

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization STUDIO IN A SCHOOL ASSOCIATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
75 WEST END AVENUE
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10023
D Employer identification number 13-3003112
E Telephone number (212) 765-5900
G Gross receipts \$ 14,851,534
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.STUDIOINASCHOOL.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other
L Year of formation: 1979
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance summary 7b Net unrelated business taxable income 8-12 Revenue summary 13-19 Expenses summary 20-22 Net Assets or Fund Balances summary

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: NINA CURLEY, CHIEF OPERATING OFFICER
Date
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PAUL HAMMERSCHMIDT
Preparer's signature: PAUL HAMMERSCHMIDT
Date: 05/01/2026
Check [] if self-employed
PTIN: P01384178
Firm's name: BDO USA
Firm's EIN: 13-5381590
Firm's address: 200 PARK AVE 38TH FLOOR, NEW YORK, NY 10166
Phone no.: (212) 885-8000

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

FROM CLASSROOMS TO CAREERS, STUDIO IN A SCHOOL EXPANDS ACCESS TO VISUAL ARTS EDUCATION AND PROFESSIONS IN THE ARTS BY PARTNERING WITH PRACTICING ARTISTS, SCHOOLS, AND CULTURAL INSTITUTIONS.

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 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 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 \$ 2,575,779 including grants of \$ 0) (Revenue \$ 251,904)

THE RESIDENCY PROGRAM PROVIDES CUSTOMIZED VISUAL ARTS INSTRUCTION OFFERING SPECIFIC ART MEDIA CLASS-WIDE, OR ADDRESSING NEEDS OF PARTICULAR STUDENTS, SUCH AS MULTILINGUAL LEARNERS OR STUDENTS WITH DISABILITIES. RANGING FROM 6 TO 14 WEEKS, RESIDENCIES SERVE STUDENTS 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. IN 2024-25, STUDIO NYC SERVED 17,735 STUDENTS THROUGH 204 RESIDENCIES, AT 89 SITES, ENGAGING WITH 1,235 TEACHERS. (SEE SCHEDULE O FOR MORE DETAILS)

4b (Code:) (Expenses \$ 2,040,664 including grants of \$ 275,250) (Revenue \$ 30,000)

INTERNSHIP PROGRAMS 1) TEEN APPRENTICESHIP PROGRAM, SPRING ARTS EDUCATION TRAINING LED BY ARTIST INSTRUCTORS PREPARING TEENS TO DELIVER ARTS WORKSHOPS TO CHILDREN IN SUMMER CAMPS 2) BLOOMBERG ARTS INTERNSHIP TEENS, PROVIDES CULTURAL SECTOR PLACEMENTS, BUILDS LIFE AND CAREER SKILLS WITH SUPPORT FROM TRAINED MENTORS, STAFF, AND CONSULTANTS, SUPPORTS COLLEGE READINESS 3) BLOOMBERG ARTS INTERNSHIP COLLEGE (EXTENSION OF TEEN INTERNSHIP), DELIVERED ACROSS FIVE STATES, CULTURAL SECTOR PLACEMENTS AND ENGAGEMENT, WORKFORCE DEVELOPMENT, AND MENTORSHIP 4) ARTS INTERN COLLEGE, DELIVERED ACROSS EIGHT STATES, CULTURAL SECTOR PLACEMENTS AND ENGAGEMENT, WORKFORCE DEVELOPMENT, AND MENTORSHIP. (SEE SCHEDULE O FOR MORE DETAILS)

4c (Code:) (Expenses \$ 1,609,252 including grants of \$ 0) (Revenue \$ 0)

THE LONG-TERM PROGRAM ESTABLISHES SEQUENTIAL, STANDARDS-BASED VISUAL ARTS CURRICULA IN NYC PUBLIC SCHOOLS WHICH LACK VISUAL ARTS INSTRUCTION. PARTNER SCHOOLS 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 FOR CLASSROOM TEACHERS, FAMILY WORKSHOPS, AND SCHOOL-WIDE EXHIBITIONS. IN 2024-25 THE PROGRAM WORKED WITH 36 SCHOOLS CITYWIDE, SERVING 10,993 STUDENTS AND 817 TEACHERS. (SEE SCHEDULE O FOR MORE DETAILS)

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

(Expenses \$ 3,086,376 including grants of \$ 769,706) (Revenue \$ 155,299)

4e Total program service expenses 9,312,071

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 Schedule B, Schedule of Contributors? 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. See instructions</i>	<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 checked="" type="checkbox"/>	<input 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No columns. Includes values like 345 and checkmarks.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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, box 6 of 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	35.0 0.0	✓		✓				348,592	0	28,805
(2) GREGORY PIERSON DIRECTOR OF FINANCE AND OPERATIONS	35.0 0.0			✓				180,353	0	18,726
(3) TRICIA BLANCHARD DIRECTOR OF DEVELOPMENT	35.0 0.0					✓		167,791	0	7,753
(4) ALISON SCOTT-WILLIAMS FORMER PRESIDENT - STUDIO NYC	0.0 0.0						✓	148,076	0	16,071
(5) JULIE APPLEBAUM SENIOR DIRECTOR, PROGRAMS (THRU 11/2024)	35.0 0.0					✓		152,866	0	7,643
(6) LIN WANG DIRECTOR OF HUMAN RESOURCES	35.0 0.0					✓		116,242	0	0
(7) KARRIE KRINZMAN SENIOR DIRECTOR OF LONG TERM PROGRAMS	35.0 0.0					✓		108,096	0	5,807
(8) TASHE WILLIAMS ASSOCIATE DIRECTOR OF FINANCE	35.0 0.0					✓		103,231	0	9,745
(9) AGNES GUND FOUNDER	2.0 0.0	✓		✓				0	0	0
(10) DOROTHY LICHTENSTEIN VICE CHAIR (THRU 07/2024)	2.0 0.0	✓		✓				0	0	0
(11) HASNA MUHAMMAD, ED.D. CHAIR	2.0 0.0	✓		✓				0	0	0
(12) KENNETH COOPER VICE CHAIR	2.0 0.0	✓		✓				0	0	0
(13) MARY MATTINGLY SECRETARY	2.0 0.0	✓		✓				0	0	0
(14) PATRICIA HEWITT TREASURER	2.0 0.0	✓		✓				0	0	0

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/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			
(15) AMANDA TAYLOR ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) ERIKA FAUST ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) FRED WILSON ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) GREGORY CLARICK ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) HILARY PECK ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) ISABELLA HUTCHINSON ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JAMES ROHRBACH ----- DIRECTOR (AS OF 06/2024)	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JANE KLEIN ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JENNIFER CECERE ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JOANNA MILSTEIN ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								1,325,247	0	94,550
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,325,247	0	94,550

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
AMGOTT INTERIM LLC, 315 E 68TH STREET, NEW YORK, NY 10065	CONSULTING SERVICES	134,241

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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					
	1b	Membership dues					
	1c	Fundraising events	7,500				
	1d	Related organizations					
	1e	Government grants (contributions)	2,674,115				
	1f	All other contributions, gifts, grants, and similar amounts not included above	8,687,572				
	1g	Noncash contributions included in lines 1a-1f	\$ 1,394,880				
	1h	Total. Add lines 1a-1f	11,369,187				
	Program Service Revenue	2a	FEES FROM SCHOOL FUNDS AND CBO'S Business Code 900099	437,203	437,203	0	0
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f	437,203				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	409,300	0	(122)	409,422	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,470,738	126,451		
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	1,814,063	0			
	7c	Gain or (loss)	656,675	126,451			
	d	Net gain or (loss)	783,126	0	0	783,126	
	8a	Gross income from fundraising events (not including \$ 7,500 of contributions reported on line 1c). See Part IV, line 18					
			38,655				
8b	Less: direct expenses	27,488					
c	Net income or (loss) from fundraising events	11,167		0	11,167		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	----- Business Code					
	b	-----					
	c	-----					
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	13,009,983	437,203	(122)	1,203,715		

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	1,031,456	1,031,456		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13,500	13,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	582,346	464,206	96,072	22,068
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,085,600	5,650,765	1,169,434	265,401
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,740	128,265	26,560	6,915
9	Other employee benefits	451,051	357,698	74,070	19,283
10	Payroll taxes	688,151	545,726	113,005	29,420
11	Fees for services (nonemployees):				
a	Management	0	0		0
b	Legal	282,381	0	282,381	0
c	Accounting	109,052	0	109,052	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,603	0	1,603	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	680,199	387,061	287,886	5,252
12	Advertising and promotion	20,612	11,611	3,351	5,650
13	Office expenses	80,190	17,202	56,119	6,869
14	Information technology				
15	Royalties				
16	Occupancy	206,857	86,564	120,293	0
17	Travel	222,546	191,645	13,878	17,023
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,284	2,139	17,145	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,485	0	2,485	0
23	Insurance	18,928	0	18,928	0
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	<u>PROGRAM SUPPLIES</u>	356,447	354,453	1,889	105
b	<u>DUES & SUBSCRIPTIONS</u>	102,529	16,327	85,002	1,200
c	<u>EQUIPMENT RENTAL & PURCHASES</u>	50,343	34,036	16,307	0
d	<u>ADMISSION FEES</u>	18,298	15,898	0	2,400
e	All other expenses	39,560	3,519	19,258	16,783
25	Total functional expenses. Add lines 1 through 24e	12,225,158	9,312,071	2,514,718	398,369
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	2,398,570	1	2,887,225
	2 Savings and temporary cash investments	682,634	2	939,060
	3 Pledges and grants receivable, net	908,710	3	1,104,435
	4 Accounts receivable, net	1,200,532	4	1,368,170
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,294	9	139,609
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,526,066		
	b Less: accumulated depreciation	10b 1,430,100	95,501	10c 95,966
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	19,211,768	12	19,902,191
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	435,365	15	447,416
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,987,374	16	26,884,072	
Liabilities	17 Accounts payable and accrued expenses	573,777	17	715,260
	18 Grants payable		18	
	19 Deferred revenue	8,525	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	442,585	25	446,375
	26 Total liabilities. Add lines 17 through 25	1,024,887	26	1,161,635
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	14,793,458	27	16,990,004
	28 Net assets with donor restrictions	9,169,029	28	8,732,433
	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	23,962,487	32	25,722,437	
33 Total liabilities and net assets/fund balances	24,987,374	33	26,884,072	

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	13,009,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,225,158
3	Revenue less expenses. Subtract line 2 from line 1	3	784,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,962,487
5	Net unrealized gains (losses) on investments	5	975,125
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,722,437

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
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.		

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 (Check all that apply)						(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			
(25) JYOTSNA BEAN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(26) KATHRYN MCAULIFFE ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) LUCY JOFFE ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(28) PATRICIA WILLIAMS ----- DIRECTOR (THRU 01/2025)	2.0 ----- 0.0	✓						0	0	0
(29) PHONG BUI ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(30) SANDY THOYER ----- DIRECTOR (AS OF 10/2024)	2.0 ----- 0.0	✓						0	0	0
(31) SHANE NEUFELD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(32) TATIA MAYS-RUSSELL ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(33) TONY BECHARA ----- DIRECTOR (THRU 04/2025)	2.0 ----- 0.0	✓						0	0	0
(34) DAVE WEINER ----- CONTRACTED INTERIM PRESIDENT (AS OF 01/2025)	35.0 ----- 0.0			✓				0	0	0
(35) MARGO AMGOTT ----- CONTRACTED INTERIM PRESIDENT (THRU 01/2025)	35.0 ----- 0.0			✓				0	0	0

**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

2024

**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 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,776,598	8,921,078	8,122,060	10,155,601	11,369,187	44,344,524
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,776,598	8,921,078	8,122,060	10,155,601	11,369,187	44,344,524
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)						12,432,170
6 Public support. Subtract line 5 from line 4						31,912,354

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5,776,598	8,921,078	8,122,060	10,155,601	11,369,187	44,344,524
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,763	83,096	173,852	447,545	409,300	1,176,556
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,241	5,306	0	0	0	11,547
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	62,178	0	114	4,325	0	66,617
11 Total support. Add lines 7 through 10						45,599,244
12 Gross receipts from related activities, etc. (see instructions)					12	2,012,107
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 2024 (line 6, column (f), divided by line 11, column (f))	14	69.98 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.71 %
16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to 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.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer 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? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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).		

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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS REVENUE	62,178	0	114	4,325	0	66,617
	Total	62,178	0	114	4,325	0	66,617

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 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 33¹/₃% 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 STUDIO IN A SCHOOL ASSOCIATION, INC.	Employer identification number 13-3003112
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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	----- ----- -----	\$ ----- 2,920,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 2,522,577	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 2,384,365	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 450,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 289,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	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
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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) <small>(See instructions.)</small>	(d) Date received
2	PUBLICLY TRADED SECURITIES ----- ----- -----	\$ 1,457,088	06/30/2025
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-1b, 2a-2b for art and historical treasures.

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

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 in 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	14,235,964	13,502,152	13,138,172	16,128,906	13,089,582
b Contributions					
c Net investment earnings, gains, and losses	1,463,224	1,665,328	2,182,834	(2,335,930)	3,808,983
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	840,000	931,516	1,818,854	654,804	769,659
g End of year balance	14,859,188	14,235,964	13,502,152	13,138,172	16,128,906

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

- a** Board designated or quasi-endowment 20.42 %
- b** Permanent endowment 17.97 %
- c** Term endowment 61.61 %

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:

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		671,598	671,598	0
d Equipment		526,736	522,466	4,270
e Other		327,732	236,036	91,696
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				95,966

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	19,538,365	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	363,826	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	19,902,191	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	386,196
(3) OPERATING LEASE LIABILITY	60,179
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	446,375

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 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	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.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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 - FIN 48 (ASC 740) FOOTNOTE	STUDIO IN A SCHOOL ASSOCIATION, INC. (THE "REPORTING ORGANIZATION") WAS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. IN ADDITION, THE REPORTING ORGANIZATION HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER U.S. GAAP. UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE REPORTING ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE ("IRS") FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2025, THERE WAS NO INCOME THAT WAS SUBJECT TO UNRELATED BUSINESS INCOME TAX, AND THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<small>PURLIE VICTORIOUS ON BROADWAY</small> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	46,155			46,155
	2 Less: Contributions	7,500			7,500
	3 Gross income (line 1 minus line 2)	38,655	0	0	38,655
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	27,488			27,488
	10 Direct expense summary. Add lines 4 through 9 in column (d)				27,488
11 Net income summary. Subtract line 10 from line 3, column (d)				11,167	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SIGNATURE THEATRE COMPANY 480 WEST 42ND STREET, NEW YORK, NY 10036	13-3641560	501(C)(3)	27,010				ARTS INTERN PROGRAM
(2) MADISON SQUARE PARK CONSERVANCY ELEVEN MADISON AVE., NEW YORK, NY 10010	14-1859935	501(C)(3)	25,430				ARTS INTERN PROGRAM
(3) BALLET HISPANICO 167 W. 89TH ST., NEW YORK, NY 10024	13-2685755	501(C)(3)	23,000				ARTS INTERN PROGRAM
(4) ICA BOSTON 25 HARBOR SHORE DRIVE, BOSTON, MA 02210	04-2104327	501(C)(3)	19,260				ARTS INTERN PROGRAM
(5) MUSEUM OF CHINESE IN AMERICA 215 CENTRE STREET, NEW YORK, NY 10013	11-2517055	501(C)(3)	19,260				ARTS INTERN PROGRAM
(6) THE JUILLIARD SCHOOL 60 LINCOLN CENTER PLZ., NEW YORK, NY 10023	13-1624067	501(C)(3)	17,920				ARTS INTERN PROGRAM
(7) ARTISTS FOR HUMANITY 7735 169TH ST., FRESH MEADOWS, NY 11366	20-0266284	501(C)(3)	17,760				ARTS INTERN PROGRAM
(8) NEWARK PUBLIC LIBRARY 5 WASHINGTON STREET, NEWARK, NJ 07101	22-6002144	501(C)(3)	17,760				ARTS INTERN PROGRAM
(9) THEATRE FOR A NEW AUDIENCE 154 CHRISTOPHER ST., NEW YORK, NY 10014	13-3059081	501(C)(3)	15,670				ARTS INTERN PROGRAM
(10) OPENHOUSE NEW YORK 150 VARICK ST, FLOOR 5, NEW YORK, NY 10013	02-0540261	501(C)(3)	14,750				ARTS INTERN PROGRAM
(11) BROOKLYN CHILDREN'S MUSEUM 145 BROOKLYN AVENUE, BROOKLYN, NY 11213	11-2495664	501(C)(3)	12,840				ARTS INTERN PROGRAM
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 96

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) EDVESTORS 142 BERKELEY ST, STE 410, BOSTON, MA 02116	76-0794873	501(C)(3)	12,840				ARTS INTERN PROGRAM
(13) CLEVELAND PUBLIC LIBRARY 325 SUPERIOR AVE, CLEVELAND, OH 44114	34-6565428	501(C)(3)	12,330				ARTS INTERN PROGRAM
(14) STATEN ISLAND MUSEUM 1000 RICHMOND TERRACE, BUILDING A, STATEN ISLAND, NY 10301	13-5564127	501(C)(3)	12,170				ARTS INTERN PROGRAM
(15) GIBNEY DANCE, INC. 280 BROADWAY, NEW YORK, NY 10007	13-3623815	501(C)(3)	12,000				ARTS INTERN PROGRAM
(16) CLEVELAND MUSEUM OF ART 11150 EAST BOUVLEVAR, CLEVELAND, OH 44106	34-0714336	501(C)(3)	11,527				ARTS INTERN PROGRAM
(17) ATLANTIC THEATER COMPANY 76 NINTH AVENUE, SUITE 313, NEW YORK, NY 10011	13-3218253	501(C)(3)	11,340				ARTS INTERN PROGRAM
(18) DEVELOPING ARTISTS 22 E 30TH ST, NEW YORK, NY 10016	20-2798203	501(C)(3)	11,340				ARTS INTERN PROGRAM
(19) DRAMA CLUB, INC. 31 W. 34TH STREET, 8TH FLOOR, NEW YORK, NY 10001	30-0836513	501(C)(3)	11,340				ARTS INTERN PROGRAM
(20) EQUAL SPACE 89 MARKET ST, NEWARK, NJ 07102	82-1342721		11,340				ARTS INTERN PROGRAM
(21) SITAR ARTS CENTER 1700 KALORAMA ROAD NW, SUITE 101, WASHINGTON, DC 20009	52-2113471	501(C)(3)	11,340				ARTS INTERN PROGRAM
(22) THE HUNTINGTON THEATRE COMPANY 560 HARRISON AVENUE, SUITE 504, BOSTON, MA 02118	22-2659560	501(C)(3)	11,340				ARTS INTERN PROGRAM
(23) WOOLLY MAMMOTH THEATRE COMPANY 641 D ST NW, WASHINGTON, DC 20549	52-1242900	501(C)(3)	11,340				ARTS INTERN PROGRAM
(24) MUSEUM OF THE MOVING IMAGE 3601 35TH AVENUE, QUEENS, NY 11106	11-2730714	501(C)(3)	11,250				ARTS INTERN PROGRAM
(25) STREB, INC. 51 N. 1ST STREET, BROOKLYN, NY 11249	13-3268549	501(C)(3)	11,000				ARTS INTERN PROGRAM
(26) ART MUSEUM OF THE UNIVERSITY OF MEMPHIS 3750 NORRISWOOD AVE, MEMPHIS, TN 38152	62-6048540	501(C)(3)	10,830				ARTS INTERN PROGRAM
(27) FABRIC WORKSHOP AND MUSEUM 1214 ARCH STREET, PHILADELPHIA, PA 19107	23-2018929	501(C)(3)	10,830				ARTS INTERN PROGRAM
(28) FREE LIBRARY OF PHILADELPHIA 1901 VINE STREET, PHILADELPHIA, PA 19103	52-1173474	501(C)(3)	10,830				ARTS INTERN PROGRAM
(29) NATIONAL DANCE INSTITUTE 217 WEST 147TH STREET, NEW YORK, NY 10039	13-2890779	501(C)(3)	10,420				ARTS INTERN PROGRAM

(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 non-cash assistance	(h) Purpose of grant or assistance
(30) NEW YORK HALL OF SCIENCE 47-01 111TH STREET, CORONA, NY 11368	11-2104059	501(C)(3)	10,420				ARTS INTERN PROGRAM
(31) ASSOCIATED BLACK CHARITIES 2 HAMILL RD, STE 302E, BALTIMORE, MD 21210	52-1427774	501(C)(3)	10,080				ARTS INTERN PROGRAM
(32) CARPENTER ART GARDEN 295 CARPENTER ST, MEMPHIS, TN 38112	82-2322015	501(C)(3)	10,080				ARTS INTERN PROGRAM
(33) MOONSTONE ARTS CENTER AT ARTS AND EDUCATION FOUNDATION, INC. 110A S. 13TH STREET, PHILADELPHIA, PA 19107	87-3945855	501(C)(3)	10,080				ARTS INTERN PROGRAM
(34) THE EVERYMAN THEATRE 315 WEST FAYETTE STREET, BALTIMORE, MD 21201	52-1593239	501(C)(3)	10,080				ARTS INTERN PROGRAM
(35) VALERIE J. MAYNARD FOUNDATION 104 W. NORTH AVE, BALTIMORE, MD 21201	87-2161635	501(C)(3)	10,080				ARTS INTERN PROGRAM
(36) W. PHILADELPHIA CULT. ALLIANCE 4949 WALNUT ST, PHILADELPHIA, PA 19139	22-2696971	501(C)(3)	10,080				ARTS INTERN PROGRAM
(37) QUEENS BOTANICAL GARDEN 43-50 MAIN ST, FLUSHING, NY 11355	11-1635083	501(C)(3)	9,250				ARTS INTERN PROGRAM
(38) CATHEDRAL OF ST JOHN THE DIVINE 1047 AMSTERDAM AVE, NEW YORK, NY 10025	13-1623934	501(C)(3)	8,000				ARTS INTERN PROGRAM
(39) KING MANOR MUSEUM 90-04 161ST ST, SUITE 704, JAMAICA, NY 11432	11-2396324	501(C)(3)	7,750				ARTS INTERN PROGRAM
(40) ART21 231 W 29TH ST, SUITE 706, NEW YORK, NY 10000	13-3920288	501(C)(3)	7,500				ARTS INTERN PROGRAM
(41) BROOKLYN ARTS COUNCIL 20 JAY ST, SUITE 616, BROOKLYN, NY 11201	23-7072915	501(C)(3)	7,500				ARTS INTERN PROGRAM
(42) COOL CULTURE, INC. 80 HANSON PL, SUITE 605, BROOKLYN, NY 11217	16-1636968	501(C)(3)	7,500				ARTS INTERN PROGRAM
(43) URBANGLASS 647 FULTON ST, BROOKLYN, NY 11217	13-3098471	501(C)(3)	7,500				ARTS INTERN PROGRAM
(44) ART HOUSE, INC. 3119 DENISON AVE, CLEVELAND, OH 44109	34-1926856	501(C)(3)	7,290				ARTS INTERN PROGRAM & SCHOLARSHIP
(45) INLET DANCE THEATRE 2937 WEST 25TH ST, SUITE D, CLEVELAND, OH 44113	26-0007578	501(C)(3)	7,290				ARTS INTERN PROGRAM & SCHOLARSHIP
(46) ROSENBACH LIBRARY AND MUSEUM 2008-2010 DELANCEY PLACE, PHILADELPHIA, PA 19103	23-1425055	501(C)(3)	6,540				ARTS INTERN PROGRAM
(47) A.I.R. GALLERY 155 PLYMOUTH ST, BROOKLYN, NY 11202	23-7343096	501(C)(3)	6,420				ARTS INTERN PROGRAM
(48) BROOKLYN MUSEUM 200 EASTERN PARKWAY, BROOKLYN, NY 11238	11-1672743	501(C)(3)	6,420				ARTS INTERN PROGRAM

(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 non-cash assistance	(h) Purpose of grant or assistance
(49) GLASSROOTS, INC. 10 BLEEKER STREET, NEWARK, NJ 07102	22-3671890	501(C)(3)	6,420				ARTS INTERN PROGRAM
(50) NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST, NEW YORK, NY 10024	13-1624124	501(C)(3)	6,420				ARTS INTERN PROGRAM
(51) POSTER HOUSE, INC. 119 WEST 23RD STREET FRONT 1, NEW YORK, NY 10011	61-1763737	501(C)(3)	6,420				ARTS INTERN PROGRAM
(52) SPOKE ART 844 SUMMER STREET, SUITE 103, BOSTON, MA 02127	04-3502628	501(C)(3)	6,420				ARTS INTERN PROGRAM
(53) NEW YORK LIVE ARTS 219 W 19TH ST, NEW YORK, NY 10011	13-6206608	501(C)(3)	6,000				ARTS INTERN PROGRAM
(54) WYCKOFF HOUSE MUSEUM 5816 CLARENDON ROAD, BROOKLYN, NY 11203	11-2615053	501(C)(3)	6,000				ARTS INTERN PROGRAM
(55) ART WITH A HEART 1022 SE 10TH ST, OCALA, FL 34471	45-5267259	501(C)(3)	5,790				ARTS INTERN PROGRAM
(56) ART WORKS PROJECTS 625 N KINGSBURY ST, CHICAGO, IL 60654	71-1049669	501(C)(3)	5,790				ARTS INTERN PROGRAM
(57) BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY, BALTIMORE, MD 21230	52-1205675	501(C)(3)	5,790				ARTS INTERN PROGRAM
(58) CLEVELAND PUBLIC THEATER 6415 DETROIT AVE, CLEVELAND, OH 44102	34-1359225	501(C)(3)	5,790				ARTS INTERN PROGRAM
(59) HAITIAN AMERICAN MUSEUM OF CHICAGO 4654 N RACINE AVE, CHICAGO, IL 60640	46-0659222	501(C)(3)	5,790				ARTS INTERN PROGRAM
(60) MEDIA BURN ARCHIVE 935 W. CHESTNUT ST, SUITE 405, CHICAGO, IL 60642	36-3700892	501(C)(3)	5,790				ARTS INTERN PROGRAM
(61) NATIONAL PUBLIC HOUSING MUSEUM 625 NORTH KINGSBURY STREET, CHICAGO, IL 60654	51-0649843	501(C)(3)	5,790				ARTS INTERN PROGRAM
(62) POLISH MUSEUM OF AMERICA 984 N MILWAUKEE AVE, CHICAGO, IL 60642	51-0210113	501(C)(3)	5,790				ARTS INTERN PROGRAM
(63) BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVE, BROOKLYN, NY 11217	11-2201344	501(C)(3)	5,750				ARTS INTERN PROGRAM
(64) SNUG HARBOR CULTURAL CENTER AND BOTANICAL GARDEN 1000 RICHMOND TERRACE BLDG P, FL 2, STATEN ISLAND, NY 10301	80-0193388	501(C)(3)	5,750				ARTS INTERN PROGRAM
(65) VIBE THEATER 138 S OXFORD ST, APT 4D, BROOKLYN, NY 11217	20-0482372	501(C)(3)	5,750				ARTS INTERN PROGRAM
(66) INTREPID MUSEUM W 46TH ST & 12TH AVENUE, NEW YORK, NY 10036	13-3062419	501(C)(3)	5,670				ARTS INTERN PROGRAM
(67) MUSEUM OF AFRICAN AMERICAN HISTORY 31 MILK ST, STE 705, BOSTON, MA 02109	04-2429556	501(C)(3)	5,670				ARTS INTERN PROGRAM

(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 non-cash assistance	(h) Purpose of grant or assistance
(68) NEW 42 STREET 229 W. 42ND ST, NEW YORK, NY 10036	13-3584032	501(C)(3)	5,670				ARTS INTERN PROGRAM
(69) NEWARK ARTS COUNCIL 17 ACADEMY ST, #702, NEWARK, NJ 07102	22-2412819	501(C)(3)	5,670				ARTS INTERN PROGRAM
(70) NEWARK SYMPHONY HALL 1030 BROAD ST, NEWARK, NJ 07102	22-2804063	501(C)(3)	5,670				ARTS INTERN PROGRAM
(71) SOCRATES SCULPTURE PARK, INC. 32-01 VERNON BLVD, LONG ISLAND CITY, NY 11106	11-3066597	501(C)(3)	5,670				ARTS INTERN PROGRAM
(72) HALEAKALA INC. DBA THE KITCHEN 163 BANK ST, NEW YORK, NY 10014	13-2829756	501(C)(3)	5,670				ARTS INTERN PROGRAM
(73) THE RENEE & CHAIM GROSS FOUNDATION 526 LAGUARDIA PL, NEW YORK, NY 10012	13-3490010	501(C)(3)	5,670				ARTS INTERN PROGRAM
(74) TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST, BOSTON, MA 02215	04-2103547	501(C)(3)	5,670				ARTS INTERN PROGRAM
(75) WASHINGTON BALLET 3515 WISCONSIN AVENUE NW, WASHINGTON, DC 20016	52-0846173	501(C)(3)	5,670				ARTS INTERN PROGRAM
(76) METAL MUSEUM 374 METAL MUSEUM DR, MEMPHIS, TN 38106	62-1066198	501(C)(3)	5,580				ARTS INTERN PROGRAM
(77) ARTIST ARCHIVES OF WESTERN RESERVES 1834 E 123RD ST, CLEVELAND, OH 44106	34-1837357	501(C)(3)	5,554				ARTS INTERN PROGRAM & SCHOLARSHIP
(78) ROUNDABOUT THEATRE COMPANY 231 WEST 39TH ST, SUITE 1200, NEW YORK, NY 10018	13-6192346	501(C)(3)	5,500				ARTS INTERN PROGRAM
(79) ARTS MEMPHIS 575 S MENDENHALL RD, MEMPHIS, TN 38117	62-0693547	501(C)(3)	5,040				ARTS INTERN PROGRAM
(80) BROOKS MUSEUM OF ART 1934 POPLAR AVENUE, MEMPHIS, TN 38104	62-6063304	501(C)(3)	5,040				ARTS INTERN PROGRAM
(81) CHICAGO JAPANESE AMERICAN HISTORICAL SOCIETY 745 BEAVER RD, GLENVIEW, IL 60025	36-3943468	501(C)(3)	5,040				ARTS INTERN PROGRAM
(82) COLLEGE OF PHYSICIANS OF PHILADELPHIA 19 SOUTH TWENTY-SECOND STREET, PHILADELPHIA, PA 19103	23-1352670	501(C)(3)	5,040				ARTS INTERN PROGRAM
(83) FEVERED DREAMS PRODUCTIONS PO BOX 239, CHAGRIN FALLS, OH 44022	45-0566307	501(C)(3)	5,040				ARTS INTERN PROGRAM
(84) FOLUKE CULTURAL ARTS PO BOX 90346, CLEVELAND, OH 44101	30-0158702	501(C)(3)	5,040				ARTS INTERN PROGRAM
(85) FRANKLIN INSTITUTE 222 N 20TH ST, PHILADELPHIA, PA 19103	23-1370501	501(C)(3)	5,040				ARTS INTERN PROGRAM
(86) GIRARD ESTATE 1101 MARKET ST, STE 2600, PHILADELPHIA, PA 19107	46-4244972	501(C)(3)	5,040				ARTS INTERN PROGRAM

(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 non-cash assistance	(h) Purpose of grant or assistance
(87) HERITAGE MUSEUM OF ASIAN ART 3500 S. MORGAN ST, CHICAGO, IL 60609	46-5327571	501(C)(3)	5,040				ARTS INTERN PROGRAM
(88) HISTORICAL SOCIETY OF PENNSYLVANIA 1300 LOCUST ST, PHILADELPHIA, PA 19107	23-1352322	501(C)(3)	5,040				ARTS INTERN PROGRAM
(89) INDEPENDENCE SEAPORT MUSEUM 211 S. COLUMBUS BLVD, PHILADELPHIA, PA 19106	23-1584971	501(C)(3)	5,040				ARTS INTERN PROGRAM
(90) JOHN HOPKINS UNIVERSITY 3400 N. CHARLES ST, BALTIMORE, MD 21218	47-5649093	501(C)(3)	5,040				ARTS INTERN PROGRAM
(91) JULIA DE BURGOS CULTURAL ARTS CENTER 2800 ARCHWOOD AVENUE, CLEVELAND, OH 44109	34-1676967	501(C)(3)	5,040				ARTS INTERN PROGRAM
(92) MUSEUM OF CONTEMPORARY PHOTOGRAPHY - COLUMBIA COLLEGE 600 S. MICHIGAN AVE, CHICAGO, IL 60605	36-6112087	501(C)(3)	5,040				ARTS INTERN PROGRAM
(93) MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DRIVE, CHICAGO, IL 60637	36-2167797	501(C)(3)	5,040				ARTS INTERN PROGRAM
(94) THE CLAY STUDIO 1425 N AMERICAN STREET, PHILADELPHIA, PA 19121	23-7380408	501(C)(3)	5,040				ARTS INTERN PROGRAM
(95) UKRANIAN NATIONAL MUSEUM 2249 W. SUPERIOR ST, CHICAGO, IL 60612	36-2483259	501(C)(3)	5,040				ARTS INTERN PROGRAM
(96) UNIVERSITY OF CHICAGO 6054 S. DREXEL AVE, SUITE 300, CHICAGO, IL 60637	36-2177139	501(C)(3)	5,040				ARTS INTERN PROGRAM
(97) WATERLOO ARTS 15605 WATERLOO RD, CLEVELAND, OH 44110	20-0639943	501(C)(3)	5,040				ARTS INTERN PROGRAM

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ARTS INTERN COLLEGE PROGRAM: STUDIO APPROVES WORK PROJECTS DEVELOPED BY PARTNER CULTURAL INSTITUTIONS. DURING THE COURSE OF THE INTERNSHIPS, PROGRESS IS MONITORED WITH STUDENT LOGS AND EVALUATED BY PERIODIC SURVEYS OF BOTH STUDENTS AND CULTURAL INSTITUTION STAFF. SCHOLARSHIPS: SCHOLARSHIPS AND ART AWARDS ARE AWARDED ANNUALLY FOR STUDENTS TO PURSUE ARTS 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 OR PURCHASE OF ART SUPPLIES.

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

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? | 4a | ✓ | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | ✓ |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | ✓ |
- 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? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |
- 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? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |
- 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	✓	
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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	(i)	348,592	0	0	17,191	11,614	377,397	0
	PRESIDENT- STUDIO INSTITUTE	(ii)	0	0	0	0	0	0	0
2	GREGORY PIERSON	(i)	180,353	0	0	9,017	9,709	199,079	0
	DIRECTOR OF FINANCE AND OPERATIONS	(ii)	0	0	0	0	0	0	0
3	TRICIA BLANCHARD	(i)	167,791	0	0	7,753	0	175,544	0
	DIRECTOR OF DEVELOPMENT	(ii)	0	0	0	0	0	0	0
4	ALISON SCOTT-WILLIAMS	(i)	148,076	0	0	7,403	8,668	164,147	0
	FORMER PRESIDENT - STUDIO NYC	(ii)	0	0	0	0	0	0	0
5	JULIE APPLEBAUM	(i)	97,956	0	54,910	7,643	0	160,509	0
	SENIOR DIRECTOR, PROGRAMS (THRU 11/2024)	(ii)	0	0	0	0	0	0	0
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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	PART II, LINE 5, COLUMN (B)(III) INCLUDES SEVERANCE OF \$54,910.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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				
2				
3				
4				
5				
6				
7				
8				
9	✓	8	1,394,880	MARKET QUOTATION
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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	0
----	---	----	---

	Yes	No
30a		✓
31		✓
32a		✓
33		

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	MULTI-LANGUAGE LEARNERS (MLL) AT STUDIO NYC: STUDIO NYC CONTINUED TO PROVIDE RESIDENCIES AND PROFESSIONAL DEVELOPMENT IN VISUAL ARTS INSTRUCTION THROUGH "TEAM TEACHING" RESIDENCIES, WHICH SHARE STUDIO NYC'S PEDAGOGY AND APPROACH TO FOSTER CO-TEACHING PRACTICE FOR MLL STUDENTS, HELPING STUDENTS LEARNING ENGLISH FOR THE FIRST TIME CREATE ARTWORK WHILE SUPPORTING LANGUAGE ACQUISITION THROUGH TALKING AND WRITING ABOUT THEIR WORK. LESSONS WERE ALSO CREATED TO MEET STUDENTS' EMOTIONAL NEEDS, SUCH AS TEACHING PORTRAITURE HELPING STUDENTS DRAW LOVED ONES BACK HOME. STUDENTS CREATED PUPPETS AND WROTE STORIES ABOUT THE BACKSTORY OF THEIR PUPPET, INCREASING THEIR ENGLISH EXPRESSION ABILITIES.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	IN FY25, 363 TEENS AND COLLEGE STUDENTS BENEFITTED FROM THE PROGRAMS, 193 ARTS AND CULTURAL PARTNERS AND COMMUNITY-BASED ORGANIZATIONS WERE ENGAGED.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>SCHOOL-WIDE, SEQUENTIAL VISUAL ARTS INSTRUCTION IS STUDIO'S MODEL FOR ELEMENTARY SCHOOL VISUAL ARTS EDUCATION. STUDIO CREATES A STUDIO IN A SCHOOL AS AN IDEAL LEARNING ENVIRONMENT; THE SCHOOL BUILDING SHOWCASES THE POWER AND JOY OF CREATIVITY AND RIGOROUS SEQUENTIAL INSTRUCTION THROUGH EXHIBITION OF STUDENT ARTWORK. STUDENTS BUILD SKILLS AND KNOWLEDGE FROM UNIT TO UNIT AND GRADE TO GRADE TO DEVELOP FOUNDATIONAL SKILLS IN DRAWING, PAINTING, SCULPTURE, COLLAGE, AND PRINTMAKING. STUDENTS MAY ALSO DEVELOP SKILLS IN DESIGN, BOOKMAKING, PUPPETRY, AND TECHNOLOGY SUCH AS ANIMATION. STUDENTS EXPLORE A WIDE RANGE OF SUBJECTS AND GENRES ACROSS THE YEARS TO DEVELOP SKILLS IN GENRES OF ART SUCH AS LANDSCAPE, PORTRAITURE, AND STILL LIFE, AS WELL AS AN AWARENESS OF PROFESSIONAL APPLICATIONS OF ART, SUCH AS FASHION, INTERIOR DESIGN, AND ILLUSTRATION. STUDENTS ALSO LEARN ABOUT ARTISTS, ART CAREERS AND PROFESSIONAL PRACTICES, AND ARE ENGAGED WITH LOCAL RESOURCES IN NEW YORK CITY. IN ADDITION TO THE 22 LT SITES, THE LT PROGRAM PARTNERS WITH ADDITIONAL SCHOOLS TO PROVIDE AND SUPPLEMENT SEQUENTIAL SCHOOL-WIDE ARTS INSTRUCTION. THE LEARNING GOALS ARE SIMILAR THOUGH THE SCALE, DURATION, AND LEARNING ENVIRONMENTS MAY VARY.</p> <p>IN 2024-25 THE LT PROGRAM WORKED WITH 36 SCHOOLS CITYWIDE, SERVING 10,993 STUDENTS AND 817 TEACHERS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,375,300 INCLUDING GRANTS OF \$758,595)(REVENUE \$0)</p> <p>STUDIO IN A SCHOOL ASSOCIATION OPERATES TWO INDEPENDENT LLC'S:</p> <p>1) STUDIO IN A SCHOOL NYC, LLC REAFFIRMS THE ORGANIZATION'S COMMITMENT TO DIRECT SERVICE. EACH YEAR IT PROVIDES QUALITY VISUAL ARTS INSTRUCTION TO 30,272 STUDENTS FROM PRE-K THROUGH 12TH GRADE, IN-SCHOOL AND AFTER-SCHOOL, IN PARTNERSHIP WITH 173 SCHOOLS AND EDUCATIONAL SITES CITYWIDE.</p> <p>2) 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.</p> <p>IN BOTH LLC'S, STUDIO'S APPROACH IS DISTINGUISHED BY:</p> <ul style="list-style-type: none"> - THE COMMITMENT OF OUR ARTIST INSTRUCTORS, WHO ARE PROFESSIONAL, EXHIBITNG ARTISTS TRAINED IN STUDIO'S METHODOLOGY. - A PRACTICE OF GENUINE COLLABORATION WITH EDUCATIONAL AND CULTURAL PARTNERS. - A DEDICATION TO SHARE OUR TEACHING PRACTICES THROUGH PROFESSIONAL DEVELOPMENT AND TRAINING TO OUR ARTIST INSTRUCTORS AND PUBLIC SCHOOL ART TEACHERS. - CURRICULA AND LEARNING EXPERIENCES THAT ARE AGE-APPROPRIATE AND MATERIALS-RICH AND HAVE MEASURABLE IMPACTS. - A CONSISTENT EMPHASIS ON ACCOUNTABILITY. <p>TEEN APPRENTICESHIP PROGRAM (TAP) (TAP) SUMMER 2024 PROVIDED 64 TEENS PAID INTERNSHIPS IN LOCAL COMMUNITY-BASED ORGANIZATION SUMMER CAMPS TEACHING VISUAL ARTS TO YOUNG CHILDREN AGES 5-10 YEARS, FOR 25 HOURS PER WEEK. (TAP) SPRING 2025, PROVIDED 59 TEENS FROM 18 NYC SCHOOLS (BROOKLYN, MANHATTAN, QUEENS) APPRENTICESHIP-BASED LEARNING CLASSES COMPRISED OF 51 HOURS OF ARTS AND TEACHING-SKILLS DEVELOPMENT LED BY PROFESSIONAL ARTISTS.</p> <p>BLOOMBERG ARTS INTERNSHIP (BAI) BAI SUMMER 2024 PROVIDED 100 HIGH SCHOOL JUNIORS FROM 15 NYC PUBLIC HIGH SCHOOLS WITH PAID INTERNSHIPS AT 49 CULTURAL SECTOR PARTNER ORGANIZATIONS, MENTORING, WRITING CLASSES, PUBLIC SPEAKING WORKSHOPS, ENRICHING CULTURAL EXCURSIONS, AND GUIDANCE FOR DEVELOPING COLLEGE APPLICATIONS. THROUGH THE ARTS, INTERNS DEVELOP WORKFORCE READINESS SKILLS AND BUILD A CLEAR PIPELINE TOWARD CREATIVE CAREERS WHILE DEEPENING THEIR UNDERSTANDING OF THE CITY'S CREATIVE LANDSCAPE AND THEIR SENSE OF CIVIC CONNECTION.</p> <p>STUDIO INTENSIVES, FALL 2024, PROVIDES FREE ART TRAINING TO NEW YORK CITY PUBLIC HIGH SCHOOL STUDENTS IN GRADES 10-12 WHO ARE CONSIDERING APPLYING TO BACHELOR OF FINE ARTS PROGRAMS. THE GOAL OF THE PROGRAM IS TO HELP STUDENTS DEVELOP THEIR TECHNICAL SKILLS AND BUILD THEIR ART PORTFOLIOS IN PREPARATION FOR APPLYING TO ART SCHOOLS AND TO BE PART OF AN EXHIBITION EXPERIENCE AT THE STUDIO IN A SCHOOL GALLERY. OFFERED ON SATURDAYS OR DURING SCHOOL BREAKS WITHIN THE ACADEMIC YEAR, INTENSIVES ARE LED BY PROFESSIONAL ARTISTS WITH THE ASSISTANCE OF A TRAINED STUDIO ASSISTANT. INSTRUCTION, ART SUPPLIES, AND METROCARDS ARE PROVIDED AT NO CHARGE.</p> <p>THROUGH STUDIO INSTITUTE, STUDIO OFFERS TWO COLLEGE PROGRAMS TO SUPPORT COLLEGE STUDENTS:</p> <p>1) ARTS INTERN COLLEGE PROGRAM SUMMER 2024 PROVIDED 64 SUMMER INTERNSHIPS AND THROUGH A PILOT PROGRAM WITH CLEVELAND STATE UNIVERSITY, 7 FALL/ 5 SPRING INTERNSHIPS, WITHIN 53 ARTS AND CULTURAL INSTITUTIONS ACROSS THE NATION. INTERNS WORK FOUR DAYS PER WEEK AT THEIR WORKSITE AND ONE DAY EACH WEEK ENGAGE IN EDUCATIONAL ACTIVITIES SUCH AS CURATED VISITS TO ARTS AND CULTURAL ORGANIZATIONS, PRESENTATIONS, AND SEMINARS WITH ARTS ADMINISTRATION PROFESSIONALS. ARTS INTERN PROVIDED PAID INTERNSHIPS AT MUSEUMS AND CULTURAL INSTITUTIONS IN BALTIMORE, BOSTON, CHICAGO, CLEVELAND, MEMPHIS, NEWARK (NJ), NEW YORK CITY, PHILADELPHIA, AND PROVIDENCE.</p> <p>2) COLLEGE MENTOR PROGRAMS PROVIDE SUMMER EMPLOYMENT TO 21 COLLEGE STUDENTS WHO SERVE AS MENTORS TO HIGH SCHOOL STUDENTS IN TWO INTERNSHIP PROGRAMS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$618,522 INCLUDING GRANTS OF \$0)(REVENUE \$77,776)</p> <p>EARLY CHILDHOOD PROGRAM AT STUDIO NYC SUSTAINED 48 PRE-K/KINDERGARTEN RESIDENCIES IN 2024-25, SERVING 1544 PRE-K AND K STUDENTS AND 775 TEACHERS.</p> <p>STUDIO NYC CONTINUED OUR PARTNERSHIP WITH QUALITY STARS NEW YORK, A STATEWIDE INITIATIVE LED BY THE NEW YORK EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT INSTITUTE AT CITY UNIVERSITY OF NEW YORK. QUALITY STARS NY PROVIDES RESOURCES AND SUPPORT TO EARLY CHILDHOOD PROGRAMS ACROSS THE CITY AND STATE; STUDIO NYC PROVIDED PROFESSIONAL DEVELOPMENT TO 305 TEACHERS AT 43 SITES IN FOUR BOROUGHES DURING THE 2024-25 SCHOOL YEAR. FOCUS IS ON VISUAL ARTS TEACHING STRATEGIES FOR TWO- TO FIVE-YEAR-OLDS.</p> <p>DEMAND HAS REMAINED STRONG FOR PROFESSIONAL DEVELOPMENT IN THE EARLY CHILDHOOD PROGRAMING, INCLUDING HEAD START AND FAMILY CHILDCARE HOME-BASED SITES HOSTING MULTIPLE PRE-K/KINDERGARTEN RESIDENCIES, WITH PROFESSIONAL DEVELOPMENT FOR EDUCATORS SERVED 475 TEACHERS. IN COLLABORATION WITH THE NYC DOE, STUDIO SERVED 102 TEACHERS AND ADMINISTRATORS AT 16 SITES AS PART OF THE "CREATE" PROGRAM. PROFESSIONAL DEVELOPMENT WORKSHOPS FOCUS ON CURRICULA IN 3D ARTMAKING, WITH LESSONS IN PAINTING AND COLLAGE. EDUCATORS ARE INTRODUCED TO STRATEGIES FOR TEACHING VISUAL ARTS THROUGH INQUIRY, EXPLORATION, AND DISCOVERY, AND FOR CONNECTING ARTMAKING TO THE WAY YOUNG CHILDREN LEARN: ASKING OPEN-ENDED QUESTIONS, EXPLORING MATERIALS AND MAKING DISCOVERIES. STUDIO INSTITUTE REPLICATES EARLY CHILDHOOD PROGRAMS IN CLEVELAND, OH, AND NEWARK, NJ.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$528,155 INCLUDING GRANTS OF \$0)(REVENUE \$77,523)</p> <p>SCHOOL AND COMMUNITY PROGRAM SERVICES IN OTHER CITIES:</p> <p>STUDIO INSTITUTE EARLY CHILDHOOD PROGRAMS - NEW JERSEY AND CLEVELAND, OHIO</p> <p>IN 2024-2025 STUDIO INSTITUTE DELIVERED CREATIVE START, A DEVELOPMENTALLY APPROPRIATE VISUAL ARTS PROGRAM FOR YOUNG LEARNERS AGES 2-7 IN 100 HEAD START COMMUNITY-BASED ORGANIZATIONS AND SCHOOL DISTRICT PRE-K CLASSROOMS.</p> <p>IN-DEPTH ARTIST DEVELOPMENT PROGRAMS WERE PROVIDED TO CITY-BASED COHORTS OF VISUAL ARTISTS FOCUSED ON DELIVERING ARTS EDUCATION TO YOUNG CHILDREN USING THE CREATIVE START UNITS, INCLUDING COLLAGE, CLAY, PAINTING, AND CONNECTING DISCOVERY BASED LEARNING TO SOCIAL AND EMOTIONAL DEVELOPMENT. ARTS FOCUSED LEARNING WAS FACILITATED FOR 1,714 TODDLER AND PRESCHOOL CHILDREN IN PARTICIPATING HEAD START/EARLY HEAD START PROGRAMS AND STUDENTS AGES 5-7 IN ELEMENTARY SCHOOLS.</p> <p>IN NEW JERSEY, ARTIST INSTRUCTORS PROVIDED DISCOVERY-BASED LEARNING OPPORTUNITIES FOR YOUNG CHILDREN, PROFESSIONAL LEARNING FOR EDUCATORS, AND ART-MAKING EXPERIENCES FOR FAMILIES. EDUCATORS PARTICIPATED IN PROFESSIONAL LEARNING SESSIONS ON CHILDREN'S EXPLORATION OF VISUAL ART, AND CLASSROOM TEACHERS RECEIVED IN-CLASS MENTORING ON ART INQUIRY METHODOLOGY AND ART MATERIALS MANAGEMENT FOR CLASSROOM USE DURING DAILY CHOICE TIMES.</p> <p>IN CLEVELAND, WE PARTNERED WITH A HIGHLY REGARDED COMMUNITY ART CENTER, RAINEY INSTITUTE TO DELIVER ARTS PROGRAMS TO YOUNG CHILDREN, TEACHERS, AND FAMILY MEMBERS.</p> <p>COLLABORATIVE SCHOOL PARTNERSHIPS: IN PARTNERSHIP WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT, 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, 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.</p> <p>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.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$290,542 INCLUDING GRANTS OF \$11,111)(REVENUE \$0) EXHIBITIONS: STUDIO PROGRAMS CULMINATE IN SCHOOL-BASED EXHIBITIONS, AND MANY SITES PARTICIPATE IN STUDIO'S EXHIBITION COLLABORATIONS WITH CULTURAL INSTITUTIONS THROUGHOUT NEW YORK CITY. DURING FY25, THERE WERE 7 COLLABORATIVE EXHIBITIONS OF STUDENT ARTWORK. AT THE END OF THE SCHOOL YEAR, YOUNG VISIONS 2024 FEATURED ARTWORK FROM OUR 200 PARTNER SCHOOLS. IN ADDITION, STUDIO NYC AGAIN PARTNERED WITH THE NYC DOE AND THE METROPOLITAN MUSEUM OF ART FOR A CITYWIDE EXHIBITION ENTITLED PS ART 2025. ARTWORK IS ALSO EXHIBITED AT STUDIO'S GALLERY SPACE AT 1 EAST 53RD STREET IN MANHATTAN THROUGHOUT THE YEAR. IN FY25, FOURTH GRADE STUDENTS FROM THE LANDMARK ELEMENTARY SCHOOL IN BROOKLYN VISITED THE RALPH PUCCI SHOWROOM AND MET WITH MASTER SCULPTURE MICHAEL EVERT WHO SHARED HIS EXPERIENCE AS A FURNITURE SCULPTOR. MR. EVERT LED THE CLASS IN A PLASTER CASTING LESSON AND EACH STUDENT MADE A SMALL PLASTER COIN WHICH THEY THEN DECORATED.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$273,857 INCLUDING GRANTS OF \$0)(REVENUE \$0) ARTIST AND PROFESSIONAL DEVELOPMENT PROGRAMS AT STUDIO NYC: THROUGH GROUP TRAININGS AND ARTISTS SHADOWING ONE ANOTHER, STUDIO CREATES AND MAINTAINS A COMMUNITY OF ARTISTS WHO TEACH TO THE HIGHEST STANDARDS. IN ADDITION, STUDIO NYC OFFERS SPECIALIZED TRAINING FOR ALL NYC DOE ART TEACHERS. IN FY25, 53 WORKSHOPS PROVIDED 161 HOURS OF PROFESSIONAL TRAINING FOR 82 ARTIST INSTRUCTORS. WE OFFERED 11 HOURS OF INSTRUCTION FOR 90 NYC DOE ART TEACHERS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE STUDIO IN A SCHOOL ASSOCIATION, INC. REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THIS DISTRIBUTION IS RECORDED IN THE CONTEMPORANEOUS MINUTES OF THE BOARD MEETING. THE DISCLOSURE STATEMENTS ARE SIGNED AND SUBMITTED TO THE CHAIRPERSON OF THE BOARD. PRIOR TO THEIR ELECTION, ANY POTENTIAL MEMBERS DISCLOSE, IN WRITING, ANY INTEREST IN ANY CORPORATION OR OTHER ORGANIZATION THAT PROVIDES GOODS OR PROFESSIONAL SERVICES TO THE CORPORATION FOR A FEE OR OTHER COMPENSATION. IF AT ANY TIME A DIRECTOR OR OFFICER ACQUIRES AN INTEREST IN A MATTER THAT MIGHT POSE A CONFLICT, HE OR SHE PROMPTLY DISCLOSES SUCH INTEREST IN WRITING TO THE CHAIRPERSON OF THE BOARD. WHEN ANY MATTER IN WHICH A DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS AN INTEREST COMES BEFORE THE BOARD OR A COMMITTEE OF THE BOARD FOR DECISION OR APPROVAL, THE INTEREST SHALL IMMEDIATELY BE DISCLOSED TO THE BOARD OF COMMITTEE BY THE INDIVIDUAL WHO HAS THE INTEREST.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - CONSOLIDATED FINANCIAL STATEMENTS AND REPORTING	THE FINANCIAL STATEMENTS FOR THE YEAR WERE AUDITED ON A CONSOLIDATED BASIS AND INCLUDE 2 SINGLE MEMBER LLCs THAT ARE DISREGARDED FOR TAX REPORTING. SEE FORM 990, SCHEDULE R, PART I FOR DETAIL. REPORTING. SEE FORM 990, SCHEDULE R, PART I FOR DETAIL.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STUDIO IN A SCHOOL ASSOCIATION, INC.

Employer identification number

13-3003112

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	7,323,880	3,181,667	SIAS
(2) STUDIO INSTITUTE, LLC (81-3618783) 410 WEST 59TH STREET, NEW YORK, NY 10019	VISUAL ART ED	NY	4,922,613	8,091,451	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)							

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)													