			** PUBLIC DISCLOSURE CO	OPY **		
	0	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	•		^{ns)} 2016
		of the Treasury	Do not enter social security numbers on this form	-	-	Open to Public
_		enue Service	Information about Form 990 and its instructions is lar year, or tax year beginning JUL 1, 2016 and		<u>s.gov/form990.</u> JUN 30, 2017	Inspection
	Check if		f organization	enuing o	D Employer identified	ation number
D (applicat	ole:	I Organization			
	Addr chan		UNITY SCHOOL OF THE ARTS			
	Namo Namo	ge Doing b	usiness as		59-1	356847
	Initia	n Number			E Telephone number	
	Final returi termi		N COLLEGE STREET	413	(704	-
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,919,814.
F	_returi]Appli		LOTTE, NC 28202		H(a) Is this a group re	
	tion pend		nd address of principal officer:DEVLIN MCNEIL AS C ABOVE		for subordinates	
<u> </u>		empt status:		or 527	H(b) Are all subordinates in	list. (see instructions)
					H(c) Group exemption	
			X Corporation Trust Association Other	L Year		State of legal domicile: NC
	art I					
•	1	Briefly describ	be the organization's mission or most significant activities: $[{f TRANS }]$	SFORMI	NG LIVES AN	D INSPIRING
Governance		COMMMUN	ITY THROUGH OUTSTANDING AND ACCESS	SIBLE	ARTS EDUCAT	ION.
erne	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
0 Ne	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	26
ي م	4		dependent voting members of the governing body (Part VI, line 1b) $\ $			26
es	5		of individuals employed in calendar year 2016 (Part V, line 2a)			14
Activities &	6		of volunteers (estimate if necessary)			145
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	·····		0.
					Prior Year 726,833.	<u>Current Year</u> 1,075,706.
iue	8		and grants (Part VIII, line 1h)		722,195.	792,029.
Revenue	9		ice revenue (Part VIII, line 2g)		-13,545.	52,079.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,343.	<u> </u>
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,435,483.	1,919,814.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		119,442.	131,250.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s		-			1,129,531.	1,088,940.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 257,72	35.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		411,986.	423,470.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,660,959.	1,643,660.
	19	Revenue less	expenses. Subtract line 18 from line 12		-225,476.	276,154.
Net Assets or Fund Balances					eginning of Current Year	End of Year
sset: 3alar	20	Total assets (I			876,682.	1,112,834.
et As nd E	21		(Part X, line 26)		155,948.	115,946.
			fund balances. Subtract line 21 from line 20		720,734.	996,888.
	art II	•		a and -1-1-	والمتعالية والمعالية والمعالية	- Incompanya and the Ref. 9.1
			I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
u ue	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.	

Sign Here	Signature of officer MORGAN ROGERS, BOARD CHAIR Type or print name and title	Date
Paid	Print/Type preparer's name Preparer's sighature Date JOHN NORMAN JOHN NORMAN 11/08	B/17
Preparer	Firm's name CLIFTONLARSOMALLEN LLP	Firm's EIN 🖌 41-0746749
Use Only	Firm's address 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202	Phone no. 704 - 998 - 5200
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
		- 000 (*** ***

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III (interstity of the organization's mission: HE SCHOOL TEACHES MUSIC AND ART TO STUDENTS OF ALL SOCIOECONOMIC ACKGROUNDS, OFFERING FINANCIAL ASSISTANCE, SCHOLARSHIP AND FREE UTREACH PROGRAMS TO HONOR ITS FOUNDING MISSION TO MAKE HIGH-QUALITY RTS INSTRUCTION AVAILABLE TO ALL. d the organization undertake any significant program services during the year which were not listed on the ior Form 990 or 990-E2? 'Yes,' describe these new services on Schedule O. det eorganization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. scribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. scribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. scribe the organizations program service reported. (Expenses 1, 002, 965. including grants of 128, 408.) (Revenue \$ 712, 261 USIC AND ART INSTRUCTION: MUSIC, CHOIR AND ART INSTRUCTION CONSISTS O RIVATE AND GROUP MUSIC, THE CHARLOTTE CHILDREN'S CHOIR, AND VISUAL AR NSTRUCTION FOR ALL AGES. MUSIC OFFERINGS INCLUDE PRIVATE LESSONS, NSEMBLES, GROUP SUZUKI AND MASTER CLASSES USING NATIONALLY RESPECTED USICIANS. THE CHARLOTTE CHILDREN'S CHOIR PROVIDES CHORAL MUSIC DUCATION FOCUSED ON ARTISTIC EXCELLENCE IN ORDER TO FOSTER THE ERSONAL, INTELLECTUAL, AND SOCIAL GROWTH OF CHILDREN. VISUAL AR FFERINGS INCLUDE PRIVATE LESSONS, WORKSHOPS, AND CLASSES FOR A VARIET F MEDIUM INCLUDING DRAWING, PAINTING, COMIC BOOK DRAWING AND NIMATION. INSTRUCTORS TEACH AT MORE THAN A DOZEN LOCATIONS THROUGHOU
<pre>ielly describe the organization's mission: HE SCHOOL TEACHES MUSIC AND ART TO STUDENTS OF ALL SOCIOECONOMIC ACKGROUNDS, OFFERING FINANCIAL ASSISTANCE, SCHOLARSHIP AND FREE UTREACH PROGRAMS TO HONOR ITS FOUNDING MISSION TO MAKE HIGH-QUALITY RTS INSTRUCTION AVAILABLE TO ALL. d the organization undertake any significant program services during the year which were not listed on the ior form 990 or 990-E2? Yes X "Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and venue, if any, for each program service reported. doe:</pre>
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F MEDIUM INCLUDING DRAWING, PAINTING, COMIC BOOK DRAWING AND
ECKLENBURG COUNTY AND OFFERS NEED-BASED FINANCIAL AID TO STUDENTS WHO
UALIFY. IN ADDITION, CSA OFFERS OVER 10 MERIT BASED SCHOLARSHIPS.
ode:) (Expenses \$ 247, 180 · including grants of \$) (Revenue \$
UTREACH PROGRAMS: THE SCHOOL'S OUTREACH PROGRAMS CONSIST OF A VARIETY
F MUSIC, CHOIR AND ART EDUCATION PROGRAMS IN AT-RISK COMMUNITIES AND
CHOOLS; AT NO COST TO THE PARTICIPANTS. PROGRAMS INCLUDE ORCHESTRA
CHOOLS WHICH IS GROUP VIOLIN INSTRUCTION IN TITLE I SCHOOLS IN THE
HARLOTTE-MECKLENBURG SCHOOL SYSTEM; GET READY WITH WORDS A
OCABULARY BUILDING INITIATIVE IN TWO COMMUNITIES WORKING WITH FAMILI
N HAVING THEIR CHILDREN SCHOOL READY; AND ARTSREACH WHICH PARTNERS TH
CHOOL WITH OTHER COMMUNITY PARTNERS FOR PROGRAM DELIVERY IN THE EIGHBORHOOD OF THE PARTICIPANTS.
EIGHBORHOOD OF THE FARITCIPANTS.
ode:) (Expenses \$ 61,463. including grants of \$ 2,842.) (Revenue \$ 79,768
UMMER CAMPS: SUMMER CAMPS/FEE FOR SERVICE. COMMUNITY SCHOOL OF THE
RTS OFFERS HIGH QUALITY SUMMER CAMP PROGRAMMING FROM PRE-SCHOOL TO
IGH SCHOOL STUDENTS. OFFERINGS INCLUDE BAND, STRING/ORCHESTRA, SUZU
ND VISUAL ART. THE SCHOOL PARTNERS WITH OTHER CULTURAL INSTITUTIONS
OR A BROADER REACH INTO THE COMMUNITY. NEED-BASED FINANCIAL AID IS
VAILABLE. BECAUSE THE SCHOOL IS RECOGNIZED FOR ITS EXCEPTIONAL
ROGRAMMING, IT IS SOUGHT AFTER FOR PROGRAM DELIVERY. PARTNERING
RGANIZATIONS SEEK FUNDING TO HAVE THE SCHOOL'S PROGRAMS DELIVERED TO HEIR CONSTITUENTS.
HEIR CONSILIOENIS.
ther program services (Describe in Schedule O.)
xpenses \$ including grants of \$) (Revenue \$)
otal program service expenses ► 1,311,608.
Form 990 (2
1-11-16

Form §	an (c	016)

Part IV Checklist of Required Schedules

COMMUNITY SCHOOL OF THE ARTS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	10		Х

Form **990** (2016)

632003 11-11-16

Form	000	(2016)	
Form	990	(2010)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
26	Schedule L, Part I	25b		- 23
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? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>-</u> -
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i>	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
	reter an ete mere de required te complete concade e	1 20 1		L

Form 990 (2016)

632004 11-11-16

	Par	t 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					
b Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable 1b 0 c Did the organization comply with backup withholding uses for reportable payments to vendors and reportable gamming (gambling) winnings to price winnes? 1c X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, including the calendar year ending with or within the year covered by this return 2a 14 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 rm ore during the year? 3a 3a X 3b If "Yes," has if fied a Form 960-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b 3b 3b If "Yes," has if fied a Form 960-T for this year? If 'No,' to line 3b, provide an explanation and Schedule O 3b X 3b If 'Yes,' that if the organization have an interest, in, or a signature or other authority over, a financial account (FBAR). Se X 5b Gambling the organization have an interest, in, or a signature or other authority over, a financial account (FBAR). Se X 6a Gambling the organization have an explanation in Schedule O 3a X 7<				<u></u>	<u></u>	Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter -0. If not applicable Image: Comparison comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Complex Comp	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63			
granbling winnings to prize winners? ic X 2a Enter the number of employees reported on Form W3, transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return iza 14 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 1 and 2a is greater than 250, your may be required to effec (see instructions) 3a X 3b Did the organization have unrelated business gross income of \$1,000 rm ore during the year? 3a X 41 'Yos, '' inter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b d'any taxable party notify the organization that it was or is a party to a grohibid tax shelter transaction 1 any time during the taxy rear? 5a X 5b dany taxable party notify the organization that it was or is a party to a prohibid the organization any taxable party notify the organization approxements? 5a X 6a X 11 'Yos, '' in the goods or services provided to the gravitation and party tax problements that were not tax deductible as charitable contributions? 5a X 7b Did any taxable party notify the organization that was or is a party to a prohibid the organization and party try poods and services provided to the paravitation			1b	0			
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b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7n X g Sponsoring organization make any taxable distributions under section 4966? 9a 9 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 section 501(c)(12) organizations. Enter: 10a 10a 10a 11a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 11 Section 501(c)(21) organizations. Ent					_		v
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. Image: section 10 and 10 an	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	2	12a		
a 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. 13a	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	а				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the							
	b						
organization is licensed to issue qualified health plans			13b		-		
c Enter the amount of reserves on hand 13c			13c				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X						 	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O				(00.10

Form 990 (2016)
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Form 990 (2016)

Form	990	(2016))
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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.

a E If b E C o c	on A. Governing Body and Management	1a	2	6	Yes	N
lf b c c c c c c c c	there are material differences in voting rights among members of the governing body, or if the governing	1a	2	6	res	1 1
lf b c c c c c c c c	there are material differences in voting rights among members of the governing body, or if the governing	la				ť
b E C o C				-		
b E 2 C 0 5 C	ody delegated bread authority to an executive committee or cimilar committee, evolution in Schedule O					
	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	2	5		
o G	inter the number of voting members included in line 1a, above, who are independent			4		
B D	Did any officer, director, trustee, or key employee have a family relationship or a business relations					E
	fficer, director, trustee, or key employee?			2		┢
	Did the organization delegate control over management duties customarily performed by or under the former second					
	f officers, directors, or trustees, or key employees to a management company or other person?			3		┢
	Did the organization make any significant changes to its governing documents since the prior Form			4		╀
	Did the organization become aware during the year of a significant diversion of the organization's a			5		╀
	Did the organization have members or stockholders?			6		╀
	Did the organization have members, stockholders, or other persons who had the power to elect or			_		
	nore members of the governing body?			7a		
bΑ	re any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	ersons other than the governing body?			7b		L
	id the organization contemporaneously document the meetings held or written actions undertaken during the y					
аT	he governing body?			8a	X	L
bΕ	ach committee with authority to act on behalf of the governing body?			8b	X	L
) s	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	at the			
0	rganization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
cti	on B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			-
					Yes	
a D	Did the organization have local chapters, branches, or affiliates?			10a		
	"Yes," did the organization have written policies and procedures governing the activities of such					Γ
а	nd branches to ensure their operations are consistent with the organization's exempt purposes?			10b		l
	las the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	T
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C			t
				12a	X	E
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					t
	n Schedule O how this was done			12c	x	L
	Did the organization have a written whistleblower policy?			13	X	t
	Did the organization have a written document retention and destruction policy?			14	X	t
	Did the process for determining compensation of the following persons include a review and appro			17		t
		•	laependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45.	x	t
	he organization's CEO, Executive Director, or top management official			15a	X	╀
	Other officers or key employees of the organization			15b		╀
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang					1
	axable entity during the year?			16a		╞
	"Yes," did the organization follow a written policy or procedure requiring the organization to evalu		•			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?	<u></u>		16b		L
ectio	on C. Disclosure					
Ľ	ist the states with which a copy of this Form 990 is required to be filed \blacktriangleright NONE					
S	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	ion 501(c)(3)s only)	availab	ble	
fo	or public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (expla	in in Scl	hedule O)			
D	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, ar	nd finan	icial	
	tatements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records:			
	CFSC SHARED SERVICES - 704-943-9525					_
	501 E. 5TH STREET, CHARLOTTE, NC 28202					_
	11-11-16			Form	1 990	()
006 1	6					· •

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		Jer ar	ia a a I	recic	n/irus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con				and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MORGAN ROGERS	1.00	=			\geq	Ξē	Ē			
CHAIR		x		x				0.	0.	0.
(2) MELISSA ABERNATHY	1.00									
DIRECTOR		x						0.	0.	0.
(3) BETH H. BENTON	1.00									
DIRECTOR		X						0.	0.	0.
(4) HENRY BRIDGES	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CHRIS BUTLAK	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) GEORGE W. CAMPBELL, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(7) CRAIG D. DELUCIA	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(8) BERNADETTE DONOVAN-MERKERT	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(9) ANGELA FREDERICK	1.00	x						0.	0.	0.
DIRECTOR (10) LESLIE GILLOCK	1.00	<u> </u>						0.	0.	0.
(10) LESLIE GILLOCK DIRECTOR	1.00	x						0.	0.	0.
(11) CAROL HAMRICK	1.00							0.	•	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(12) JAMES HATLEY	1.00									
DIRECTOR		x						0.	0.	0.
(13) PATRICIA G. LAMBERT	1.00									
DIRECTOR		x						0.	0.	0.
(14) SASHA LEVONS	1.00									
DIRECTOR		X						0.	0.	0.
(15) JON LINDVALL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ARNOLD MA	1.00									
DIRECTOR		X						0.	0.	0.
(17) MICHELLE R. MENDOZA	1.00							_		<u> </u>
DIRECTOR		Х						0.	0.	0.
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Part	t VII Section A. Officers, Direct	ors, Trust	tees, Key Em	ploy	/ees			ighe	st (Compensated Employe	es (continued)	_		
	(A) Name and title		(B) Average hours per week	box	not c , unle	Pos check ess pe	more rson) than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount of	
		ļ	(list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	t or ar	other npensation from the ganization nd related ganizations	
(18) DIREC	MARK H. MILLER CTOR	-	1.00	x						0.	0		0	
	ANNA MILLS		1.00	x						0.	0		0	
(20) DIREC	DAVID PAGE CTOR		1.00	x						0.	0		0	•
	SCOTT SHAIL CHAIR/GOVERNANCE		1.00	x		x				0.	0		0	
	SUSAN PARKER SHIMP		1.00											
$\frac{\text{DIREC}}{(23)}$	CTOR MARILYN J. SPENCER		1.00	X						0.	0	•	0	•
TREAS	SURER			x		x				0.	0	•	0	•
DIREC			1.00	x						0.	0	•	0	•
(25) DIREC	SCOTT STEVENS CTOR		1.00	x						0.	0	•	0	•
(26) DIREC	HARRIETTE LINE THOMPSON CTOR		1.00	x						0.	0	•	0	•
	Sub-total									0.	0		0	-
	Total from continuation sheets to Total (add lines 1b and 1c)									107,304. 107,304.	0		2,959 2,959	
2	Total number of individuals (includ compensation from the organizati	ding but no							no r		-	-		<u> </u>
													Yes No	5
	Did the organization list any forme line 1a? <i>If</i> "Yes," <i>complete Schedu</i>									highest compensated e		3	x	
	For any individual listed on line 1a and related organizations greater		•		•					•	the organization	4	x	
5	Did any person listed on line 1a re rendered to the organization? <i>If</i> "	ceive or a	ccrue compe	nsat	ion	from	any	/ unr	elat	ted organization or indiv	idual for services	5	x	
	tion B. Independent Contractors	res, comp		eJI	01 5	ucn	pers	SOIT .				5		
	Complete this table for your five h the organization. Report compens	-	-	-								nsation	from	
	Name and	(A) business :	address	N	ONI	E				(B) Description of s	ervices		C) ensation	
						_						<u> </u>		
	Total number of independent con \$100,000 of compensation from t		-	iot li	mite	ed to	tho	se lis N	stec	d above) who received m	nore than			
	SEE PART VII, SE			ΓII	NUZ	AT:	101	N S	SH	EETS	I	Form	1 990 (2016	6)

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	TY SCHOO								59-135	6847
Part VII Section A. Officers, Directors, T		mplo 	oyee			ligh	est			(6)
(A) Name and title	(B) Average hours per	(cl		Pos		app	ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) BURNET TUCKER DIRECTOR	1.00	x						0.	0.	0
(28) LYNNE WALTERS	1.00									
DIRECTOR		x						0.	Ο.	0
(29) ANNA WHEELER	1.00									
DIRECTOR		X						0.	0.	0
(30) DEVLIN MCNEIL EXECUTIVE DIRECTOR	40.00			x				107,304.	0.	2,959
				- 23				107,504.		2,555
		1								
Fotal to Part VII, Section A, line 1c	<u> I </u>	<u> </u>	I	1	I	<u> </u>	I	107,304.		2,959

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				OOL OF T	HE ARTS		59-1356	847 Page 9
Pa	rt V	III Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 :	a Federated campaigns	1a	213,706.				
Contributions, Gifts, Grants and Other Similar Amounts	I	b Membership dues	1b					
fts,		c Fundraising events						
liar Gif		d Related organizations		40 750				
Sir		e Government grants (contribut		40,750.				
her	Ī	 All other contributions, gifts, gran similar amounts not included abor 		821,250.				
1 G T I		g Noncash contributions included in lines		021,250.				
and		h Total. Add lines 1a-1f			1,075,706.			
				Business Code				
e	2 :	a MUSIC & ART PRC	GRAMS	900099	792,029.	792,029.		
ervi	I	b						
n Se enu		c						
Bev		d						
Program Service Revenue		e						
-		f All other program service reve			792,029.			
	3	g Total. Add lines 2a-2f Investment income (including			752,025.			
	Ŭ	other similar amounts)						
	4	Income from investment of tax			52,079.			52,079.
	5	Royalties		►				
			(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)a Gross amount from sales of	(i) Securities	(ii) Other				
	1	assets other than inventory						
	1	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		►				
ne	8	a Gross income from fundraising	•					
ven		including \$						
Re		contributions reported on line Part IV, line 18	-					
Other Revenue		b Less: direct expenses						
Ò		c Net income or (loss) from func		►				
		a Gross income from gaming ac						
		Part IV, line 19	а					
	I	b Less: direct expenses	b					
		c Net income or (loss) from gam		►				
	10 :	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods soldc Net income or (loss) from sale						
ł		Miscellaneous Revenu		Business Code				
ļ	11 ;							
	I	b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d		🕨	1 010 011	792,029.	0.	52,079.
63200	<u>12</u>	Total revenue. See instructions.		₽	т,этэ,от 4 •	134,043.	0.	Form 990 (2016)

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Part IX Statement of Functional Expenses

COMMUNITY SCHOOL OF THE ARTS

-		(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 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	101 050	4 9 4 9 5 9		
	individuals. See Part IV, line 22	131,250.	131,250.		
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,	105 145	21 200	42 001	
	trustees, and key employees	125,145.	31,286.	43,801.	50,058
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	0.0 - 0.1 0	F 4 2 - 0.1 4	11.016	100 050
7	Other salaries and wages	887,012.	743,814.	14,846.	128,352
8	Pension plan accruals and contributions (include		F 84 0		~ == <i>1</i>
	section 401(k) and 403(b) employer contributions)	9,713.	5,713.	224.	3,776 5,965
9	Other employee benefits	21,390.	14,874.	551.	5,965
10	Payroll taxes	45,680.	34,165.	1,307.	10,208
1	Fees for services (non-employees):		c		4 4 4 4 4
а	Management	8,730.	6,830.	420.	1,480
b	Legal				
С	Accounting	50,803.	39,747.	2,445.	8,611
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	960.		960.	
g	Other. (If line 11g amount exceeds 10% of line 25,	FC 004		405	11
	column (A) amount, list line 11g expenses on Sch 0.)	76,934.	64,765.	485.	11,684
12	Advertising and promotion	23,918.	8,096.	0.0 7	15,822
13	Office expenses	38,498.	34,116.	887.	3,495
14	Information technology	13,114.	12,684.	430.	F 004
15	Royalties	5,024.			5,024
16	Occupancy	41,746.	41,746.		
17	Travel	6,657.	5,748.	909.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 154			0.040
9	Conferences, conventions, and meetings	12,154.	5,335.	4,777.	2,042
20	Interest				
21	Payments to affiliates	00.064	00.064		
22	Depreciation, depletion, and amortization	23,264.	23,264.	<u> </u>	0 205
3	Insurance	13,599.	10,640.	654.	2,305
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	62,412.	59,682.	1,495.	1,235
b	BANK & CREDIT CARD PROC	17,539.	15,143.	43.	2,353
с	PARKING EXPENSE	13,017.	10,134.	83.	2,800
d	VOLUNTEER AND DONOR REC	12,844.	10,319.		2,525
e	All other expenses	2,257.	2,257.		
5	Total functional expenses. Add lines 1 through 24e	1,643,660.	1,311,608.	74,317.	257,735
6	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

11 2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

Form **990** (2016)

Form 990 (2016)

Part X | Balance Sheet

COMMUNITY SCHOOL OF THE ARTS

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	נא	Check if Schedule O contains a response or not	te to anv li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			95,422.	1	445,276.
	2	Savings and temporary cash investments			264,515.	2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		22,278.	4	82,894.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
٦	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,882.	9	21,401.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	303,761.			
	b	Less: accumulated depreciation	10b	255,662.	61,364.	10c	48,099.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -	11		422,221.	12	515,164.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		876,682.	16	1,112,834.
	17	Accounts payable and accrued expenses	70,081.	17	34,239.		
	18	Grants payable		18			
	19	Deferred revenue	····· _	85,867.	19	81,707.	
	20	Tax-exempt bond liabilities		······ _		20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D			155,948.	25	115 016
	26	Total liabilities. Add lines 17 through 25			155,940.	26	115,946.
		Organizations that follow SFAS 117 (ASC 958		here			
ces	~ 7	complete lines 27 through 29, and lines 33 an			165,803.	07	194,640.
lan	27	Unrestricted net assets			285,452.	27	532,769.
Fund Balances	28	Temporarily restricted net assets			269,479.	28	269,479.
pur	29				209,479.	29	209,479.
ц Ц		Organizations that do not follow SFAS 117 (A	SC 958), d				
Net Assets or	20	and complete lines 30 through 34.				20	
set	30 21	Capital stock or trust principal, or current funds				30 31	
t As	31	Paid-in or capital surplus, or land, building, or ec		F		31 32	
Nei	32	Retained earnings, endowment, accumulated in			720,734.	32	996,888.
	33 34	Total net assets or fund balances			876,682.	33 34	1,112,834.
	54	Total liabilities and net assets/fund balances			0,0,002.	54	Form 990 (2016)

Form **990** (2016)

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Form	1 990 (2016) COMMUNITY SCHOOL OF THE ARTS	59-135	6847	Pag	ge 12
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	1,919		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,643		
3	Revenue less expenses. Subtract line 2 from line 1	3	276		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	720),7	34.
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	996	, 8	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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?		. 2 b	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 the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			v
_	Act and OMB Circular A-133?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	190 (2016)

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SC	HE	DU	LE	Α

(Form 990	or	990-	EΖ
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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.

2016	
Open to Public Inspection	

OMB No. 1545-0047

0040

Department of the Treasury Internal Revenue Service

nformation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form	n990.	Inspection
E	Employer	identification number

Name of th	e org	anizat	ion	

h

				OL OF THE AR					9-1356847
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete thi	is part.) Se	e instructions	3.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).		
2	X	A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					i).		
4		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	init descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	č					
6		A federal, state, or local gov		nental unit described in :	section 17	70(b)(1)(A)	(v).		
7		An organization that norma					.,	he general	public described in
		section 170(b)(1)(A)(vi). (C	•		C C			U U	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	nction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:						-	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	ind gross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section {	509(a)(2).	See section §	5 09(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), 1	ypically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus							
С		☐ Type III functionally inte						lly integrate	ed with,
d		its supported organization						tod orachi	action(c)
u		J Type III non-functionally that is not functionally int		•••				-	
		requirement (see instruct			-		-	analleni	IVENESS
е		Check this box if the orga	,	•				II. Type III	
		functionally integrated, or					, po 1, 1 , po	n, 1980 m	
f	Ente	er the number of supported of							
		vide the following informatior							·
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	ıl								
		Paperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SCHOOL OF THE ARTS Part II Support Schedule for Organizations Described in Sections 170

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publ						
	Public support percentage for 2016 (%
	Public support percentage from 2015						%
16 a	33 1/3% support test - 2016. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, che	ck this box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			►
17a	10% -facts-and-circumstances tes	t - 2016. If the orc	anization did not	check a box on lir	ne 13, 16a, or 16b,	, and line 14 is 1	10% or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art VI how the o	rganization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the orc	anization did not	check a box on lir	ne 13, 16a, 16b, or	⁻ 17a, and line 1	5 is 10% or
	more, and if the organization meets t	he "facts-and-circu	umstances" test, o	check this box and	d stop here. Explai	in in Part VI hov	v the
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a pub	licly supported or	ganization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	7b, check this box	and see instruc	tions
					Sch	odulo A (Eorm	990 or 990-E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SCHOOL OF THE ARTS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		· · ·				
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	l s first second thi	l rd fourth or fifth t	l tax vear as a section	1 00 501(c)(3) or	rganization
check this box and stop here	-					
Section C. Computation of Publ						
15 Public support percentage for 2016 (column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inve					1 1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2016. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3% , che						
20 Private foundation. If the organization						
632023 09-21-16						m 990 or 990-EZ) 2016
			16		-	-

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2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SCHOOL OF THE ARTS Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	tion 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		103	
•	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.)	
c n	Activities Test. Answer (a) and (b) below.	uctions). Yes	No
2			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9			2016
	18			, _0.0

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Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SCHOOL OF THE ARTS

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-functional	v integrate	d Type III supporting or	ranization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY SCHOOL OF THE ARTS

-	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-				

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

	Supplemental Inform	nation Drovido th	a avalanationa r	aduirad by Pa	rt II line 10. Dart II I	ine 17a or 17b. Dart III, line 19
Part VI	Part IV. Section A lines 1	2. 3b. 3c. 4b. 4c. 5a	e explanations r	equired by Pa	11c: Part IV, Section	ine 17a or 17b; Part III, line 12; b B, lines 1 and 2; Part IV, Section C
	line 1; Part IV, Section D, li	nes 2 and 3; Part IV	, Section E, lines	s 1c, 2a, 2b, 3a	a, and 3b; Part V, lin	e 1; Part V, Section B, line 1e; Part \
	Section D, lines 5, 6, and 8	; and Part V, Sectio	n E, lines 2, 5, ar	nd 6. Also con	nplete this part for a	ny additional information.
	(See instructions.)					
2028 09-21-1	6					Schedule A (Form 990 or 990-EZ
				21		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2016

Employer identification number

59-1356847

Name of the organization

Organization type (check of	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

COMMUNITY SCHOOL OF THE ARTS

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2016)

Employer identification number

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COMMUNITY SCHOOL OF THE ARTS

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 213,706. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 30,550. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 40,750. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll X 28,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623452 10-18-16

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Employer identification number

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COMMUNITY SCHOOL OF THE ARTS

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 60,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 8,850. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 5,799. Noncash \$ (Complete Part II for noncash contributions.) 623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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COMMUNITY SCHOOL OF THE ARTS

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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) Total contributions	(d) Type of contribution
13		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$6,100.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
No. 16 (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 16 (a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
No. 16 (a) No. 17 (a)	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)

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Employer identification number

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COMMUNITY SCHOOL OF THE ARTS

Part I	Contributors (See instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$7,500.	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
20		\$10,000.	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
		\$10,000.	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
22		\$10,000.	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
		\$ <u>5,000.</u>	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 X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
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59-1356847

COMMUNITY SCHOOL OF THE ARTS

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		\$10,000.	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
26		\$199,314.	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
27		\$20,000.	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
28		\$7,600.	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
29		\$6,000.	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
30		\$\$, 150.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016
623452 10-18			000, 000 LZ, 01 000-FT / (2010

Page 2

13521108 131845 074-077989 2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

Employer identification number

59-1356847

COMMUNITY SCHOOL OF THE ARTS

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 32 Person Payroll 19,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

28

2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

13521108 131845 074-077989

623452 10-18-16

Employer identification number

COMMUNITY SCHOOL OF THE ARTS

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	PRINTING AND POSTAGE IN JULY AND DECEMBER, 2015; MARCH, 2016		
		\$\$	
(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
		\$	
(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

13521108 131845 074-077989

29 2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

59-1356847

Name of org	anization			Employer identification number
COMMIN	ITY SCHOOL OF THE ART	q		59-1356847
Part III		ntributions to organizations describ	ed in section 501(c)	(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religion	ous, charitable, etc., contributions of \$1,00	or less for the year. (Ente	er this info. once.) \$
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Γ		(e) Transfer of	gift .	
	Transferee's name, address,	and ZID + 4	Polationa	hip of transferor to transferee
-			Relations	
(a) No. from	(b) Dumpeop of sift	(a) Line of rift		(d) Decovirtion of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(a) T urne for a f	.:0	
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Faili				
F		(e) Transfer of	gift	
	Transformation and the second		Deletionel	
-	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from		(-) 11(((
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
F				
		(e) Transfer of	jiπ	
L	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee
		[
		[
623454 10-18-	16			Schedule B (Form 990, 990-EZ, or 990-PF) (2016

30

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCH	HED	UL	E	D
				_

Department of the Treasury

(Form 990)

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. on about Schedule D (Form 990) and its instructions is at www.irs.g



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| nternal Rever   | nue Service                  | Information about Schedule D (Formation about Schedule D)                      | m 990) and its instructions is at www.ir    | rs.gov/foi  | <u>m990.</u> | Inspection                               |
|-----------------|------------------------------|--------------------------------------------------------------------------------|---------------------------------------------|-------------|--------------|------------------------------------------|
|                 | he organizati                | on<br>COMMUNITY SCHOOL OF                                                      | F THE ARTS                                  |             | Emplo        | oyer identification number<br>59-1356847 |
| Part I          | Organiza                     | ations Maintaining Donor Advise                                                | d Funds or Other Similar Funds              | s or Ac     | cour         | Its.Complete if the                      |
|                 | organizatio                  | n answered "Yes" on Form 990, Part IV, line                                    |                                             |             |              |                                          |
|                 |                              |                                                                                | (a) Donor advised funds                     | (b)         | Funds        | s and other accounts                     |
| 1 Tota          | al number at ei              | nd of year                                                                     |                                             |             |              |                                          |
|                 |                              | of contributions to (during year)                                              |                                             |             |              |                                          |
| 3 Aggi          | regate value o               | of grants from (during year)                                                   |                                             |             |              |                                          |
| 4 Aggi          | regate value a               | t end of year                                                                  |                                             |             |              |                                          |
|                 |                              | on inform all donors and donor advisors in v                                   | vriting that the assets held in donor advis | sed fund    | s            |                                          |
| are t           | the organizatio              | on's property, subject to the organization's e                                 | exclusive legal control?                    |             |              | Yes No                                   |
|                 |                              | on inform all grantees, donors, and donor a                                    |                                             |             |              |                                          |
|                 |                              | ooses and not for the benefit of the donor o                                   |                                             |             |              |                                          |
|                 | ermissible priv              |                                                                                |                                             |             | -            | 🖸 Yes 🛛 No                               |
| Part II         | Conserv                      | ation Easements. Complete if the org                                           |                                             |             |              |                                          |
| 1 Purp          | oose(s) of con               | servation easements held by the organization                                   | on (check all that apply).                  |             |              |                                          |
|                 | <b>-</b>                     | n of land for public use (e.g., recreation or e                                |                                             | orically in | mporta       | ant land area                            |
|                 | 7                            | of natural habitat                                                             | Preservation of a cert                      | -           | •            |                                          |
|                 | Preservatior                 | n of open space                                                                |                                             |             |              |                                          |
| 2 Com           | nplete lines 2a              | through 2d if the organization held a qualifi                                  | ied conservation contribution in the form   | of a con    | servat       | ion easement on the last                 |
|                 | of the tax yea               |                                                                                |                                             | Г           |              | leld at the End of the Tax Year          |
|                 |                              | onservation easements                                                          |                                             | E           | 2a           |                                          |
|                 |                              | ricted by conservation easements                                               |                                             |             | 2b           |                                          |
|                 |                              | vation easements on a certified historic stru                                  |                                             |             | 2c           |                                          |
|                 |                              | vation easements included in (c) acquired a                                    |                                             |             |              |                                          |
|                 |                              | nal Register                                                                   |                                             |             | 2d           |                                          |
|                 | nber of conser               | vation easements modified, transferred, rele                                   |                                             |             | ation o      | during the tax                           |
|                 |                              | where property subject to conservation eas                                     |                                             |             |              |                                          |
|                 |                              | tion have a written policy regarding the peri                                  |                                             |             |              |                                          |
|                 |                              | forcement of the conservation easements it                                     |                                             |             |              |                                          |
| 6 Staf          | f and voluntee               | er hours devoted to monitoring, inspecting,                                    | handling of violations, and enforcing con   | servatior   | 1 easer      | ments during the year                    |
| ▶ .             |                              |                                                                                |                                             |             |              |                                          |
| ▶\$             |                              | ses incurred in monitoring, inspecting, hand                                   |                                             |             |              | s during the year                        |
|                 |                              | vation easement reported on line 2(d) abov<br>)(4)(B)(ii)?                     |                                             |             | .,           | Yes 🗌 No                                 |
| 9 In Pa         | art XIII, descril            | be how the organization reports conservation                                   | on easements in its revenue and expense     | e statem    | ent, an      | d balance sheet, and                     |
|                 |                              | ole, the text of the footnote to the organizat                                 | ion's financial statements that describes   | the orga    | nizatio      | on's accounting for                      |
|                 | servation ease               |                                                                                |                                             |             |              | <u> </u>                                 |
| Part III        |                              | ations Maintaining Collections of<br>f the organization answered "Yes" on Form |                                             | other S     | imila        | r Assets.                                |
|                 |                              | elected, as permitted under SFAS 116 (AS                                       |                                             |             |              |                                          |
|                 |                              | s, or other similar assets held for public exh                                 |                                             | ance of p   | ublic s      | ervice, provide, in Part XIII,           |
| the t           | text of the foo <sup>-</sup> | tnote to its financial statements that describ                                 | bes these items.                            |             |              |                                          |
| <b>b</b> If the | e organization               | elected, as permitted under SFAS 116 (AS                                       | C 958), to report in its revenue statemen   | t and ba    | ance s       | sheet works of art, historical           |
| treas           | sures, or othe               | r similar assets held for public exhibition, ed                                | lucation, or research in furtherance of pu  | ublic serv  | ice, pr      | ovide the following amounts              |
| relat           | ting to these it             | ems:                                                                           |                                             |             |              |                                          |
| (i)             | Revenue inclu                | ided on Form 990, Part VIII, line 1                                            |                                             |             | ▶ \$         |                                          |
|                 |                              |                                                                                |                                             |             | ▶ \$         |                                          |
| • •             |                              | received or held works of art, historical trea                                 |                                             |             |              |                                          |
|                 |                              | unts required to be reported under SFAS 1                                      |                                             | U ., P      |              |                                          |
|                 |                              | on Form 990, Part VIII, line 1                                                 |                                             |             | ▶ \$         |                                          |
|                 |                              | , .,                                                                           |                                             |             |              |                                          |

 $13521108 \ 131845 \ 074-077989$ 

632051 08-29-16

b Assets included in Form 990, Part X

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

2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1

\$ ►

Schedule D (Form 990) 2016

<sup>31</sup> 

| Sche       | dule D (Form 990) 2016 COMMUNI                                | TY SCHOOL                  | OF THE AR            | TS                                            |                      | 59-13       | 5684              | 7 ра       | age <b>2</b>     |
|------------|---------------------------------------------------------------|----------------------------|----------------------|-----------------------------------------------|----------------------|-------------|-------------------|------------|------------------|
| Par        | t III Organizations Maintaining C                             | collections of A           | rt, Historical 7     | reasures, or Ot                               | ther Simi            | lar Asse    | <b>ts</b> (contir | nued)      |                  |
| 3          | Using the organization's acquisition, accessi                 | on, and other record       | ls, check any of th  | e following that are                          | a significant        | use of its  | collectio         | n item     | IS               |
|            | (check all that apply):                                       |                            |                      |                                               |                      |             |                   |            |                  |
| а          | Public exhibition                                             | d                          |                      | change programs                               |                      |             |                   |            |                  |
| b          | Scholarly research                                            | e                          | e 🛄 Other            |                                               |                      |             |                   |            |                  |
| С          | Preservation for future generations                           |                            |                      |                                               |                      |             |                   |            |                  |
| 4          | Provide a description of the organization's co                | ollections and explai      | n how they further   | the organization's e                          | exempt purp          | ose in Par  | t XIII.           |            |                  |
| 5          | During the year, did the organization solicit of              |                            | ,                    | ,                                             |                      |             | -                 |            | -                |
|            | to be sold to raise funds rather than to be ma                |                            |                      |                                               |                      |             | Yes               |            | No               |
| Par        | t IV Escrow and Custodial Arran                               |                            | ete if the organizat | ion answered "Yes"                            | on Form 99           | 0, Part IV, | line 9, or        | •          |                  |
|            | reported an amount on Form 990, Pa                            |                            |                      |                                               |                      |             |                   |            |                  |
| <b>1</b> a | Is the organization an agent, trustee, custod                 |                            |                      |                                               |                      |             | ٦                 |            | ٦                |
|            | on Form 990, Part X?                                          |                            |                      |                                               |                      | L           | Yes               |            | No               |
| b          | If "Yes," explain the arrangement in Part XIII                | and complete the fo        | ollowing table:      |                                               |                      | 1           |                   |            |                  |
|            |                                                               |                            |                      |                                               |                      |             | Amoun             | t          |                  |
|            | Beginning balance                                             |                            |                      |                                               |                      |             |                   |            |                  |
|            | Additions during the year                                     |                            |                      |                                               |                      |             |                   |            |                  |
|            | Distributions during the year                                 |                            |                      |                                               |                      |             |                   |            |                  |
|            | Ending balance<br>Did the organization include an amount on F |                            |                      |                                               |                      |             | Yes               |            | No               |
|            | If "Yes," explain the arrangement in Part XIII.               |                            |                      |                                               | • • • • • • •        | L           |                   |            | ]                |
| Par        |                                                               |                            |                      |                                               |                      |             |                   |            | _                |
|            |                                                               | (a) Current year           | (b) Prior year       | (c) Two years back                            |                      | vears back  | (e) Four          | vears      | back             |
| 1a         | Beginning of year balance                                     | 334,326.                   | 363,449              |                                               | _ ` `                | 350,982.    | (0)               | ,          | 100.             |
|            | Contributions                                                 | ,                          | ,                    | 82,934                                        |                      | 1,130.      |                   |            | 000.             |
|            | Net investment earnings, gains, and losses                    | 40,600.                    | -11,747              | · · ·                                         |                      | 47,084.     |                   |            | 244.             |
|            | Grants or scholarships                                        |                            |                      |                                               |                      |             |                   |            |                  |
|            | Other expenditures for facilities                             |                            |                      |                                               |                      |             |                   |            |                  |
|            | and programs                                                  | 16,033.                    | 17,376               | 5. 15,523                                     | 3.                   | 15,319.     |                   | 21,        | 362.             |
| f          | Administrative expenses                                       |                            |                      |                                               |                      |             |                   |            |                  |
|            | End of year balance                                           | 358,893.                   | 334,326              | 5. 454,223                                    | L.                   | 383,877.    |                   | 350,       | 982.             |
| 2          | Provide the estimated percentage of the cur                   | rent year end baland       | ce (line 1g, column  | (a)) held as:                                 |                      |             |                   |            |                  |
| а          | Board designated or quasi-endowment                           |                            | _%                   |                                               |                      |             |                   |            |                  |
|            | Permanent endowment > 75.00                                   | %                          |                      |                                               |                      |             |                   |            |                  |
| с          | Temporarily restricted endowment  2                           | <u>5.00</u> %              |                      |                                               |                      |             |                   |            |                  |
|            | The percentages on lines 2a, 2b, and 2c sho                   | uld equal 100%.            |                      |                                               |                      |             |                   |            |                  |
| 3a         | Are there endowment funds not in the posse                    | ession of the organization | ation that are held  | and administered for                          | or the organi        | ization     |                   |            |                  |
|            | by:                                                           |                            |                      |                                               |                      |             |                   | Yes        | No               |
|            | (i) unrelated organizations                                   |                            |                      |                                               |                      |             | 3a(i)             | Х          |                  |
|            | (ii) related organizations                                    |                            |                      |                                               |                      |             | 3a(ii)            |            | Х                |
| b          | If "Yes" on line 3a(ii), are the related organization         |                            |                      | l?                                            |                      |             | 3b                |            |                  |
| 4          | Describe in Part XIII the intended uses of the                |                            | owment funds.        |                                               |                      |             |                   |            |                  |
| Par        | <b>t VI</b> Land, Buildings, and Equipm                       |                            |                      |                                               | X // 10              |             |                   |            |                  |
|            | Complete if the organization answere                          |                            | <u> </u>             |                                               | ,                    |             | ( 1) =            |            |                  |
|            | Description of property                                       | (a) Cost or o              |                      | • •                                           | Accumulat            |             | ( <b>d</b> ) Boo  | k valu     | е                |
|            | L                                                             | basis (investr             | Dasi                 | s (other)                                     | depreciatior         | 1           |                   |            |                  |
|            | Land                                                          |                            |                      |                                               |                      |             |                   |            |                  |
|            | Buildings                                                     |                            |                      | 11,924.                                       | 11,9                 | 22          |                   |            | 2.               |
|            | Leasehold improvements                                        |                            |                      | 91,837.                                       | $\frac{11,9}{243,7}$ |             | <u>л</u>          | <u>8 0</u> | <u>2.</u><br>97. |
|            | Equipment                                                     |                            |                      | <u>, , , , , , , , , , , , , , , , , , , </u> | 44J,/                | <u></u>     | 4                 | 5,0        | • • •            |
|            | Other                                                         |                            | X column (P) line    | 10c)                                          |                      |             | Δ                 | 8 0        | 99.              |
| Total      | $\cdot$ Aud lines ta through the (Column (a) must be          | yuan onn 330, Fall         | л, сошти (D), Ше     | 100.                                          |                      | Schedule    |                   | -          |                  |
|            |                                                               |                            |                      |                                               |                      | Joneuule    | וווטיון ש         | 1 330      | 2010             |

| Part VII Investments - Other Securities.<br>Complete if the organization answered "Yes" o | n Form 990 Part IV lin   | a 11h See Form 990 Part X       | line 12                            |
|-------------------------------------------------------------------------------------------|--------------------------|---------------------------------|------------------------------------|
| (a) Description of security or category (including name of security)                      | (b) Book value           |                                 | : Cost or end-of-year market value |
| 1) Financial derivatives                                                                  |                          |                                 |                                    |
| 2) Closely-held equity interests                                                          |                          |                                 |                                    |
| 3) Other                                                                                  |                          |                                 |                                    |
| (A) POOLED INVESTMENT FUNDS                                                               | 515,164                  | • END-OF-YEAR                   | MARKET VALUE                       |
| (B)                                                                                       |                          |                                 |                                    |
| (C)                                                                                       |                          |                                 |                                    |
| (D)                                                                                       |                          |                                 |                                    |
| (E)                                                                                       |                          |                                 |                                    |
| (F)                                                                                       |                          |                                 |                                    |
| (G)                                                                                       |                          |                                 |                                    |
| (H)                                                                                       |                          |                                 |                                    |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨                         | 515,164                  | •                               |                                    |
| Part VIII Investments - Program Related.                                                  |                          |                                 |                                    |
| Complete if the organization answered "Yes" o                                             |                          |                                 |                                    |
| (a) Description of investment                                                             | (b) Book value           | (c) Method of valuation         | : Cost or end-of-year market value |
| (1)                                                                                       |                          |                                 |                                    |
| (2)                                                                                       |                          |                                 |                                    |
| (3)                                                                                       |                          |                                 |                                    |
| (4)                                                                                       |                          |                                 |                                    |
| (5)                                                                                       |                          |                                 |                                    |
| (6)                                                                                       |                          |                                 |                                    |
| (7)                                                                                       |                          |                                 |                                    |
| (8)                                                                                       |                          |                                 |                                    |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                           |                          |                                 |                                    |
| Part IX Other Assets.                                                                     |                          |                                 |                                    |
| Complete if the organization answered "Yes" o                                             | n Form 990. Part IV. lin | e 11d. See Form 990. Part X. I  | line 15.                           |
|                                                                                           | escription               | , ,                             | (b) Book value                     |
| (1)                                                                                       |                          |                                 |                                    |
| (2)                                                                                       |                          |                                 |                                    |
| (3)                                                                                       |                          |                                 |                                    |
| (4)                                                                                       |                          |                                 |                                    |
| (5)                                                                                       |                          |                                 |                                    |
| (6)                                                                                       |                          |                                 |                                    |
| (7)                                                                                       |                          |                                 |                                    |
| (8)                                                                                       |                          |                                 |                                    |
| (9)                                                                                       |                          |                                 |                                    |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line                              | 15.)                     |                                 | ►                                  |
| Part X Other Liabilities.                                                                 |                          |                                 |                                    |
| Complete if the organization answered "Yes" o                                             | n Form 990, Part IV, lin |                                 | art X, line 25.                    |
| (a) Description of liability                                                              |                          | (b) Book value                  |                                    |
| (1) Federal income taxes                                                                  |                          |                                 |                                    |
| (2)                                                                                       |                          |                                 |                                    |
| (3)                                                                                       |                          |                                 |                                    |
| (4)                                                                                       |                          |                                 |                                    |
| (5)                                                                                       |                          |                                 |                                    |
| (6)<br>(7)                                                                                |                          |                                 |                                    |
| (7)                                                                                       |                          |                                 |                                    |
| (8) (9)                                                                                   | <br>                     |                                 |                                    |
| (9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line                       | 25)                      |                                 |                                    |
| <ul> <li>Liability for uncertain tax positions. In Part XIII, provide t</li> </ul>        |                          | to the organization's financial | statements that reports the        |
| organization's liability for uncertain tax positions. In Part All, provide t              |                          |                                 |                                    |
| - gameator o habing for anothan tax positions and it                                      |                          |                                 | Schedule D (Form 990) 2            |

Schedule D (Form 990) 2016

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59-1356847 Page 3

|  | 59-1356847 | Page <b>4</b> |
|--|------------|---------------|
|--|------------|---------------|

| Form 990) 2016           | COMMUNITY     | SCHOOL      | OF    | THE    | ARTS   | 59-1                     |
|--------------------------|---------------|-------------|-------|--------|--------|--------------------------|
| <b>Reconciliation of</b> | Revenue per / | Audited Fin | ancia | I Stat | ements | With Revenue per Return. |

|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |          |                |      |            |
|----|----------------------------------------------------------------------------------|----------|----------------|------|------------|
| 1  | Total revenue, gains, and other support per audited financial statements         |          |                | 1    | 1,869,485. |
| 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       | 81,880.        |      |            |
| с  | Recoveries of prior year grants                                                  | 2c       |                |      |            |
| d  | Other (Describe in Part XIII.)                                                   | 2d       |                |      |            |
| е  | Add lines 2a through 2d                                                          |          |                | 2e   | 81,880.    |
| 3  | Subtract line 2e from line 1                                                     |          |                | 3    | 1,787,605. |
| 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       | 959.           |      |            |
| b  | Other (Describe in Part XIII.)                                                   | 4b       | 131,250.       |      |            |
| с  | Add lines <b>4a</b> and <b>4b</b>                                                |          |                | 4c   | 132,209.   |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |          |                | 5    | 1,919,814. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme                  | ents Wit | h Expenses per | Retu | ırn.       |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |          |                |      |            |
| 1  | Total expenses and losses per audited financial statements                       |          |                | 1    | 1,593,331. |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |          |                |      |            |
| а  | Donated services and use of facilities                                           | 2a       | 81,880.        |      |            |
| b  | Prior year adjustments                                                           | 2b       |                |      |            |
| с  | Other losses                                                                     | 2c       |                |      |            |
| d  | Other (Describe in Part XIII.)                                                   | 2d       |                |      |            |
| е  | Add lines 2a through 2d                                                          |          |                | 2e   | 81,880.    |
| 3  | Subtract line 2e from line 1                                                     |          |                | 3    | 1,511,451. |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |          |                |      |            |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a       | 959.           |      |            |
| b  | Other (Describe in Part XIII.)                                                   | 4b       | 131,250.       |      |            |
| с  | Add lines 4a and 4b                                                              |          |                | 4c   | 132,209.   |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |          |                | 5    | 1,643,660. |
| Do | rt XIII Supplemental Information.                                                |          |                |      |            |

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

#### PART V, LINE 4:

Schedule D Part XI

PROGRAM SUPPORT

PART X, LINE 2:

THE SCHOOL, A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE, IS EXEMPT FROM FEDERAL AND STATE INCOME 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

34

YEAR ENDED JUNE 30, 2017.

632054 08-29-16

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION ASSISTANCE AND OTHER DISCOUNTS - THE AUDITED FINANCIAL STATEMENTS

LIST THE TUITION ASSISTANCE EXPENSE OF \$131,250 AS A REDUCTION OF INCOME.

THIS AMOUNT IS CONSIDERED A PROGRAM EXPENSE FOR THE PURPOSE OF CONTINUING

THE NON-PROFIT'S FUNCTION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION ASSISTANCE AND OTHER DISCOUNTS - THE AUDITED FINANCIAL STATEMENTS

LIST THE TUITION ASSISTANCE EXPENSE OF \$131,250 AS A REDUCTION OF INCOME.

THIS AMOUNT IS CONSIDERED A PROGRAM EXPENSE FOR THE PURPOSE OF CONTINUING THE NON-PROFIT'S FUNCTION.

Schedule D (Form 990) 2016

632055 08-29-16

35

13521108 131845 074-077989

|             | HEDULE E<br>m 990 or 990-EZ)                                                                                                           | <b>Schools</b> Complete if the organization answered "Yes" on Form 990,                                                                                  | F            | OMB No.                                 |          |        |  |  |  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|----------|--------|--|--|--|
| (           |                                                                                                                                        | Part IV, line 13, or Form 990-EZ, Part VI, line 48.                                                                                                      |              | 2016                                    |          |        |  |  |  |
|             | artment of the Treasury Attach to Form 990 or Form 990-EZ.                                                                             |                                                                                                                                                          |              |                                         |          |        |  |  |  |
|             | I Revenue Service                                                                                                                      | ▶ Information about Schedule E (Form 990 or 990-EZ ) and its instructions is at www.irs.gov/form                                                         | m990.        | Inspect                                 | ion      |        |  |  |  |
| Name        | e of the organizatior                                                                                                                  |                                                                                                                                                          | Employer ide |                                         |          |        |  |  |  |
|             |                                                                                                                                        | COMMUNITY SCHOOL OF THE ARTS                                                                                                                             | 59-          | 1356                                    | 847      |        |  |  |  |
| Pa          | rtl                                                                                                                                    |                                                                                                                                                          |              |                                         | VEO      |        |  |  |  |
|             |                                                                                                                                        |                                                                                                                                                          |              |                                         | YES      | NO     |  |  |  |
| 1           | -                                                                                                                                      | ion have a racially nondiscriminatory policy toward students by statement in its charter, byla                                                           |              |                                         | x        |        |  |  |  |
| 2           |                                                                                                                                        | strument, or in a resolution of its governing body?<br>ion include a statement of its racially nondiscriminatory policy toward students in all its broch |              | . 1                                     |          |        |  |  |  |
| 2           | -                                                                                                                                      | her written communications with the public dealing with student admissions, programs, and                                                                |              | ? 2                                     | x        |        |  |  |  |
| 3           | <b>u</b>                                                                                                                               | on publicized its racially nondiscriminatory policy through newspaper or broadcast media dur                                                             | •            | ·                                       |          |        |  |  |  |
| •           | •                                                                                                                                      | n for students, or during the registration period if it has no solicitation program, in a way that                                                       | 0            |                                         |          |        |  |  |  |
|             | •                                                                                                                                      | all parts of the general community it serves? If "Yes," please describe. If "No," please expla                                                           |              |                                         |          |        |  |  |  |
|             | If you need more s                                                                                                                     |                                                                                                                                                          |              | 3                                       | X        |        |  |  |  |
|             |                                                                                                                                        | CIZES AN ACCESSIBILITY POLICY ON THEIR WEBSITE                                                                                                           |              | _                                       |          |        |  |  |  |
|             |                                                                                                                                        | TES THAT CSA MAKES AN ARTS EDUCATION ACCESSIBL                                                                                                           |              | _                                       |          |        |  |  |  |
|             |                                                                                                                                        | NTS REGARDLESS OF RACE, AGE, DISABILITY, FAITH                                                                                                           | , SEX,       | _                                       |          |        |  |  |  |
|             |                                                                                                                                        | IENTATION, SOCIAL CLASS, ETHNICITY, AND GENDER                                                                                                           |              | -                                       |          |        |  |  |  |
|             | IDENTITY.                                                                                                                              |                                                                                                                                                          |              | -                                       |          |        |  |  |  |
| 4           | Ũ                                                                                                                                      | ion maintain the following?                                                                                                                              |              |                                         | v        |        |  |  |  |
|             |                                                                                                                                        | the racial composition of the student body, faculty, and administrative staff?                                                                           |              |                                         | X<br>X   |        |  |  |  |
|             |                                                                                                                                        | ting that scholarships and other financial assistance are awarded on a racially nondiscriminal                                                           |              | . 4b                                    |          |        |  |  |  |
| С           |                                                                                                                                        | gues, brochures, announcements, and other written communications to the public dealing w                                                                 |              | 4c                                      | x        |        |  |  |  |
| Ь           |                                                                                                                                        | ms, and scholarships?<br>ial used by the organization or on its behalf to solicit contributions?                                                         |              |                                         | X        |        |  |  |  |
| u           |                                                                                                                                        | o" to any of the above, please explain. If you need more space, use Part II.                                                                             |              | . <del></del>                           |          |        |  |  |  |
|             |                                                                                                                                        |                                                                                                                                                          |              |                                         |          |        |  |  |  |
|             |                                                                                                                                        |                                                                                                                                                          |              | -                                       |          |        |  |  |  |
|             |                                                                                                                                        |                                                                                                                                                          |              |                                         |          |        |  |  |  |
|             |                                                                                                                                        |                                                                                                                                                          |              |                                         |          |        |  |  |  |
| 5           | Does the organizat                                                                                                                     | ion discriminate by race in any way with respect to:                                                                                                     |              |                                         |          |        |  |  |  |
|             |                                                                                                                                        | privileges?                                                                                                                                              |              | . <b>5</b> a                            |          | X      |  |  |  |
|             |                                                                                                                                        | s?                                                                                                                                                       |              | . 5b                                    |          | X      |  |  |  |
|             |                                                                                                                                        | ulty or administrative staff?                                                                                                                            |              |                                         | <b> </b> | X      |  |  |  |
| d           |                                                                                                                                        | ner financial assistance?                                                                                                                                |              |                                         |          | X      |  |  |  |
|             |                                                                                                                                        | s?                                                                                                                                                       |              |                                         |          | X<br>X |  |  |  |
| е           | LICO OT TOCILITIOS?                                                                                                                    |                                                                                                                                                          |              |                                         |          | A<br>X |  |  |  |
| e<br>f      |                                                                                                                                        |                                                                                                                                                          |              |                                         |          |        |  |  |  |
| e<br>f<br>g | Athletic programs?                                                                                                                     |                                                                                                                                                          |              | . 5g                                    |          | I X    |  |  |  |
| e<br>f<br>g | Athletic programs?<br>Other extracurricul                                                                                              | ar activities?                                                                                                                                           |              | . 5g                                    |          | X      |  |  |  |
| e<br>f<br>g | Athletic programs?<br>Other extracurricul                                                                                              |                                                                                                                                                          |              | . 5g                                    |          | X      |  |  |  |
| e<br>f<br>g | Athletic programs?<br>Other extracurricul                                                                                              | ar activities?                                                                                                                                           |              | . 5g                                    |          | x      |  |  |  |
| e<br>f<br>g | Athletic programs?<br>Other extracurricul                                                                                              | ar activities?                                                                                                                                           |              | . 5g                                    |          | X      |  |  |  |
| e<br>f<br>g | Athletic programs?<br>Other extracurricul                                                                                              | ar activities?                                                                                                                                           |              | . 5g                                    |          | X      |  |  |  |
| e<br>f<br>h | Athletic programs?<br>Other extracurricul<br>If you answered "Y                                                                        | ar activities?                                                                                                                                           |              | . 5g<br>. 5h<br>-<br>-                  | x        | X      |  |  |  |
| e<br>f<br>h | Athletic programs?<br>Other extracurricul<br>If you answered "Y<br><br>Does the organizat                                              | ar activities?<br>es" to any of the above, please explain. If you need more space, use Part II.                                                          |              | 5g<br>5h<br>-<br>-<br>-<br>-<br>-<br>6a | X        | X      |  |  |  |
| e<br>f<br>h | Athletic programs?<br>Other extracurricul<br>If you answered "Y<br><br>Does the organizat<br>Has the organization                      | ar activities?<br>es" to any of the above, please explain. If you need more space, use Part II.                                                          |              | 5g<br>5h<br>-<br>-<br>-<br>-<br>-<br>6a | x        |        |  |  |  |
| e<br>f<br>h | Athletic programs?<br>Other extracurricul<br>If you answered "Y<br>Does the organization<br>Has the organization<br>If you answered "Y | ar activities?<br>es" to any of the above, please explain. If you need more space, use Part II.                                                          |              | 5g<br>5h<br>-<br>-<br>-<br>-<br>-<br>6a | x        |        |  |  |  |

632061 10-10-16

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

#### LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

#### THE SCHOOL RECEIVED A GRANT FROM THE NORTH CAROLINA ARTS COUNCIL, WHICH IS

#### A STATE GOVERNMENT ORGANIZATION, TO PAY FOR GENERAL OPERATING COSTS.

632062 10-10-16

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.<br>► Attach to Form 990.<br>► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|--------------------------|-----------------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------|--|
| Name of the organization                                                           | on                                                                                                                                                                                                                                                                                                           |                      |                                    | (i orini 550) and its    |                                         |                                                                       |                                       | Employer identification number        |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              | SCHOOL O             | F THE ARTS                         |                          |                                         |                                                                       |                                       | 59-1356847                            |  |
| Part I General In                                                                  | formation on Grants a                                                                                                                                                                                                                                                                                        | Ind Assistance       |                                    |                          |                                         |                                                                       |                                       |                                       |  |
| criteria used to av                                                                | ation maintain records<br>ward the grants or assis<br>V the organization's pro                                                                                                                                                                                                                               | stance?              | -                                  |                          |                                         |                                                                       |                                       | ction X Yes No                        |  |
|                                                                                    | Other Assistance to                                                                                                                                                                                                                                                                                          |                      |                                    |                          |                                         | anization answered "Y                                                 | /es" on Form 990, Par                 | t IV, line 21, for any                |  |
|                                                                                    | at received more than                                                                                                                                                                                                                                                                                        | -                    |                                    |                          |                                         |                                                                       | ,                                     | , , <b>,</b>                          |  |
|                                                                                    | dress of organization<br>ernment                                                                                                                                                                                                                                                                             | <b>(b)</b> EIN       | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                              |                      |                                    |                          |                                         |                                                                       |                                       |                                       |  |
| 2 Enter total number                                                               | er of section 501(c)(3) a                                                                                                                                                                                                                                                                                    | nd government or     | ganizations listed in th           | ne line 1 table          | •                                       | •                                                                     | ·                                     | <b>&gt;</b>                           |  |
| 3 Enter total number                                                               | er of other organization                                                                                                                                                                                                                                                                                     | s listed in the line | 1 table                            |                          |                                         |                                                                       |                                       | ►                                     |  |
| LHA For Paperwork                                                                  | Reduction Act Notice                                                                                                                                                                                                                                                                                         | , see the Instruct   | ions for Form 990.                 |                          |                                         |                                                                       |                                       | Schedule I (Form 990) (2016)          |  |

Schedule I (Form 990) (2016)

59-1356847

Page 2

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

| (a) Type of grant or assistance                           | (b) Number of recipients  | <b>(c)</b> Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------------------------------|---------------------------|------------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
|                                                           |                           |                                    |                                       |                                                                 |                                       |
| TUITION ASSISTANCE                                        | 165                       | 131,250.                           | 0.                                    |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
|                                                           |                           |                                    |                                       |                                                                 |                                       |
| Part IV Supplemental Information. Provide the information | n required in Part I, lir | ne 2; Part III, column             | (b); and any other a                  | dditional information.                                          |                                       |
| PART I, LINE 2:                                           |                           |                                    |                                       |                                                                 |                                       |
| TUDENTS RECEIVING FINANCIAL AII                           | O AND MERIT               | SCHOLARSH                          | IPS ARE MO                            | NITORED                                                         |                                       |

CAREFULLY TO ENSURE THAT SUPPORT FUNDS ARE EFFECTIVELY SPENT. STUDENTS'

SKILLS ARE EVALUATED IN WRITING AT THE START OF EACH SCHOOL YEAR. DETAILED

COMMENTS AND A DEVELOPMENT PLAN ARE PROVIDED TO THE STUDENTS AND THEIR

PARENTS AND REVIEWED BY THE SCHOOL'S PROGRAM DIRECTOR. THEIR PROGRESS IS

THEN RE-EVALUATED AT THE START OF THE SPRING SEMESTER AND EVALUATED AT THE

END OF EACH SCHOOL YEAR THROUGH A FORM THAT MEASURES COMMITMENT, WORK

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

| Schedule I (Form 990)       COMMUNITY SCHOOL OF THE ARTS       59–1356847       Page 2         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.                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
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|                                                                                                                                       |
|                                                                                                                                       |
|                                                                                                                                       |
| 632291<br>04-01-16<br><b>4</b> 0                                                                                                      |

| SCHEDULE   | Μ |
|------------|---|
| (Form 990) |   |

## **Noncash Contributions**

OMB No. 1545-0047

ſ ZU 16

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Part I

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.

Types of Property

COMMUNITY SCHOOL OF THE ARTS

#### Employer identification number 59-1356847

Open To Public

. Inspection

Name of the organization

| (a)      | (b)       | (c)           |
|----------|-----------|---------------|
| Check if | Number of | Noncash conti |

|     |                                                  | (a)             | (b)                        | (c)                                         | (d)              |         |       |    |
|-----|--------------------------------------------------|-----------------|----------------------------|---------------------------------------------|------------------|---------|-------|----|
|     |                                                  | Check if        | Number of contributions or | Noncash contribution<br>amounts reported on | Method of de     |         | •     |    |
|     |                                                  | applicable      | items contributed          | Form 990, Part VIII, line 1g                | noncash contribu | luon ai | nount | 5  |
| 1   | Art - Works of art                               |                 |                            |                                             |                  |         |       |    |
| 2   | Art - Historical treasures                       |                 |                            |                                             |                  |         |       |    |
| 3   | Art - Fractional interests                       |                 |                            |                                             |                  |         |       |    |
| 4   | Books and publications                           |                 |                            |                                             |                  |         |       |    |
| 5   | Clothing and household goods                     |                 |                            |                                             |                  |         |       |    |
| 6   | Cars and other vehicles                          |                 |                            |                                             |                  |         |       |    |
| 7   | Boats and planes                                 |                 |                            |                                             |                  |         |       |    |
| 8   | Intellectual property                            |                 |                            |                                             |                  |         |       |    |
| 9   | Securities - Publicly traded                     |                 |                            |                                             |                  |         |       |    |
| 10  | Securities - Closely held stock                  |                 |                            |                                             |                  |         |       |    |
| 11  | Securities - Partnership, LLC, or                |                 |                            |                                             |                  |         |       |    |
|     | trust interests                                  |                 |                            |                                             |                  |         |       |    |
| 12  | Securities - Miscellaneous                       |                 |                            |                                             |                  |         |       |    |
| 13  | Qualified conservation contribution -            |                 |                            |                                             |                  |         |       |    |
|     | Historic structures                              |                 |                            |                                             |                  |         |       |    |
| 14  | Qualified conservation contribution - Other      |                 |                            |                                             |                  |         |       |    |
| 15  | Real estate - Residential                        |                 |                            |                                             |                  |         |       |    |
| 16  | Real estate - Commercial                         |                 |                            |                                             |                  |         |       |    |
| 17  | Real estate - Other                              |                 |                            |                                             |                  |         |       |    |
| 18  | Collectibles                                     |                 |                            |                                             |                  |         |       |    |
| 19  | Food inventory                                   |                 |                            |                                             |                  |         |       |    |
| 20  | Drugs and medical supplies                       |                 |                            |                                             |                  |         |       |    |
| 21  | Taxidermy                                        |                 |                            |                                             |                  |         |       |    |
| 22  | Historical artifacts                             |                 |                            |                                             |                  |         |       |    |
| 23  | Scientific specimens                             |                 |                            |                                             |                  |         |       |    |
| 24  | Archeological artifacts                          |                 |                            |                                             |                  |         |       |    |
| 25  | Other ► (COMMERCIAL RE)                          | Х               | 1                          |                                             | FMV OF SPAC      |         |       |    |
| 26  | Other ( <b>PRINTING AND</b> )                    | Х               | 1                          |                                             | NUMBER OF P      |         |       |    |
| 27  | Other ► ( PIANO )                                | Х               | 1                          |                                             | DONOR DETER      |         | ATI   | ON |
| 28  | Other ( PODIUMS )                                | Х               | 1                          | 4,000.                                      | DONOR INVOI      | CE      |       |    |
| 29  | Number of Forms 8283 received by the organi      | zation during   | g the tax year for c       | contributions                               |                  |         |       |    |
|     | for which the organization completed Form 82     | 83, Part IV, I  | Donee Acknowledg           | gement <b>29</b>                            |                  |         |       |    |
|     |                                                  |                 |                            |                                             |                  |         | Yes   | No |
| 30a | During the year, did the organization receive b  | y contributio   | on any property rep        | oorted in Part I, lines 1 throu             | gh 28, that it   |         |       |    |
|     | must hold for at least three years from the date | e of the initia | al contribution, and       | d which isn't required to be ι              | ised for         |         |       |    |
|     | exempt purposes for the entire holding period    | ?               |                            |                                             |                  | 30a     |       | X  |
| b   | If "Yes," describe the arrangement in Part II.   |                 |                            |                                             |                  |         |       |    |
| 31  | Does the organization have a gift acceptance     | oolicy that re  | equires the review         | of any nonstandard contribution             | utions?          | 31      | Х     |    |
| 32a | Does the organization hire or use third parties  | or related or   | rganizations to soli       | cit, process, or sell noncash               |                  |         |       |    |
|     | contributions?                                   |                 |                            |                                             |                  | 32a     |       | X  |
| b   | If "Yes," describe in Part II.                   |                 |                            |                                             |                  |         |       |    |
| 33  | If the organization didn't report an amount in c | olumn (c) fo    | r a type of propert        | y for which column (a) is che               | ecked,           |         |       |    |
|     | describe in Part II.                             |                 |                            |                                             |                  |         |       |    |

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

Schedule M (Form 990) (2016)

632141 08-23-16

LHA

2016.05000 COMMUNITY SCHOOL OF THE ART 074-1BW1 13521108 131845 074-077989

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

#### PART I, OTHER TYPES OF PROPERTY:

LEGAL SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 646.

(D) METHOD OF DETERMINING REVENUE: BILLING RATE

Schedule M (Form 990) (2016)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

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



COMMUNITY SCHOOL OF THE ARTS

Employer identification number 59 - 1356847

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

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:

EACH SUMMER, THE SCHOOL'S GOVERNANCE COMMITTEE REVIEWS THE CONFLICT OF 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 POLICY 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:

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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16 43

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| Schedule O (Form 990 or 990-EZ) (2016) Page 2              |                                           |  |  |  |  |  |
|------------------------------------------------------------|-------------------------------------------|--|--|--|--|--|
| Name of the organization<br>COMMUNITY SCHOOL OF THE ARTS   | Employer identification number 59-1356847 |  |  |  |  |  |
| ANNUAL BUDGETING PROCESS. TO DETERMINE APPROPRIATE COMPENS | SATION, THE SCHOOL                        |  |  |  |  |  |

USES COMPARABLE DATA FROM OTHER NONPROFIT ORGANIZATIONS IN THE AREA OF

SIMILAR SIZE AND FOR SIMILAR LEVEL OF RESPONSIBILITY OF THE OFFICER

POSITION. THE SCHOOL ALSO 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.

FORM 990, PART XII, LINE 2C

THE SCHOOL'S PROCESS FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION

OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

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