,845.	36,795.	26,907.
c EQUIPMENT RENTAL & PURCHASES	43,037.	4,842.	38,195.	NONE
d REPAIRS AND MAINTENANCE	41,725.	NONE	41,725.	NONE
e All other expenses	77,843.	34,240.	40,105.	3,498.
25 Total functional expenses. Add lines 1 through 24e	8,408,257.	6,283,861.	1,785,768.	338,628.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,451,301.	1	1,369,488.
	2 Savings and temporary cash investments	2,342,344.	2	894,298.
	3 Pledges and grants receivable, net	971,282.	3	1,807,659.
	4 Accounts receivable, net	232,643.	4	1,594,694.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	53,384.	9	313,309.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,518,025.		
	b Less: accumulated depreciation	10b 1,183,346.		
		118,323.	10c	334,679.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	19,988,467.	12	16,245,441.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	334,127.	15	353,129.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,491,871.	16	22,912,697.	
Liabilities	17 Accounts payable and accrued expenses	417,616.	17	466,026.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	8,525.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other 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	88,663.	22	88,664.
	23 Secured mortgages and notes payable to unrelated third parties	1,221,795.	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	325,350.	25	351,850.
	26 Total liabilities. Add lines 17 through 25	2,053,424.	26	915,065.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,286,446.	27	11,865,781.
	28 Net assets with donor restrictions	10,152,001.	28	10,131,851.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,438,447.	32	21,997,632.
33 Total liabilities and net assets/fund balances	26,491,871.	33	22,912,697.	

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	9,343,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,408,257.
3	Revenue less expenses. Subtract line 2 from line 1	3	935,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,438,447.
5	Net unrealized gains (losses) on investments	5	-3,376,183.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,997,632.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 13-3003112
--	--

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

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).)
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,595,220.	6,183,748.	5,401,539.	5,776,598.	8,921,078.	31,878,183.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	5,595,220.	6,183,748.	5,401,539.	5,776,598.	8,921,078.	31,878,183.
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).						7,061,197.
6 Public support. Subtract line 5 from line 4						24,816,986.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,595,220.	6,183,748.	5,401,539.	5,776,598.	8,921,078.	31,878,183.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	332,562.	366,589.	323,568.	62,763.	83,096.	1,168,578.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	625.	NONE	6,241.	5,306.	12,172.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	NONE	1,110.	62,178.	NONE	63,288.
11 Total support. Add lines 7 through 10						33,122,221.
12 Gross receipts from related activities, etc. (see instructions)					12	1,808,104.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	74.93 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	77.56 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(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	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS REVENUE	NONE	NONE	1,110.	62,178.	NONE	63,288.
TOTALS	NONE	NONE	1,110.	62,178.	NONE	63,288.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

STUDIO IN A SCHOOL ASSOCIATION, INC.

13-3003112

Organization type (check one):

Filers of:

Section:

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <p style="text-align: center;">STUDIO IN A SCHOOL ASSOCIATION, INC.</p>	Employer identification number <p style="text-align: center;">13-3003112</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 1,965,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,915,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 1,221,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 407,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 367,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">STUDIO IN A SCHOOL ASSOCIATION, INC.</p>	Employer identification number <p style="text-align: center;">13-3003112</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 342,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 306,437.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	PUBLICLY TRADED SECURITIES	\$ 306,437.	VAR

Name of organization STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 13-3003112
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

STUDIO IN A SCHOOL ASSOCIATION, INC.

13-3003112

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other TO BE SOLD TO RAISE FUNDS

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,128,906.	13,089,582.	12,525,838.	12,169,541.	11,831,152.
b Contributions					
c Net investment earnings, gains, and losses	-2,332,575.	3,808,983.	1,113,744.	1,062,243.	1,104,834.
d Grants or scholarships					
e Other expenditures for facilities and programs	654,804.	769,659.	550,000.	525,000.	766,445.
f Administrative expenses					
g End of year balance	13,141,527.	16,128,906.	13,089,582.	12,706,784.	12,169,541.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 23.1000 %
- b Permanent endowment 14.2000 %
- c Term endowment 62.7000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		671,596.	503,878.	167,718.
d Equipment		518,697.	505,560.	13,137.
e Other		327,733.	173,909.	153,824.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				334,679.

Part VII Investments - Other Securities.

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATELY-HELD MUTUAL FUNDS	15,834,640.	FMV
(B) PRIVATE EQUITY FUNDS	410,801.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	16,245,441.	

Part VIII Investments - Program Related.

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	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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 "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	351,850.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	351,850.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, 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 (C):

BEGINNING OF YEAR BALANCE WAS RESTATED TO CORRECT AN ERROR.

SCHEDULE D, 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.

SCHEDULE D, PART X, LINE 2:

STUDIO 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 CONSOLIDATED STATEMENT OF FINANCIAL POSITION. IN ADDITION, STUDIO 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. STUDIO DOES NOT BELIEVE THERE ARE ANY MATERIAL

Part XIII Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. STUDIO HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2022, THERE WAS NO INCOME THAT WAS SUBJECT TO UNRELATED BUSINESS INCOME TAX, AND THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DRIVE CLEVELAND, OH 60637	36-2167797	501(C)(3)	11,940.				ARTS INTERN PROGRAM
(2) BROOKLYN CHILDREN'S MUSEUM 145 BROOKLYN AVENUE BROOKLYN, NY 11213	11-2495664	501(C)(3)	11,540.				ARTS INTERN PROGRAM
(3) ARTIST ARCHIVES OF WESTERN RESERVES 1834 E 123RD ST CLEVELAND, OH 44106	34-1837359	501(C)(3)	10,960.				ARTS INTERN PROGRAM
(4) CHICAGO HISTORY MUSEUM 1601 N CLARK STREET CHICAGO, IL 60614	20-4982186	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(5) MIT LIST VISUAL ARTS CENTER 20 AMES ST, BLDG CAMBRIDGE, MA 02142	04-2103594	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(6) FABRIC WORKSHOP AND MUSEUM 1214 ARCH STREET PHILADELPHIA, PA 19107	23-2018929	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(7) INSTITUTE OF CONTEMPORARY ART 25 HARBOR SHORE DRIVE BOSTON, MA 02210	04-2104327	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(8) NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH STREET CHICAGO, IL 60608	36-3225519	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(9) CLEVELAND MUSEUM OF ART 11150 EAST BOULEVARD CLEVELAND, OH 44106	34-0714336	501(C)(3)	7,960.				ARTS INTERN PROGRAM
(10) MADISON SQUARE PARK CONSERVANCY 11 MADISN AV, 15TH FL NEW YORK, NY 10010	14-1859935	501(C)(3)	7,630.				ARTS INTERN PROGRAM
(11) STUDIO MUSEUM IN HARLEM 310 LENOX AVENUE, 3RD FL NEW YORK, NY 10027	13-2590805	501(C)(3)	6,000.				ARTS INTERN PROGRAM
(12) RISD MUSEUM (RHODE ISLAND SCHOOL OF DESIGN) 20 N MAIN STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	6,000.				ARTS INTERN PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

STUDIO IN A SCHOOL ASSOCIATION, INC.

13-3003112

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FASHION INSTITUTE OF TECHNOLOGY 227 WEST 27TH STREET NEW YORK, NY 10001	13-2556338	501(C)(3)	5,500.				SCHOLARSHIPS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

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 SCHOLARSHIPS	34	27,921.			
2 STIPENDS FOR ARTS INTERN PROGRAM	39	19,500.			
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.

SCHEDULE I, PART I, LINE 2:

ARTS INTERN PROGRAM: STUDIO SUPPORTS CULTURAL ORGANIZATIONS, ARTS INSTITUTIONS AND COLLEGE STUDENTS BY SUPPPORTING PAID INTERNSHIPS FOR COLLEGE STUDENTS WITH DEMONSTRATED FINANCIAL NEED. SPECIFIC WORK PROJECTS ARE PROPOSED BY PARTNER INSTITUTIONS AND ORGANIZATIONS. DURING THE COURSE OF THE INTERNSHIP STUDENTS PARTICIPATE IN AN EDUCATION SERIES WITH SEASONED ARTS PROFESSIONALS AND INTERACT WITH THEIR PEERS. PROGRESS IS EVALUATED BY PERIODIC SURVEYS OF BOTH STUDENTS AND CULTURAL INSTITUTION STAFF.

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					
2					
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.

SCHOLARSHIPS: SCHOLARSHIPS ARE AWARDED ANNUALLY FOR STUDENTS TO PURSUE ARTS PROGRAMS IN HIGHER EDUCATION. PAYMENTS ARE MADE EITHER DIRECTLY TO COLLEGES AND UNIVERSITIES TO PAY THE COST OF SPECIFIC ART COURSES OR TO THE STUDENTS WHO PRESENT EVIDENCE OF A PAID TUITION INVOICE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

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STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS CAHILL PRESIDENT - STUDIO INSTITUTE	(i)	307,880.	12,500.	NONE	14,500.	8,414.	343,294.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 ALISON SCOTT-WILLIAMS NYC PRESIDENT	(i)	215,385.	12,500.	NONE	NONE	19,711.	247,596.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 GREGORY PIERSON DIRECTOR OF FINANCE	(i)	148,519.	7,000.	NONE	79.	8,072.	163,670.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III 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.

SCHEDULE J, PART I, LINE 7:

IN 2021, THOMAS CAHILL (PRESIDENT - STUDIO INSTITUTE), ALISON
SCOTT-WILLIAMS (NYC PRESIDENT) AND GREG PIERSON (DIRECTOR OF FINANCE)
RECEIVED BONUSES OF \$12,500, \$12,500 AND \$7,000 RESPECTIVELY.

BOARD OF DIRECTORS AND THE PRESIDENT DECIDED THE BONUSES FOR DIRECTOR OF
FINANCE.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ 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

2021

**Open To Public
Inspection**

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 13-3003112
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						88,664.						

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)				

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	(e) Sharing of organization's revenues?	
				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).

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	(e) Sharing of organization's revenues?	
				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, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
AGNES GUND		X		236,175.	88,664.		X	X		X	
FOUNDER/DIRECTOR	COVER PAYROLL EXP.										
TOTAL					88,664.						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 13-3003112
---	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	3	309,352.	MARKET QUOTATION
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				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2021

Part II **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 O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

13-3003112

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,
EXHIBITING ARTISTS TRAINED IN STUDIO'S METHODOLOGY;

- A PRACTICE OF GENUINE COLLABORATION WITH EDUCATIONAL AND CULTURAL
PARTNERS;

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

Department of the Treasury
Internal Revenue Service

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

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.

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- CURRICULA AND LEARNING EXPERIENCES THAT ARE AGE-APPROPRIATE AND
MATERIALS RICH, AND THAT HAVE MEASURABLE IMPACTS;

- A CONSISTENT PRACTICE ON ACCOUNTABILITY;

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES:

1) RESPONSE TO COVID-19:

AT THE BEGINNING OF FY22, JULY 2021, WE BEGAN TO SEE A SHIFT IN HOW
CITIES RESPONDED TO COVID 19. VACCINES WERE MORE READILY AVAILABLE,
SCHOOLS BEGAN TO ASSESS WAYS TO SUPPORT STUDENT LEARNING, AND STUDIO IN A
SCHOOL ENACTED SAFE PROTOCOLS TO SUPPORT ARTIST INSTRUCTORS IN THE
CLASSROOM. LEARNING MODELS RETURNED TO AN IN-PERSON AND THE MAJORITY OF
SCHOOLS STOPPED REMOTE INSTRUCTION. SCHOOL DAY PROGRAMMING RETURNED, AND
STUDENTS BECAME ACCUSTOMED TO WEARING MASKS DAILY. CLASSROOM WINDOWS
WERE OPENED, AND EVERY CLASSROOM HAD AIR FILTERS.

WITH INSTRUCTION MOVING BACK TO AN IN-PERSON MODEL, OUR PROGRAMS WERE
ABLE TO REINFORCE LEARNING AND USE THE PREVIOUSLY RECORDED VIDEOS TO
SUPPORT CLASSROOM LEARNING. IN FY22 PUBLIC SCHOOLS RECEIVED FEDERAL
FINANCIAL SUPPORT ENABLING THE EXPANSION OF ARTS PROGRAMS WITH THE
INTENTION OF SUPPORTING LEARNING LOSS AND HELPING STUDENTS RECONNECT TO

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SCHOOLS AND ONE ANOTHER. THEREFORE, CURRICULA NEEDED TO INCORPORATE SUPPORTING STUDENT VOICE AND LEARNING WITH ARTIST INSTRUCTORS PREPARED TO RESPOND WITH CULTURAL SENSITIVITY. LESSONS CONTINUED TO EMPHASIZE 3-D SCULPTURE, COLLAGE, AND DRAWING FOR THEIR VERSATILITY OF PROCESS AND DIVERSITY OF MATERIAL; "MESSY" MEDIA SUCH AS TEMPERA AND WATERCOLOR PAINT WERE ADDED BACK TO THE CURRICULUM. ARTIST INSTRUCTORS WERE ABLE TO VIEW AND RESPOND TO SUBMITTED STUDENT ARTWORKS IN PERSON AND IN-SCHOOL EXHIBITIONS AND FAMILY WORKSHOPS REINVIGORATED OUR CONNECTIONS TO THE SCHOOL COMMUNITY.

THROUGH THE RESIDENCY PROGRAM, STUDIO NYC CONTINUES TO PROVIDE RESIDENCIES AND PROFESSIONAL DEVELOPMENT IN VISUAL ARTS INSTRUCTION FOR MULTILINGUAL LEARNERS (MLL). THROUGH THESE "TEAM TEACHING" RESIDENCIES, WHICH SHARE STUDIO NYC'S PEDAGOGY AND APPROACH TO FOSTER CO-TEACHING PRACTICE FOR MLL STUDENTS, STUDENTS LEARNING ENGLISH FOR THE FIRST TIME INCREASE THEIR VOCABULARY AND LANGUAGE ACQUISITION. LESSONS WERE ALSO CREATED TO MEET STUDENTS' EMOTIONAL NEEDS, SUCH AS TEACHING PORTRAITURE BY HAVING STUDENTS DRAW FRIENDS AND FAMILY MEMBERS THAT THEY MISSED. SOME SCHOOLS CONCLUDED WITH OUTDOOR SUMMER ART MURALS TO GIVE SCHOOLS MORE BEAUTIFUL HALLWAYS AND PLAYGROUNDS.

IN-PERSON SCHOOL AND COMMUNITY PROGRAMS IN PARTNERSHIP WITH THE CLEVELAND METROPOLITAN SCHOOLS DISTRICT AND HEAD START PROGRAMS IN NEWARK, NJ RESUMED DURING THE 2021-22 SCHOOL YEAR, WITH ART WORKSHOPS, PLANNING MEETINGS, TEACHER PROFESSIONAL LEARNING, AND FAMILY WORKSHOPS.

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2) TEEN PROGRAMS

TEEN APPRENTICESHIP PROGRAM (TAP)

THE TEEN APPRENTICESHIP PROGRAM (TAP) PROVIDED 48 TEENS FROM NYC SCHOOLS APPRENTICESHIP-BASED LEARNING IN A HYBRID FORMAT OF ONLINE CLASSES AND IN-PERSON SMALL GROUP MEETINGS. 59 TEENS FROM ALL FIVE BOROUGHES INTERNEED IN LOCAL SUMMER CAMPS TEACHING VISUAL ARTS. 6 STUDENTS PARTICIPATED IN SCHOOL YEAR PROGRAM EXTENSIONS. A TOTAL OF 111 STUDENTS WERE SERVED. IN SPRING OF 2022 THE TEEN APPRENTICESHIP PROGRAM PROVIDED 49 TEENS FROM NYC SCHOOLS APPRENTICESHIP-BASED LEARNING IN A HYBRID FORMAT OF ONLINE CLASSES AND IN-PERSON SMALL GROUP MEETINGS.

BLOOMBERG ARTS INTERNSHIP (BAI)

THE BLOOMBERG ARTS INTERNSHIP PROGRAM PROVIDED HIGH SCHOOL JUNIORS FROM 11 NYC PUBLIC HIGH SCHOOLS WITH VIRTUAL AND HYBRID INTERNSHIPS WITH ARTS PARTNER ORGANIZATIONS AND MENTORING, JOB ASSIGNMENTS, ONLINE TECHNOLOGY AND WRITING CLASSES, AS WELL GUIDANCE FOR DEVELOPING COLLEGE APPLICATIONS. STUDIO INSTITUTE PARTNERED WITH 34 CULTURAL INSTITUTIONS PROVIDING 56 STUDENTS WITH GUIDED WORK EXPERIENCE IN THE ARTS. AT A TIME WHEN STUDENTS ACROSS THE NATION WERE EXPERIENCING GREAT ISOLATION, THESE TEENS REMAINED ENGAGED WITHIN THE ARTS AND CULTURE COMMUNITY. 5 STUDENTS PARTICIPATED IN SCHOOL YEAR INTERNSHIP EXTENSIONS.

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3) THROUGH STUDIO INSTITUTE, STUDIO OFFERS 3 COLLEGE PROGRAMS TO SUPPORT COLLEGE STUDENTS:

1)ARTS INTERN COLLEGE PROGRAM PROVIDED 42 SUMMER INTERNSHIPS AND 11 WINTER INTERNSHIPS WITH CULTURAL INSTITUTIONS ACROSS THE NATION. THE PANDEMIC CONTINUED TO AFFECT PARTNERS AND STUDIO INSTITUTE PROGRAMS IN MULTIPLE WAYS. THE INSTITUTE MET THESE CHALLENGES WITH INCREASED FLEXIBILITY BY COLLABORATING WITH ARTS AND CULTURAL PARTNER ORGANIZATIONS ON REMOTE, ON-SITE, AND HYBRID INTERNSHIPS. ADDITIONALLY, ARTS INTERN CONTINUED SCHOOL YEAR INTERNSHIP PROGRAMS TO MEET THE HEIGHTENED NEEDS OF STUDENTS AND FAMILIES. ARTS INTERN PROVIDED PAID INTERNSHIPS AT MUSEUMS AND CULTURAL INSTITUTIONS IN BALTIMORE, BOSTON, CHICAGO, CLEVELAND, PHILADELPHIA, PROVIDENCE, MEMPHIS, AND NEW YORK CITY.

2)STUDIO'S COLLEGE MENTOR PROGRAMS PROVIDE SUMMER EMPLOYMENT TO COLLEGE STUDENTS WHO SERVE AS MENTORS TO HIGH SCHOOL STUDENTS IN TWO INTERNSHIP PROGRAMS.

3)SCHOLARSHIPS: TO SUPPORT THE BROADER FIELD OF VISUAL ARTS EDUCATION, STUDIO OFFERS COLLEGE SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS.

EXPENSES: 814,683. GRANTS: 183,585. REVENUE: 13,195.

FORM 990, PART III, LINE 4D, CONTINUED:

4) THE EARLY CHILDHOOD PROGRAM SUSTAINED 58 PRE-K/KINDERGARTEN RESIDENCIES IN 2021-2022, SERVING 1,782 PRE-K AND K STUDENTS AND 377

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TEACHERS. YOUNG STUDENTS NEED PERSONAL CONNECTIONS, SO IN PERSON LEARNING
OR LIVE STREAMING LESSONS WERE HIGHLY DESIRED.

PRE-K MENTORING AND ALUMNI MENTORING RESIDENCIES TOOK PLACE IN FALL 2021
WITH INPERSON INSTRUCTION IN PAINTING, COLLAGE, AND CLAY AT 17 PARTNER
SITES, 776 STUDENTS, AND 114 TEACHERS. THESE WERE PROVIDED REMOTE
LEARNING PACKETS JUST IN CASE SCHOOLS SHIFTED TO REMOTE LEARNING. WE
RETURNED IN SPRING 2022 WITH THE SAME ARTIST INSTRUCTORS AND PROVIDED
LESSONS DEPENDING ON THE NEED AND CAPACITY OF THE SITE.

DEMAND HAS REMAINED STRONG FOR PROFESSIONAL DEVELOPMENT (PD) IN THE EARLY
CHILDHOOD PROGRAM. STUDIO NYC HAS BEEN ENGAGED BY CATHOLIC CHARITIES,
WHICH IS HOSTING MULTIPLE LIVE PRE-K/KINDERGARTEN RESIDENCIES THIS YEAR,
TO PROVIDE VIRTUAL PROFESSIONAL DEVELOPMENT CLASSES FOR UP TO 300
EDUCATORS FROM HEAD START AND FAMILY CHILDCARE HOME SITES. IN
COLLABORATION WITH THE NYC DOE, STUDIO SERVED 124 TEACHERS AND
ADMINISTRATORS, 880 STUDENTS AT 19 SITES AS PART OF THE "CREATE" PROGRAM.
ALL PD WORKSHOPS FOCUS ON CURRICULA IN 3D ARTMAKING, WITH LESSONS IN CLAY
AND FOUND OBJECTS. EDUCATORS ARE INTRODUCED TO STRATEGIES FOR TEACHING
VISUAL ARTS THROUGH INQUIRY, EXPLORATION, AND DISCOVERY, AND FOR
CONNECTING ARTMAKING TO HOW YOUNG CHILDREN LEARN: ASKING OPEN-ENDED
QUESTIONS, EXPLORING MATERIALS AND MAKING DISCOVERIES. IN ADDITION,
STUDIO NYC PARTNERED WITH THE JEAN MICHEL BASQUIAT EXHIBITION ENTITLED
"KING PLEASURE" BY CREATING GUIDES FOR STUDENTS, TEACHERS, AND FAMILIES.
STUDIO NYC HOSTED A PROFESSIONAL DEVELOPMENT FOR NYC DOE ART TEACHERS AT

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THE EXHIBITION. IN TOTAL, FROM JULY 2021 THROUGH DECEMBER 2021, 59
SCHOOLS/SITES PARTICIPATED WITH 3214 STUDENTS, AND 406 EDUCATORS. STUDIO
INSTITUTE REPLICATES EARLY CHILDHOOD PROGRAMS IN CLEVELAND, NEWARK AND
MEMPHIS.

EXPENSES: 605,906. GRANTS: NONE. REVENUE: 153,235.

5) DEVELOPMENT PROJECTS AND PROFESSIONAL TRAINING AT STUDIO INSTITUTE:
AS IN-PERSON INSTRUCTION RESUMED IN 2021, COVID-19 PROTOCOLS FOR STAFF
GATHERINGS RESULTED IN FEWER AND SMALLER VIRTUAL TEACHER PROFESSIONAL
LEARNING PROGRAMS IN SCHOOL DISTRICTS. 6 NJ HEAD START PROGRAMS RECEIVED
4 PROFESSIONAL LEARNING PROGRAMS. 24 ARTIST PROFESSIONAL LEARNING
PROGRAMS WERE PROVIDED TO ARTIST INSTRUCTORS.

IN FY 22 STUDIO INSTITUTE REVISED AND UPDATED THE CREATIVESTART LESSONS
PRODUCING TWO NEW GUIDES. STAFF AND CONSULTANTS PROVIDED PROFESSIONAL
LEARNING TO ARTISTS WITH THESE NEW CURRICULUM BOOKLETS. THE STAFF OF 6
HEAD START PROGRAMS RECEIVED 4 PROFESSIONAL LEARNING PROGRAMS. OVER 24
IN-DEPTH ARTIST DEVELOPMENT PROGRAMS WERE PROVIDED TO COHORTS OF VISUAL
ARTISTS.

THE STUDIO INSTITUTE ALSO DEVELOPED AND PILOTED A VISUAL ARTS CURRICULUM
FOR EARLY HEAD START. THIS NEW CURRICULUM WAS DESIGNED TO MEET THE NEEDS
OF 2- 3-YEAR-OLDS IN SPECIALIZED CLASSROOMS. THIS ART CURRICULUM WAS
PILOTED IN NEWARK, NJ SITES.

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EXPENSES: 41,423. GRANTS: NONE. REVENUE: NONE.

6) ARTIST AND PROFESSIONAL DEVELOPMENT PROGRAMS FOR STUDIO NYC: THROUGH GROUP TRAININGS AND ARTISTS SHADOWING ONE ANOTHER, STUDIO CREATES AND MAINTAINS A COMMUNITY OF ARTISTS WHO TEACH TO THE HIGHEST STANDARDS. 161 WORKSHOPS PROVIDED TRAINING FOR 78 ARTIST INSTRUCTORS AND 1,980 TEACHERS.

EXPENSES: 149,684. GRANTS: NONE. REVENUE: NONE.

7) 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. DURING FY22, THERE WERE TWO MAJOR EXHIBITIONS IN COLLABORATION WITH CHRISTIES NYC: FIRST IMPRESSIONS: PRINTS BY THE CHILDREN OF NEW YORK CITY, FEATURING ARTWORK BY 3K TO SIXTH GRADE AND AT THE END OF THE SCHOOL YEAR, YOUNG VISIONS 2022 FEATURING THE BEST ARTWORK FROM OUR 200 PARTNER SCHOOLS. IN ADDITION, STUDIO NYC PARTNERS WITH THE NYC DOE AND THE METROPOLITAN MUSEUM OF ART FOR A CITYWIDE EXHIBITION ENTITLED PS ART 2022. ARTWORK IS ALSO EXHIBITED AT STUDIO'S TWO GALLERY SPACES: THE WESTSIDE ART STUDIO AND 1 EAST 53RD STREET.

EXPENSES: 213,294. GRANTS: 36,500. REVENUE: 375.

REGIONAL PROGRAMS

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EARLY CHILDHOOD PROGRAMS - NEW JERSEY

IN 2021-2022 STUDIO INSTITUTE RESUMED IN- PERSON CLASS PROGRAMMING
UTILIZING HEAD START AND CDC GUIDANCE TO DELIVER CREATIVE START, A
DEVELOPMENTALLY APPROPRIATE VISUAL ARTS PROGRAM FOR YOUNG LEARNERS AGES
2-7.

ARTIST INSTRUCTORS PROVIDED DISCOVERY-BASED LEARNING OPPORTUNITIES FOR
YOUNG CHILDREN, PROFESSIONAL LEARNING FOR EDUCATORS, AND ART-MAKING
EXPERIENCES FOR FAMILIES ENROLLED IN HEAD START IN NEWARK, AND PUBLIC
PRESCHOOL PROGRAMS IN EAST ORANGE, NJ. ARTISTS IMPLEMENTED MEDIA-BASED
OPEN-ENDED EXPLORATIONS DESIGNED TO ENHANCE A CHILD'S CREATIVITY,
COMMUNICATION, SOCIAL/EMOTIONAL, COGNITIVE, AND PHYSICAL SKILLS. FACULTY
PARTICIPATED IN ONLINE PROFESSIONAL LEARNING SESSIONS ON CHILDREN'S
VISUAL ART DEVELOPMENT, AND CLASSROOM TEACHERS RECEIVED IN-CLASS
MENTORING ON ART INQUIRY METHODOLOGY AND ART MATERIALS MANAGEMENT FOR
CLASSROOM USE DURING DAILY CHOICE TIMES. CREATIVE START SERVED 52
CLASSROOMS.

COLLABORATIVE SCHOOL PARTNERSHIPS

IN PARTNERSHIP WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT, FOUR
ELEMENTARY SCHOOLS PARTICIPATED IN LONG-TERM COLLABORATIVE SCHOOL
PROGRAMS. BY ESTABLISHING A CHILDREN'S ART STUDIO IN SCHOOLS AND PLACING
A PROFESSIONAL ARTIST IN A YEAR-LONG RESIDENCY, THE WEEKLY COLLABORATIVE
PROGRAM PROMOTED STUDENT CREATIVITY AND ENGAGEMENT IN VISUAL ARTS AND
LEARNING. WITH THE SUPPORT OF SCHOOL LEADERS AND CLASSROOM TEACHERS,

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STUDIO'S PROGRAMS ENSURED THAT ART WAS AN INTEGRAL PART OF EVERY CHILD'S
EDUCATION. TEACHERS RECEIVED FACULTY ART WORKSHOPS AND PROGRAM
CO-PLANNING SESSIONS.

CLASS STUDIES INCLUDED: DRAWING, PAINTING, PRINTMAKING, COLLAGE,
SCULPTURE, 2D DESIGN, PHOTOGRAPHY AND DIGITAL ART MEDIA. FAMILY WORKSHOPS
AND OPEN HOUSE EVENTS ENGAGED PARENTS IN SCHOOL-SPONSORED FAMILY
ACTIVITIES.

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

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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 PRESIDENTS, DIRECTOR OF DEVELOPMENT,
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
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.

FORM 990, PART XII LINE 2B:

THE FINANCIAL STATEMENTS FOR THE YEAR WERE AUDITED ON A CONSOLIDATED
BASIS AND INCLUDE 2 SINGLE MEMBER LLCS THAT ARE DISREGARDED FOR TAX

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REPORTING. SEE FORM 990, SCHEDULE R, PART I FOR DETAIL.

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FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4C, PROGRAM SERVICE

SEVERAL OUT-OF-SCHOOL TEEN PROGRAMS FOCUS ON MIDDLE AND HIGH SCHOOL STUDENTS AND ARE DESIGNED TO BUILD TEENS' CAPACITY AS ARTISTS AND AS PARTICIPANTS IN THE ARTS. ARTIST INSTRUCTORS, COLLEGE MENTORS, AND STAFF SUPPORT TEENS' INTERNSHIP EXPERIENCES WITH COMMUNITY-BASED ORGANIZATIONS AND CULTURAL INSTITUTIONS. TEENS DEVELOP PRE-COLLEGE SKILLS, COLLEGE ART PORTFOLIOS, AND APPLICATIONS. PROGRAMS INCLUDED ARE STUDIO INTENSIVES, A SERIES OF ADVANCED VISUAL ARTS WORKSHOPS OFFERED FREE ON SATURDAYS AND DURING SCHOOL BREAKS; AND THE TEEN APPRENTICESHIP PROGRAM AND BLOOMBERG ARTS INTERNSHIP PROGRAM, WHICH PROVIDE CULTURAL WORKPLACE EXPERIENCE, BUILD LIFE AND CAREER SKILLS, AND PROVIDE PAID SUMMER EMPLOYMENT.

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

NICLAB CONSULTING GROUP LLC
3315 84TH STREET UNIT C5
JACKSON HEIGHTS, NY 11372

OFFICE CONSTRUCTION

185,562.

**SCHEDULE R
(Form 990)**

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Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) 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	6,441,236.	3,602,040.	SIAS
(2) STUDIO INSTITUTE, LLC 81-3618783 410 WEST 59TH STREET NEW YORK, NY 10019	VISUAL ART ED	NY	3,391,021.	4,738,467.	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: 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?		
a 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	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
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)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
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 thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													