# \*\* PUBLIC DISCLOSURE COPY \*\*

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2015 calendar year, or tax year beginning $$	<u>. J</u> UN 30, 2016	
B c	heck if oplicable	C Name of organization	D Employer identifi	cation number
	Addres change	S COMMUNITY SCHOOL OF THE ARTS		
	Name change	Doing business as	59-1	356847
	Initial return		uite <b>E</b> Telephone numbe	
	Final return/	345 N COLLEGE STREET 413	(704	
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,435,483.
	Jreturn	CHARDOTTE, NC 20202	H(a) Is this a group r	
	Applica tion pendin	F Name and address of principal officer:DEVLIN MCNEIL SAME AS C ABOVE	for subordinates	
		mpt status:	H(b) Are all subordinates i  527 If "No." attach a	
		e: NWW.CSARTS.ORG	H(c) Group exemption	list. (see instructions)
		•	rear of formation: 1969	
		Summary	rour or formation, = 2 0 0 1	Victor of logal dofficino.
		Briefly describe the organization's mission or most significant activities: TRANSFOR	MING LIVES AN	D INSPIRING
Activities & Governance	(	COMMMUNITY THROUGH OUTSTANDING AND ACCESSIBL	E ARTS EDUCAT	ION.
rna	2	Check this box   if the organization discontinued its operations or disposed of i	more than 25% of its net a	ssets.
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	27
8		Number of independent voting members of the governing body (Part VI, line 1b)		27
es		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		18
iž	6	Fotal number of volunteers (estimate if necessary)	6	110
Act	7 a ¯	Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b l	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year 1,165,468.	Current Year 726,833.
ne		Contributions and grants (Part VIII, line 1h)	673,417.	720,833.
Revenue		Program service revenue (Part VIII, line 2g)	8,556.	-13,545.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,905.	-13,343.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,849,346.	1,435,483.
$\dashv$		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,180.	119,442.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
g		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,062,301.	1,129,531.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
bei	b T	Total fundraising expenses (Part IX, column (D), line 25)  220,683.		
ω̈		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	417,236.	411,986.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,584,717.	
		Revenue less expenses. Subtract line 18 from line 12	264,629.	-225,476.
let Assets or und Balances			Beginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)	1,054,694.	876,682.
		Total liabilities (Part X, line 26)	108,484.	155,948.
<u> </u>		Net assets or fund balances. Subtract line 21 from line 20	946,210.	720,734.
	rt II	Signature Block	-ttttt	
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st s, and complete. Declaration of preparer (other than officer) is based on all information of which prej		y knowledge and belief, it is
uue,	Correct	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	l	
Ciar		Signature of officer	I Date	
Sigr Here		MORGAN ROGERS, BOARD CHAIR		
пег	=	Type or print name and title		
		Print/Type preparer's name Preparer's signature)	Date	PTIN
Paid	ļ	Print/Type preparer's name  JOHN NORMAN  Preparer's signature, JOHN NORMAN	02/27/17 if self-employ	P01506766
Prep	- +	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749
Use	- +	Firm's address 227 WEST TRADE STREET, SUITE 800		
		CHARLOTTE, NC 28202	Phone no. 70	4-998-5200
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Check if Schedule O contains a response or note to any line in this Part III.    Briefly describe the originalization *mission:   COMMUNITY SCHOOL OF THE ARTS TEACHES MUSIC, CHOIR AND ART TO STUDENTS FROM ALL SOCIOECONOMIC BACKGROUNDS, OFFERING FINANCIAL ASSISTANCE, SCHOLARSHIPS AND OUTERACH PROGRAMS TO HONOR ITS MISSION OF OUTSTANDING, HIGH-QUALITY ARTS INSTRUCTION ACCESSIBLE TO ALL   2 Dol the organization undertake any significant program services during the year which were not listed on the pinic Fame 900 c 900 €2.    I 'Yes, 'describe these new services on Schedule O.	Pai	rt III Statement of Program Service Accomplishments	77
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SCHOLARSHIPS AND OUTREACH PROGRAMS TO HONOR ITS MISSION OF OUTSTANDING, HIGH-QUALITY ARTS INSTRUCTION ACCESSIBLE TO ALL  2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90.E2?  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by the organization is program service accomplishments for each of its three largest program services, as measured by expenses. Seatches 50(clos) and 50(clos) capacitations is program service accomplishments for each of its three largest program services, as measured by expenses. Seatch 50(clos) and 50(clos) capacitations 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 (cose ) (Consense \$ 915, 133. mclusting gains of \$ 105, 496.) (Recenus 603, 795.) MUSIC AND ART INSTRUCTION: MUSIC, CHOIR AND ART INSTRUCTION CONSISTS OF PRIVATE AND GROUP MUSIC. THE CHABLOTTE CHILDREN'S INCLUDE PRIVATE LESSONS.  BY SEMBLES, GROUP SIZURIA AND MASTER CLASSES USING NATIONALLY RESPECTED MUSICIANS. THE CHABLOTTE CHILDREN'S CHOIR PROVIDES CHORAL MUSIC EDUCATION FOCUSED ON ARTISTIC EXCELLENCE IN ORDER TO FOSTER THE PRESONAL, INTELLECTUAL, AND SOCIAL GROWTH OF CHILDREN, VISUAL ART OFFERINGS INCLUDE PRIVATE LESSONS, WORKSHOPS, AND CLASSES FOR A VARIETY OF MEDIUM INCLUDING DRAWING, PAINTING, ANIMATION, COMIC BOOK DRAWING AND ANIMATION. INSTRUCTORS TEacH AT MORE THAN A DOZEN LOCATIONS TRROUGHOUT MECKLENBURG COUNTY AND OFFER NEED-BASED FINANCIAL AID TO STUDENTS HID QUALITY. IN ADDITION, CSA OFFERS OVER 10 MERTI BASED  4b (Code ) (Code ) (Code STUDENTS OFFER NEW COMMUNITY SCHOOL OF THE PARTICIPANTS. PROGRAMS INCLUDE ORCHESTRA IN SCHOOLS; AT NO COST TO THE PARTICIPANTS. PROGRAMS INCLUDE ORCHESTRA IN SCHOOLS; AT NO COST TO THE PARTICIPANTS. PROGRAMS	1		UDENTS
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4b (Code: ) (Expenses \$ 242,050. including grants of \$ 8,934.) (Revenue \$ 9,927.) OUTREACH PROGRAMS: THE SCHOOL'S OUTREACH PROGRAMS CONSIST OF A VARIETY OF MUSIC, CHOIR AND ART EDUCATION PROGRAMS IN AT-RISK COMMUNITIES AND SCHOOLS; AT NO COST TO THE PARTICIPANTS. PROGRAMS INCLUDE ORCHESTRA IN SCHOOLS WHICH IS GROUP VIOLIN INSTRUCTION IN TITLE I SCHOOLS IN THE CHARLOTTE-MECKLENBURG SCHOOL SYSTEM; GET READY WITH WORDS, A VOCABULARY BUILDING INTITIATIVE IN TWO COMMUNITIES WORKING WITH FAMILIES ON HAVING THEIR CHILDREN SCHOOL READY; AND ARTSREACH WHICH PARTNERS THE SCHOOL WITH OTHER COMMUNITY PARTNERS FOR PROGRAM DELIVERY IN THE NEIGHBORHOOD OF THE PARTICIPANTS.  4c (Code: ) (Expenses \$ 71,088. including grants of \$ 5,012.) (Revenue \$ 108,473.) SUMMER CAMPS: SUMMER CAMPS/FEE FOR SERVICE. COMMUNITY SCHOOL OF THE ARTS OFFERS HIGH QUALITY SUMMER CAMP PROGRAMMING FROM PRE-SCHOOL TO HIGH SCHOOL STUDENTS. OFFERINGS INCLUDE BAND, STRING/ORCHESTRA, SUZUKI AND VISUAL ART. THE SCHOOL PARTNERS WITH OTHER CULTURAL INSTITUTIONS FOR A BROADER REACH INTO THE COMMUNITY. NEED-BASED FINANCIAL AID IS AVAILABLE. BECAUSE THE SCHOOL IS RECOGNIZED FOR ITS EXCEPTIONAL PROGRAMMING, IT IS SOUGHT AFTER FOR PROGRAM DELIVERY. PARTNERING ORGANIZATIONS SEEK FUNDING TO HAVE THE SCHOOL'S PROGRAMS DELIVERED TO THEIR CONSTITUENTS.  4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program service expenses ▶ 1,228,271.			
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# 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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	444		Х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a		14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	المدا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-25
13	complete Schedule G, Part III	19		х
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# Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b   21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operation or domestic operament or Part IX, column (A), line 17 If 17 If Yes, "Complete Schedule (Parts I and II   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 21 If "Yes," complete Schedule (Parts I and II   23 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or \$about compensation of the organization's current and former offices, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule IP arts (II "Yes," to problet Schedule IP arts (II "Yes," to problet Schedule IP arts (II "Yes," to problet Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24d and complete Schedule IP arts (II "Yes," to answer lines 24b through 24b and complete Schedule IP arts (II "Yes," to answer lines 24b through 24b and complete Schedule IP				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operations of comestic government on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  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 27 if "Yes," complete Schedule I, Parts I and III  23 Did the organization never "Yes" to Part IX lesction A. Inis 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX. If "Yes," to jot line 25a  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 Did the organization with a disqualified person during the year? If Yes, complete Schedule I, Part I  28 Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year?  28 Did the organization exame that it engaged in an excess benefit transaction with a disqualified person during the year.  29 Did the organization report any amount on Part X, line 5, 6, or 22 for recolvables from or payables to any current or former officers, directors, trustees, key employees, by disqualified persons? If "Yes," complete Schedule I, Part II II  29 Did the organization party to a business transaction with one of the foliowing parties (see Schedule I, Part IV II  29 Did the organization or evolv	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "Fes," complete Schedule I, Parts I and II.  21 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Pes," complete Schedule I, Parts I and III.  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24s through 24d and complete Schedule I, "Impair Impair Im	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 IX Did the organization never "Yes" to Part IVI, section A, line 3, 4, or 3 about compensation of the organization's current and former officers, clinectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II lead to Ayor IVI yes," answer lines 240 through 24d and complete Schedule IX II "No." ye to line 25a 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 Docember 31, 2002? If "Yes," answer lines 24d brruogh 24d and complete Schedule IX II "No." ye to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  25a Section 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25a X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, "complete Schedule I., Part II 25b X  25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person organization expert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any purrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II 27b Did the organization aparty to a business transaction two nor of the following parties (see Schedule I., Part IV 27b Did the organization party to a business transaction two nor of the following parties (see Schedule I., Part IV 27b Did the organization receive contributions of art, historicial resaures, or other similar assets; IV	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  24d  25S Section 501((3), 501((4), and 501((4)),					
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Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  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? If "Yes," complete Schedule L, Part I.  25a X  25b Is the organization averate 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 or by 900-E27 If "Yes," complete Schedule L, Part II.  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee ember, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with nor of the following parties (see Schedule L, Part IV.  29 Did the organization aparty to a business transaction with nor of the following parties (see Schedule L, Part IV.  28 Vas the organization experts of the following parties (see Schedule L, Part IV.  29 Did the organization experts of the following parties (see Schedule L, Part IV.  29 Did the organization experts of the following parties (see Schedule L, Part IV.  29 Did the organization experts of the following parties (see Schedule L, Part IV.  29 Did the organization receive more					
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c/3), 501(c/4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part 1  25a X  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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II  25b X  27	·		240		
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Base of the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate	06		250		
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of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization cond	21				
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		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
	, ,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	51			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		77	
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0			
	filed for the calendar year ending with or within the year covered by this return	18		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	•			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account	τ)?	4a		Λ
D	If "Yes," enter the name of the foreign country: ►	- (FDAD)			
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account		E		Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, and the organization have annual gross receipts the greater than \$100,000, annual gross receipts the greater than \$100,000, annual gross receipts the greater than \$100,000, annual gross receipts the gross		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
-	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	iired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12				
a b	Initiation fees and capital contributions included on Part VIII, line 12				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand 13c				
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	255	
			Form	990	(2015)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion 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?	10a		Х
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I finan	cial	
	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:			
	CFSC SHARED SERVICES - 704-943-9525			
	601 E. 5TH STREET, CHARLOTTE, NC 28202			

# 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MELISSA ABERNATHY	1.00	x						0.	0.	0
DIRECTOR	1.00	^				_		0.	0.	0.
(2) BETH H. BENTON DIRECTOR	1.00	X						0.	0.	0.
(3) HENRY BRIDGES	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(4) CHRIS BUTLAK	1.00							0.	0.	•
DIRECTOR	1.00	x						0.	0.	0.
(5) GEORGE W. CAMPBELL, JR.	1.00								•	
DIRECTOR		x						0.	0.	0.
(6) BERNADETTE DONOVAN-MERKERT	1.00	<del> </del>						•	•	
DIRECTOR		х						0.	0.	0.
(7) CRAIG D. DELUCIA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JEFF DOUGLAS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JON GILCHRIST	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LESLIE GILLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CAROL HAMRICK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JAMES HATLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PATRICIA G. LAMBERT	1.00							_	_	_
VICE CHAIR/DEVELOPMENT		Х		Х				0.	0.	0.
(14) SASHA LEVONS	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(15) JON LINDVALL	1.00	۱							_	_
DIRECTOR	1 00	Х		_		_		0.	0.	0.
(16) ARNOLD MA	1.00	ļ <u>, ,  </u>							^	_
DIRECTOR	1 00	Х	_	_	_	_	<u> </u>	0.	0.	0.
(17) MICHELLE R. MENDOZA	1.00	-						0.	0.	_
DIRECTOR 532007 12-16-15		Х				_		1 0.	<u> </u>	0 <b>.</b> Form <b>990</b> (2015)

532007 12-16-15

Page **8** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c		ition		one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount (	of
	week	_	cer an	nd a c	lirecto	or/trus	itee)	from	from related			other	
	(list any hours for	recto						the	organizations	.		pensa	
	related	or di	æ			ated		organization	(W-2/1099-MISC	;)		om the	
	organizations	ustee	trust		9	nbens		(W-2/1099-MISC)			•	anizati d relate	
	below	ual tr	tional		ploye	t con	_					anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ai iiZati	5110
(18) ANNA MILLS	1.00	_			Ť	1	_			$\dashv$			
DIRECTOR		Х						0.		0.			0.
(19) MORGAN ROGERS	1.00												
VICE CHAIR		Х		Х				0.		0.			0.
(20) SCOTT SHAIL	1.00			l									_
VICE CHAIR/GOVERNANCE	1 00	Х		Х				0.		0.			0.
(21) SUSAN PARKER SHIMP	1.00									ړ			^
DIRECTOR	1 00	Х						0.		0.			0.
(22) MARILYN J. SPENCER	1.00	٠,,		,,						_ ا			^
TREASURER	1 00	Х		Х				0.		0.			0.
(23) RICHARD STARLING	1.00	х						0.		٥.			0.
DIRECTOR (24) SCOTT STEVENS	1.00	^						0.		<del>"  </del>			0.
CHAIR	1.00	Х		x				0.		٥.			0.
(25) HARRIETTE LINE THOMPSON	1.00			122				0.		<del>"  </del>			•
DIRECTOR		x						0.		٥.			0.
(26) BURNET TUCKER	1.00									$\dashv$			
DIRECTOR		х						0.		0.			0.
1b Sub-total							<u> </u>	0.		0.			0.
c Total from continuation sheets to Part VI							<b>•</b>	103,515.		0.		4,6	05.
d Total (add lines 1b and 1c)							<b></b>	103,515.		0.		4,6	05.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
compensation from the organization													1
										r		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		_X_
4 For any individual listed on line 1a, is the su	•							•	•				Х
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			•			5		Х
Section B. Independent Contractors	piete Scriedui	<del>e</del>	UI SI	JCII	pers	SOIT .							
Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ens	ation f	from	
the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·				
(A)	•							(B)			(0	<del>)</del>	
Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
							_						
2 Total number of independent contractors (i		ot li	mite	d to		se li:	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation  CONT	птъ	TTT 7	٧ гг.			7777					000 #	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 COMMUNITY	. DCIIOOI		<u>) I.</u>	11	117	Δī	/ T !	)	59-135	0047
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours	(cl	neck		ition		ly)	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) LYNNE WALTERS	1.00	x						0.	0.	(
28) DEVLIN MCNEIL	40.00	^						0.	0.	•
XECUTIVE DIRECTOR				х				103,515.	0.	4,605
1										
1										
otal to Part VII, Section A, line 1c		•			•			103,515.		4,605

Pa	rt V	!!!				a in their Dark VIII			
			Check if Schedule O cont	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1b	40,664.	726,833.			
					Business Code				
Program Service Revenue	(	a · b c d	MUSIC & ART PRO	OGRAMS	900099	722,195.	722,195.		
Be		u e							
Pro			All other program service reve	enue					
			Total. Add lines 2a-2f			722,195.			
	3 4 5		Investment income (including other similar amounts)	dividends, interesections	est, and  proceeds	-13,545.			-13,545.
	6 a	a b c	Gross rents	(i) Real	(ii) Personal				
		а	Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	(	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	•					
Other Revenue		i •	Gross income from fundraising including \$	of 1c). See <b>a</b>					
ō			Net income or (loss) from fund						
			Gross income from gaming ac						
	ı	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a					
	10 a	a	Gross sales of inventory, less and allowances	returns a					
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11 8	а							
	ı	b .							
		C .							
			All other revenue						
	12	2	<b>Total.</b> Add lines 11a-11d <b>Total revenue</b> . See instructions.			1,435,483.	722.195	0 -	-13,545.
	14		. J.a. 10101140. Occ mon dentillo.		<u></u>	_,,,	, •	•	,

## 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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	110 110	110 110		
	individuals. See Part IV, line 22	119,442.	119,442.		
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,	444 454	20 000	05 500	44 466
	trustees, and key employees	111,151.	38,903.	27,788.	44,460
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				100 115
7	Other salaries and wages	893,067.	768,552.	900.	123,615
8	Pension plan accruals and contributions (include	46.65			
	section 401(k) and 403(b) employer contributions)	10,806.	3,265.	4,122.	3,419 4,425
9	Other employee benefits	51,526.	46,277.	824.	4,425
0	Payroll taxes	62,981.	47,449.	2,226.	13,306
1	Fees for services (non-employees):				
а	Management	8,115.		8,115.	
b	Legal				
С	Accounting	65,924.		65,924.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	634.		634.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	11,301.	6,175.	5,126.	
2	Advertising and promotion	35,413.	35,413.		
3	Office expenses	27,044.	860.	18,377.	7,807
4	Information technology	43,371.		43,371.	
5	Royalties				
6	Occupancy	40,689.	36,873.	3,816.	
7	Travel	5,836.	1,610.	3,829.	397
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,387.	1,149.	4,039.	2,199
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	20,995.	18,995.	2,000.	
3	Insurance	14,401.	11,580.	411.	2,410
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	81,161.	67,856.	12,601.	704
b	BANK & CREDIT CARD PROC	16,177.	13,866.	1,045.	1,266
С	PARKING EXPENSE	16,099.	9,719.	4,039.	2,341
d	VOLUNTEER AND DONOR REC	13,377.	-	-	13,377
e	All other expenses	4,062.	287.	2,818.	957
5	Total functional expenses. Add lines 1 through 24e	1,660,959.	1,228,271.	212,005.	220,683
<u>-</u>	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 if following SOP 98-2 (ASC 958-720)				

# Form 990 (2015) Part X Balance Sheet

Га	πх	Balance Sneet				
		Check if Schedule O contains a response or note to any line in th	is Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		28,404.	1	95,422.
	2	Savings and temporary cash investments		294,247.	2	264,515.
	3	Pledges and grants receivable, net		0.	3	
	4	Accounts receivable, net		184,523.	4	22,278.
	5	Loans and other receivables from current and former officers, dire	ectors,			
		trustees, key employees, and highest compensated employees.	Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as of				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		employers and sponsoring organizations of section 501(c)(9) volu	ıntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II		6		
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		14,665.	9	10,882.
	10a	Land, buildings, and equipment: cost or other				
			293,761.			
	b	Less: accumulated depreciation 10b	232,397.	78,633.	10c	61,364.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		217,906.	12	422,221.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		236,316.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,054,694.	16	876,682.
	17	Accounts payable and accrued expenses		14,654.	17	70,081.
	18	Grants payable			18	
	19	Deferred revenue		93,830.	19	85,867.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedu	ile D		21	
es	22	Loans and other payables to current and former officers, director	s, trustees,			
≝		key employees, highest compensated employees, and disqualifie	ed persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Complete	e Part X of			
		Schedule D		100 101	25	155 040
	26	Total liabilities. Add lines 17 through 25		108,484.	26	155,948.
		Organizations that follow SFAS 117 (ASC 958), check here ▶	LX and			
Ses		complete lines 27 through 29, and lines 33 and 34.		100 520		165 000
auc	27	Unrestricted net assets		198,538.	27	165,803.
Fund Balances	28	Temporarily restricted net assets		478,193.	28	285,452.
nd	29	Permanently restricted net assets	_	269,479.	29	269,479.
교		Organizations that do not follow SFAS 117 (ASC 958), check h	nere 🕨 📖 📗			
, or		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	_		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other fu		046 010	32	700 724
_	33	Total net assets or fund balances		946,210.	33	720,734.
	34	Total liabilities and net assets/fund balances		1,054,694.	34	876,682.

Pa	rt 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)		1,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94	6,2	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	72	0,7	34.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMINITY SCHOOL OF THE ARTS

Employer identification number 59-1356847

				OD OF THE AN				<u> </u>
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					i).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
7	П	An organization that norma	ū				• •	nublic described in
•		section 170(b)(1)(A)(vi). (Co		Titial part of its support	nom a gov	Ciriiriciitai	dilit of from the general	public described in
8				1VAVvil (Complete Per	+ 11 \			
	H	A community trust describe			-			
9		An organization that norma	*	-	-			
		activities related to its exen	-	· ·			= =	-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Cor					201 1141	
10	Н	An organization organized a	•	•				,
11	ш	An organization organized a	· ·	· · ·	-		•	
		more publicly supported or						Check the box in
		lines 11a through 11d that	• •			•		
а		☐ Type I. A supporting orga	•	•				
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. <b>You must c</b>	=					
b		■ Type II. A supporting organization.	anization supervised	or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions	). You must complete	Part IV, Se	ections A,	D, and E.	
d			<b>integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ons). <b>You must con</b>	nplete Part IV, Sections	s A and D	and Part	V.	
е		Check this box if the orga	nization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information	about the supporte					
	(1	i) Name of supported	(ii) EIN		(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))		document?	support (see	other support (see
				45070 (000 mondonomo))	Yes	No	instructions)	instructions)
F_4-								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						
80/	organization, check this box and stop etion C. Computation of Publ	here	roontago				<b>&gt;</b>
	·		<u> </u>				
	Public support percentage for 2015 (I					14	%
	Public support percentage from 2014					15	<u>%</u>
Ioa	33 1/3% support test - 2015. If the content have The experience qualifies						
<b>h</b>	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2014. 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						
U							IIIS DOX
170	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances tes and if the organization meets the "factorial factorial factoria						
	meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
D	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	<b>Private foundation.</b> If the organization		-				
	ato roundation in the organizatio	did flot officer a	207 011 1110 10, 10	Ja, 100, 11a, 01 11			0 or 990-EZ) 2015
					2011		,,, 10

532022 09-23-15

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	, I	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						•
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		, ,	, ,	<b> </b>	1 '	, , , , , , , , , , , , , , , , , , ,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd. fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
					•		
Se	ction C. Computation of Publ						
	Public support percentage for 2015 (			column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2015. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2014. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	- Cu		
	5b		
	5c		
	6		
	_		
	7		
	c		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2015

Ра	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
<u> </u>	ction D. All Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0,		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		30		
b	trustees of each of the supported organizations? Provide details in <i>Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
,	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	Ŭ		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion 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				
Sect	ion 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				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount	·		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ated Type III supporting org	anization (see		
	instructions)			•		

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Secti	on D -	Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported				
	organi						
3	Admir	ns					
4	Amou	nts paid to acquire exempt-use assets					
5	Qualif	ied set-aside amounts (prior IRS approval required)					
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
8		outions to attentive supported organizations to which the	ne organization is responsive	e			
		de details in <b>Part VI</b> ). See instructions.	3				
9	\ <u>'</u>	outable amount for 2015 from Section C, line 6					
		amount divided by Line 9 amount					
<del></del>	2.110 0	amount arriada by Emo o arribant	(i)	(ii)	(iii)		
			Excess Distributions	Underdistributions	Distributable		
3ecti	on E -	Distribution Allocations (see instructions)	ZAGGGG BIGHIBUHGIIG	Pre-2015	Amount for 2015		
1	Distrib	outable amount for 2015 from Section C, line 6					
		distributions, if any, for years prior to 2015					
_		nable cause required-see instructions)					
3	•	s distributions carryover, if any, to 2015:					
a	LACES	s distributions carryover, if arry, to 2010.					
b							
	From	2012					
	From						
		of lines 3a through e					
		ed to underdistributions of prior years					
		ed to 2015 distributable amount					
<u>i</u> :		over from 2010 not applied (see instructions)					
<u></u>		inder. Subtract lines 3g, 3h, and 3i from 3f.					
4		outions for 2015 from Section D,					
	line 7:						
		ed to underdistributions of prior years					
		ed to 2015 distributable amount					
		inder. Subtract lines 4a and 4b from 4.					
5		ining underdistributions for years prior to 2015, if					
		subtract lines 3g and 4a from line 2 (if amount					
		er than zero, see instructions).					
6		ining underdistributions for 2015. Subtract lines 3h					
		b from line 1 (if amount greater than zero, see					
		ctions).					
7		s distributions carryover to 2016. Add lines 3j					
	and 4						
8	Break	down of line 7:					
<u>a</u>							
b							
		s from 2013					
		s from 2014					
е	Exces	s from 2015					

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1.2. 3b. 3c. 4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and 11c. Part IV. Section B. lines 1 and 2: Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

COMMUNITY SCHOOL OF THE ARTS

59-1356847

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 215,245.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 76,472.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 40,664.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 24,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		\$ 8,150.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		-   \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- - \$\$6,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		- - - - *6,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		- \$\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- \$\$,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		
25		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Nume, dudices, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

# COMMUNITY SCHOOL OF THE ARTS

59-1356847

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PRINTING AND POSTAGE		
5			
		\$\\$	07/01/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
	i-15	\$	90, 990-EZ, or 990-PF) (2

Employer identification number

Name of organization

the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition  (b) Purpose of gift	columns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 or nal space is needed.	In section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations r less for the year. (Enter this info. once.)
Use duplicate copies of Part III if addition	nal space is needed.	r less for the year. (Enter this info. once.)
(b) Purpose of gift	(-) 11 C 10	
	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
Transferse's name address a	mal 71D + 4	Deletionship of transferor to transferor
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(5): 4: pose 5: 3::1	(a) 000 a. g	(a) Decomption of noting state more
		<del></del>   <del></del>
		·
	(e) Transfer of gif	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	I	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
<b>T</b>	d 71D 4	Deletionable (1)
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY SCHOOL OF THE ARTS

**Employer identification number** 59-1356847

Pai	t I Organizations Maintaining Donor Advise		or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certi	fied historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemer	ts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organizat	ion's accounting for
_	conservation easements.		<del> </del>	
Pai		-	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, p	rovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<u> </u>
	(ii) Assets included in Form 990, Part X			·
2	If the organization received or held works of art, historical tre	,	gain, provide	Э
	the following amounts required to be reported under SFAS 1			
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> 5	5

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	<b>ts</b> (continue	;d)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection it	ems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	c Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization's ex	empt purpo	ose in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		, ,	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
	Ending balance				1f		, ,	
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?	L	JYes │	No
	If "Yes," explain the arrangement in Part XIII.						l	
Par	t V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		. , .	
	Beginning of year balance	363,448.	383,877.	350,982.	3	36,100.		34,588.
b	Contributions		82,934.	1,130.		1,000.	2	20,312.
С	Net investment earnings, gains, and losses	-11,747.	2,933.	47,084.		35,244.	-	-8,752.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	17,376.	106,296.	15,319.		21,362.	-	10,048.
f	Administrative expenses							
g	End of year balance	334,325.	363,448.	383,877.	3	50,982.	33	36,100.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 81.00	<u></u> %						
С	Temporarily restricted endowment ▶1	9.00 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	zation	_	
	by:						Ye	
	(i) unrelated organizations						3a(i) X	
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or of basis (investment)	' '	' '	Accumulate epreciation		(d) Book v	alue 
1a	Land							
	Buildings							
	Leasehold improvements			1,924.	10,7			195.
d	Equipment		28	1,837.	221,6	68.	60,	169.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		<b>•</b>	61,	364.

Schedule D (Form 990) 2015 COMMUNITY SO	CHOOL OF THE A	ARTS 59	9-13568 <b>4</b> 7 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUNDS	422,221.	END-OF-YEAR MARKET	r value
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	400 001		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	422,221.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	1
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	<b>&gt;</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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sch	edule D (Form 990) 2015 COMMUNITY SCHOOL OF THE AF	RTS		59- <sup>-</sup>	1356847 <sub>Page</sub> 4
	rt XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.	-		
1	Total revenue, gains, and other support per audited financial statements			1	1,386,713
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	.   2a			
b	Donated services and use of facilities	2b	71,306.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е		'		2e	71,306
3	Subtract line 2e from line 1			3	1,315,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	634.		
b	Other (Describe in Part XIII.)	4b	119,442.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	120,076
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,435,483
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,612,189
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<b>54</b> 006		
а	Donated services and use of facilities	2a	71,306.	<u>-</u>	
b	, , , , , , , , , , , , , , , , , , , ,				
С					
d	Other (Describe in Part XIII.)	2d			<b>54</b> 006
е				2e	71,306
3	Subtract line 2e from line 1			3	1,540,883
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		624		
а	, , ,		634.		
b	Other (Describe in Part XIII.)	4b	119,442.		100 056
С	Add lines <b>4a</b> and <b>4b</b>			4c	120,076
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,660,959
	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PA	RT V, LINE 4:				
PR	OGRAM SUPPORT				
PA	RT X, LINE 2:				
TH	E SCHOOL, A NONPROFIT ORGANIZATION UNDER S	SECTION	7 501(C)(3)	OF	THE
IN'	TERNAL REVENUE CODE, IS EXEMPT FROM FEDERA	AL AND	STATE INCO	ME '	TAXES, AND

THEREFORE NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE SCHOOL HAS REVIEWED POTENTIAL TAX UNCERTAINTIES IN ACCORDANCE WITH APPLICABLE FINANCIAL ACCOUNTING STANDARDS AND MANAGEMENT BELIEVES THERE ARE NO UNCERTAINTIES THAT WOULD HAVE A MATERIAL IMPACT ON THE SCHOOL'S

FINANCIAL POSITION OR RESULTS OF OPERATIONS FOR THE YEAR ENDED JUNE 30,

#### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Schools** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 59-1356847

# COMMUNITY SCHOOL OF THE ARTS

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	CSA PUBLICIZES AN ACCESSIBILITY POLICY ON THEIR WEBSITE,			
	WHICH STATES THAT CSA MAKES AN ARTS EDUCATION ACCESSIBLE TO			
	ALL STUDENTS REGARDLESS OF RACE, AGE, DISABILITY, FAITH, SEX,			
	SEXUAL ORIENTATION, SOCIAL CLASS, ETHNICITY, AND GENDER			
	IDENTITY.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_	Describes a second of the seco		х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Λ	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Λ
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	7	х	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	1	23	

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

Schedule E (Form 990 or 990-EZ) (2015)

### SCHEDULE I (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization							Employer identification number	
David	General Information on Grants a		F THE ARTS					59-1356847	
Part I									
	es the organization maintain records							TTP	
	eria used to award the grants or assi							X Yes No	
2 Des	scribe in Part IV the organization's pro					anization analyses d   \	/oc! on Form 000 Day	t IV line O1 for any	
1 di t ii	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
<b>2</b> Ent	er total number of section 501(c)(3) a	ind government or	ganizations listed in th	ne line 1 table		1	1	<b>•</b>	
	er total number of other organization								
	<u> </u>							· · · · · · · · · · · · · · · · · · ·	

Schedule I (Form 990) (2015) COMMUNITY SCHOOL	OF OF THE	ARTS			59-135684/	Page
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		e organization answ	ered "Yes" on Form	990, Part IV, line 22.		J
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash as	ssistance
TUITION ASSISTANCE	118	119,442.	. 0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2, Part III, column	n (b), and any other a	dditional information.		
PART I, LINE 2:						
STUDENTS RECEIVING FINANCIAL AID	AND MERIT	SCHOLARSH	HIPS ARE MC	NITORED		
CAREFULLY TO ENSURE THAT SUPPORT	FUNDS ARE	EFFECTIVE	ELY SPENT.	STUDENTS'		
SKILLS ARE EVALUATED IN WRITING A	T THE STA	RT OF EACH	SCHOOL YE	CAR. DETAILED		
COMMENTS AND A DEVELOPMENT PLAN A	RE PROVID	ED TO THE	STUDENTS A	ND THEIR		
PARENTS AND REVIEWED BY THE SCHOOL	L'S PROGR	AM DIRECTO	OR. THEIR P	ROGRESS IS		
THEN RE-EVALUATED AT THE START OF	THE SPRI	NG SEMESTE	ER AND EVAL	UATED AT THE		
END OF EACH SCHOOL YEAR THROUGH A	FORM THA	T MEASURES	COMMITMEN	IT, WORK		

ETHIC, AND TECHNICAL IMPROVEMENT. THE PROGRAM DIRECTOR TRACKS ATTENDANCE OF

Part IV Supplemental Information
THE FINANCIAL AID AND SCHOLARSHIP STUDENTS AT LESSONS. THE PROGRAM DIRECTOR
ALSO LISTENS TO AND EVALUATES EACH STUDENT AT SEMI-ANNUAL RECITALS.
SCHOLARSHIP STUDENTS ENJOY MANY OTHER OPPORTUNITIES TO BE HEARD AND
EVALUATED THROUGHOUT THE YEAR, INCLUDING PRIVATE PERFORMANCES AND
FUNDRAISING EVENTS. WHEN THE SCHOOL SEES EVIDENCE THAT STUDENTS ARE NOT
ATTENDING THEIR LESSONS OR PRACTICING REGULARLY, IT DECLINES TO RENEW
STUDENTS' FINANCIAL AID FOR THE FOLLOWING YEAR.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

**Employer identification number** 59-1356847 COMMUNITY SCHOOL OF THE ARTS

Pai	t 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 de noncash contribu		•	s
1	Art - Works of art		rearra derrandated	r omi coo, r are viii, iii c rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or					,		
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			F2 426				
25	Other (COMMERCIAL RE)	<u> </u>	1		FMV OF SPAC		=~ .	
26	Other (PRINTING AND)	X	1		NUMBER OF P		ES .	PKI
27	Other ( LEGAL SERVICE)	X		6/0.	BILLING RAT	<u>E</u>		
28	Other ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowled	gement <b>29</b>			V	
20-	During the year did the experientian receive by	, aantributie	an any proporty rou	acutad in Dart I lines 1 throu	ab 00 that it		Yes	No
oua	During the year, did the organization receive by							
	must hold for at least three years from the date exempt purposes for the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.					30a		
31		olicy that re	eauires the review	of any non-standard contrib	utions?	31		Х
	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		_	· ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.				<u> </u>			
				_				

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

532142 08-21-15

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

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 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY SCHOOL OF THE ARTS

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 59-1356847

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGARDLESS OF ABILITY TO PAY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOLARSHIPS.

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

THE DRAFT 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE IN DETAIL BY THE EXTERNAL AUDITORS. THE FINANCE COMMITTEE WILL VOTE TO APPROVE THE DRAFT. THE DRAFT 990 WILL THEN BE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS VIA EMAIL. DIRECTORS WILL BE ASKED TO SUBMIT QUESTIONS OR CONCERNS TO THE TREASURER OR EXECUTIVE DIRECTOR WITHIN A WEEK. ANY QUESTIONS OR CONCERNS WILL BE ADDRRESSED AND THE 990 WILL BE FILED THE FOLLOWING WEEK.

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

THE SCHOOL'S GOVERNANCE COMMITTEE REVIEWS THE CONFLICT EACH SUMMER, INTEREST POLICY BEFORE SENDING IT TO THE BOARD MEMBERS AT THE START OF THE NEW FISCAL YEAR. THE BOARD MEMBERS ARE REQUIRED TO SIGN FORMS CONFIRMING THEIR UNDERSTANDING OF THE SCHOOL AND DISCLOSING ALL AFFILIATIONS THAT COULD BE POTENTIAL CONFLICTS OF INTERESTS. THEY THEN MUST RETURN THE FORMS TO THE SCHOOL'S OFFICE BY EARLY FALL. IN THE EVENT OF A BOARD CONFLICT SURROUNDING A DECISION POINT, IF THERE IS A BOARD MEMBER WHO HAS AN INTEREST OR STAKE IN THE DECISION POINT CONFLICT, HE OR SHE MUST EXCUSE HIMSELF/HERSELF FROM ANY VOTE OR CONSENSUS DISCUSSION ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

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Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization COMMUNITY SCHOOL OF THE ARTS

Employer identification number 59-1356847

THE EXECUTIVE DIRECTOR IS GIVEN A COMPREHENSIVE ANNUAL PERFORMANCE REVIEW.

AS PART OF THIS PROCESS, HER COMPENSATION MAY BE REVIEWED BY THE BOARD

CHAIR, THE GOVERNANCE COMMITTEE CHAIR, AND OTHER MEMBERS OF THE EXECUTIVE

COMMITTEE IN LIGHT OF THE BUDGET REALITIES IN A GIVEN YEAR. ANY INCREASE OR

REDUCTION TO EXECUTIVE COMPENSATION, INCLUDING ALL BENEFITS AND BONUSES,

MUST BE APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD AS PART OF THE

ANNUAL BUDGETING PROCESS. TO DETERMINE APPROPRIATE COMPENSATION, THE SCHOOL

USES COMPARABLE DATA FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS IN THE AREA OF

SIMILAR SIZE AND FOR SIMILAR LEVEL OF RESPONSIBILITY OF THE OFFICER

POSITION, AS WELL AS CONSIDERS THE EXPERIENCE LEVEL AND PRIOR SALARY

HISTORY OF THE INDIVIDUAL.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### PART XII LINE 2C

THE ACCOUNTING SERVICES WERE MOVED FROM BLACKWOOD FINANCE AND

ACCOUNTING SERVICES TO CHILDREN & FAMILY SERVICES CENTER (CFSC) AS OF

3/1/16. CLIFTONLARSENALLEN LLP (CLA) WAS CONTRACTED TO COMPLETE THE FY

2016 AUDIT AS A RESULT OF THIS CHANGE. CFSC WAS IN THE SECOND YEAR OF

A THREE YEAR AGREEMENT TO ENGAGE CLA FOR ALL AGENCY AUDITS. CFSC WILL

ISSUE AN RFP FOR AUDITNG SERVICES AFTER THE THIRD YEAR OF THIS

AGREEMENT. CLA AND OTHER CPA FIRMS WILL BE WELCOME TO RESPOND TO THIS

RFP.