efil	e GF	RAPHIC	print	Submission I	Date - 2020-07-15					DLN: 9	3493197048160	
Form	9	90		section 501(c), 5	Drganization 27, or 4947(a)(1) of the lter social security num	e Internal Reve	nue Code	e (except j	orivate founda		OMB No. 1545-0047	
Treas	ury	ent of the			v. <u>irs.gov/Form990</u> for			•			Open to Public Inspection	
Aervi	วั <b>r</b> th	ne 2019 c			r beginning 07-01-20	18 , and end	ing 06-3	0-2019	_			
□ Ad ○ Na	dress me cl	applicable: change hange	NEW Y	of organization ORK INTERSCHOOL A business as	SSOCIATION INC				D Employ 13-321		fication number	
<ul> <li>Initial return</li> <li>Final return/terminated</li> <li>Amended return Application</li> </ul>			Numbe	er and street (or P.O. b REEDOM PLACE	pox if mail is not delivered to	o street address)	Room/su	ite	E Telephone number			
Geno				r town, state or provin 'ORK, NY 10069	ce, country, and ZIP or fore	ign postal code	J		<b>G</b> Gross	receipts \$	867,769	
			F Nam	ne and address of	principal officer:			SU	this a group re bordinates? all subordina		🗌 Yes 🗹 No	
-	Tax-exempt status:       ✓ 501(c)(3)       501(c) ( ) ◀(insert no.)       4947(a)(1) or       527         J       Website: ►       WWW.INTERSCHOOL.ORG							in If	cluded? "No," attach a roup exemptior	list. (see		
<b>K</b> Forr	n of o	rganization	: 🗹 Corp	poration 🗍 Trust 🕻	Association Other	•		L Year of fo	ormation: 1971	<b>M</b> State	of legal domicile: NY	
Pa	rt I	Sum	mary									
ance		THE PURP EIGHT MA	OSE OF N	NEW YORK INTERSI	ission or most significan HOOL ASSOCIATION INC HOOLS WITH EACH OF PROG. OF T	IS TO SHARE T						
len.												
Activities & Governance	3 4 5 6	Number Number Total nun Total nun	of voting of indepe nber of ir nber of v	members of the g endent voting mem ndividuals employe olunteers (estimat	tion discontinued its op overning body (Part VI, abers of the governing b d in calendar year 2018 e if necessary) om Part VIII, column (C)	line 1a) body (Part VI, lir 3 (Part V, line 2a	ne 1b) . a)	nore than 2	25% of its net a  	ssets. 3 4 5 6 7a	8 8 0 0	
		Net unre	lated bus	siness taxable inco	me from Form 990-T, lin	e 34				7b	0	
	α						Prior Year		Current Year			
9	8	Contribut	tions and	l grants (Part VIII,	line 1h)		•		309	,000	369,000	
Revenue	9	Program	service r	evenue (Part VIII,	•		409	,961	498,305			
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d )					•			209	464	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							710	170	0 867,769	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)						719,170 867				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0	
		Benefits paid to or for members (Part IX, column (A), line 4)							254	463	251,761	
ŝ					X, column (A), line 11e)				234	405	0	
Exp enses				enses (Part IX, colu								
ă	17	Other ex	penses (l	Part IX, column (A)	, lines 11a-11d, 11f-24	e)		386,594 53				
	18	Total exp	enses. A	dd lines 13–17 (mu	ist equal Part IX, colum	n (A), line 25)			641	,057	789,122	
	19	Revenue	less exp	enses. Subtract lin	e 18 from line 12				78	,113	78,647	
Net Assets or Fund Balances	20	Total acc	ots (Part	X, line 16)				Beginr	ning of Current		End of Year 506,534	
Asid				art X, line 26)			•			,085 ,496	153,140	
Fund					ct line 21 from line 20					,189	353,394	
Pa	rt II	-	ature E				-					
know	edge				examined this return, i mplete. Declaration of p							
		Signa	ture of offi	cer					2020-07-14 Date			
Sign Here		ADRIE	ENNE BARF	R EXECUTIVE DIREC					Juic			
Pai	d	f	Print/Type p	preparer's name	Preparer's signa	ture		oate 020-07-15	Check 🗹 if self-employed	PTIN P0156539	91	
		rer	Firm's nam	e 🕨 Deans Archer a	and Co		1		Firm's EIN 🕨 11	-3156566		
	-		- irm's addr	ess 🕨 265 E Merrick F	Road Suite 205				Phone no. (516)	872-6922		
				Valley Stream,								
May t	he IR	S discuss	this retu		er shown above? (see in	structions)					(es 🔽 No	

Cat. No. 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990	(201	8)
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	990 (2018)						Page
Par	t III State	ment of Program Service	e Accomplish	ments			
	Check	if Schedule O contains a respor	ise or note to ar	y line in this Part III .			
	Briefly describ	e the organization's mission:					
٩NF		NDENT SCHOOLS WITH EACH O			OURCES AND TALENTSOF A CON ATIONAL INITIATIVES THAT HELP		
	Did the organi	zation undertake any significar	it program servi	ces during the year whic	h were not listed on		
	the prior Form	990 or 990-EZ?				🗌 Yes 🛛 🗹 N	io
	If "Yes," descri	be these new services on Sche	dule O.				
	Did the organi	zation cease conducting, or ma	ke significant ch	nanges in how it conduct	s, any program		
	services? .					🗆 Yes 🗧	2 No
	If "Yes," descri	be these changes on Schedule	0.				
L	Section 501(c)		s are required to		rgest program services, as meas ants and allocations to others, th		
a	(Code:	) (Expenses \$	430,796	including grants of \$	) (Revenue \$	)	
	OTHER PROGR CONSORTIUM.		STUDENT/FACULT	Y ACTIVITIES PROVIDED BY T	THE ASSOCIATION TO THE EIGHTINDEF	'ENDENT SCHOOLS IN	ſHE
b	(Code:	) (Expenses \$	285,664	including grants of \$	) (Revenue \$	)	
	INTERSCHOOL IN THEIR CURF SCHOOLS.	LEADERSHIP INSTITUTE CONSISTS ( ENT SCHOOLS AND IN THEIR PROFE	)F WORKSHOPS FO SSIONAL LIVES MO	R SEASONED FACULTY OF CONVING FORWARD AND TO DE	OLOR TO REFLECT ON WHO THEY ARE VELOP ACTION STEPS FOR THEIR CON	Now, who they wan Tinued work in thei	т то в २
c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)	
d	1 5	am services (Describe in Sched		 	) (Revenue \$	)	
d	(Expenses \$		ule O.) luding grants of 716.4		) (Revenue \$	)	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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 $\cdot$	10		No
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Page **3** 

Page	4
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Par	t IV Checklist of Required Schedules (continued)								
			Yes	No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No					
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 Schedule K. If "No," go to line 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
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 Schedule L, Part I	25b		No					
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 "Yes," complete Schedule L, Part II</i>	26		No					
27	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III								
28	8 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	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i>								
b	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>								
c	c 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								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes						
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   35		163	140					
	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . <b>1b</b> 0								

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Form 9	90	(201	8)
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22	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
Zđ	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		ac		
Ľ	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
r	which the organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
15	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		No
	If "Yes," complete Form 4720, Schedule O.	16		No
			Form <b>9</b> 9	<b>90</b> (2018)

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### Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI $\checkmark$ Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year **1**a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 8 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 No . . . Did the organization delegate control over management duties customarily performed by or under the direct supervision з 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No Did the organization have members or stockholders? 6 No 6 . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b No persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8 the following: 8a Yes 8h b Each committee with authority to act on behalf of the governing body? Yes 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Yes . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to b 12b conflicts? Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . . . . . . . . . . 12c Yes 13 Did the organization have a written whistleblower policy? . . . . 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official . . . . 15a No 15b **b** Other officers or key employees of the organization . . No . . . . . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16a No . . . . . . . . . . If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation b in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16h Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed 17

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

🗌 Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶BRANDIE CLARKE 301 FREEDOM PLACE NEW YORK, NY 10069 (212) 501-0031

ſ 1

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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.

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

	, ,	ř		-						
(A) Name and Title	(B) Average hours per week (list any hours for		ne bo	ox, u n ofi	t che inles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(W- 2/1099-	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI2C)	(W- 2/1099- MISC)	organization and related organizations
(1) ADRIENNE BARR	40.00									
EXECUTIVE DIRECTOR	 0.00	Х		х				0	105,000	0
(2) JANE FRIED	4.00							_	_	
RESIDENT	 0.00	Х		х				0	0	0
(3) PATRICIA HAYOT	0.00									
DIRECTOR	 0.00	х						0	0	0
(4) LEE LEVISON	4.00	v		v						
TREASURERSECRETARY	 0.00	Х		х				0	0	0
(5) PAUL BURKE	4.00	v							0	
DIRECTOR	 0.00	х						0	0	0
(6) BODIE BRIZENDINE	4.00	х						0	0	0
DIRECTOR	0.00	~						0	0	0
(7) JOHN ALLMAN	4.00	x						0	0	0
DIRECTOR	0.00	~								
(8) JIM BEST	4.00	х						0	0	0
DIRECTOR	 0.00	^						0	0	0
(9) JOHN BOTTI	4.00	х						0	0	0
DRECTOR	0.00	~								
							I			Form <b>990</b> (2018)

// Secti	on A. Officers,	Directors,	Trustees,	Key Employees	, and Highest	Compensated Employees (continued)
----------	-----------------	------------	-----------	---------------	---------------	-----------------------------------

Ра	rt VII Section A. Officers, Direc	tors, Trustees	i, Key I	Empl	oye	es,	and	Higl	hest Con	npensat	ed Employees	(con	tinued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than c is b	one b	ox, u n off tor/ti	t che Inles ficer ruste	and a	son	compe from organiza	) rtable nsation n the ation (W- -MISC)	(E) Reportable compensatio from related organizations i 2/1099-MISC	n J (W-	(F Estim amount o comper from organizat relat organiz	ated of other isation the tion and ted
								-						
				-				-						
								-						
				1										
							►							
	Total from continuation sheets to P Total (add lines 1b and 1c)			• •	•		2			0	105,0	00		0
2	Total number of individuals (including					ove	) who	rece	ived more					
	reportable compensation from the org	ganization 🕨 0												
_	Did the encoderation is in the												Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			е, ке	y em	יסוקר י	yee, o •	r nig •	nest comp	ensated (	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	-		-
					•	•						4		No
5	Did any person listed on line 1a receir services rendered to the organization									on or indiv	vidual for	F		No
S	ection B. Independent Contract	. ,					,					5		No
1	Complete this table for your five high the organization. Report compensation	est compensate										mpens	ation fro	m
	• • •	(A)		enuill	iy wi		I VVILII	in ul			(B)			C)
	Name and business address Description of services										compe	nsation		

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

Form 990 (2018)
Part VIII
Statement of Revenue

Page **9** 

	Check if Schedule O contains	a response o	or note to any					<u></u>	🗆
					<b>A)</b> revenue		(B) elated or exempt	<b>(C)</b> Unrelated business	(D) Revenue excluded from
						fu	unction	revenue	tax under sections 512 - 514
	<b>1a</b> Federated campaigns	1a				<u> </u>	evenue		512 - 514
unts	<b>b</b> Membership dues	1b	344,000						
Gra	c Fundraising events	1c							
fs,	<b>d</b> Related organizations	1d							
Gif	e Government grants (contributions)	1e							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,000						
ntribu I Othe	<b>g</b> Noncash contributions included in lines 1a - 1f:\$								
and	<b>h Total.</b> Add lines 1a-1f		. ►		369,000				
			Busines	s Code	_				
anue	2a ACTIVIIES FEES			711110		232,928	232	,928	
Reve	<b>b</b> TUITION AND COST STUDY			611710		132,113	132		
ce	c OTHER MISC FEES			611710		34,689		,689	
ervi	d FACULTY DIVERS DUES			611710		93,500		,500	
E C	e FACULTY DIVERS FEES			611710		5,075	5	,075	
Program Service Revenue	f All other program service revenue	2.		_					
ď	g Total. Add lines 2a-2f			498,305					
	<b>3</b> Investment income (including divid		st, and other		46				464
	similar amounts)		acoods I		40				404
	5 Royalties					_			
	(i) Rea		ii) Personal						
	6a Gross rents								
	b Less: rental expenses			-					
	c Rental income or (loss)			_					
	<b>d</b> Net rental income or (loss)		• •						
	(i) Securi	ties	(ii) Other	_					
	7a Gross amount from sales of assets other than inventory								
	<b>b</b> Less: cost or other basis and			-					
	sales expenses			_					
	C Gain or (loss) d Net gain or (loss)		•	_					
e	8a Gross income from fundraising ev (not including \$	ents of	•						
Other Revenue	contributions reported on line 1c) See Part IV, line 18	a							
Be	<b>b</b> Less: direct expenses	b							
her	c Net income or (loss) from fundrais	-	•	_					
ð	<b>9a</b> Gross income from gaming activit See Part IV, line 19	ļ							
	<b>b</b> Less: direct expenses	a b		_					
	c Net income or (loss) from gaming	I	· •						
	<b>10a</b> Gross sales of inventory, less returns and allowances .								
	<b>b</b> Less: cost of goods sold	a b		_					
	<b>c</b> Net income or (loss) from sales of	I	. ►						
	Miscellaneous Revenue	Βι	isiness Code	_					
	11a								
	b								
	c								
	d All other revenue		pe						
	e Total. Add lines 11a-11d		. ►						
	12 Total revenue. See Instructions.	• • •	· · •		867,76	9	498,305		0 464

_			(B)	(C)	
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,000	88,771	16,229	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83,500	71,454	12,046	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,140	17,969	3,171	
9	Other employee benefits	28,809	24,487	4,322	
	Pavroll taxes	13,312	11,315	1,997	
	Fees for services (non-employees):				
	-				
	Management	8,071	6,860	1,211	
	DLegal				
c	Accounting	6,000	5,100	900	
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
Ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	36,986	31,028	5,958	
14	Information technology				
	Royalties				
	Occupancy	31,249	24,999	6,250	
	Travel	27,201	26,065	1,136	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120,971	117,675	3,296	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,328		3,328	
23	Insurance	9,297	7,903	1,394	<u> </u>
	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 O.)				
	a TELEPHONE AND COMMUNICATION	1,441	1,225	216	
	<b>b</b> EQUIPMENT RENTAL MAINTENANCE	3,986		3,986	
	c CONSULTANTS	280,981	280,981		
	d POSTAGE AND PRINTING	739	628	111	
	e All other expenses	7,111		7,111	
25	Total functional expenses. Add lines 1 through 24e	789,122	716,460	72,662	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ✓ if following SOP 98-2 (ASC 958-720).				

# Part X Balance Sheet

		Check if Schedule O contains a response or note	e to an	v line in this Part IX			0
			<u> </u>		<b>(A)</b> Beginning of year	<u> </u>	(B) End of year
	1	Cash-non-interest-bearing			155,997	1	199,082
	2	Savings and temporary cash investments		[	163,616	2	193,934
	3	Pledges and grants receivable, net		· [		3	
	4	Accounts receivable, net		[	43,867	4	95,900
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ated em	nployees. Complete		5	
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza voluntary employees' beneficiary organizations	fied per n 4958( ations o	rsons (as defined under c)(3)(B), and f section 501(c)(9)		6	
ts	7	Part II of Schedule L				7	
ssets	8	Inventories for sale or use		ŀ		8	
As	8 9			F	17,713	8	3,130
	_	Prepaid expenses and deferred charges	· · ·	· · ·	11,113	3	5,150
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	44,602			
	b	Less: accumulated depreciation	10b	39,089	8,842	10c	5,513
	11	Investments—publicly traded securities .	·			11	
	12	Investments—other securities. See Part IV, line	11 .	[		12	
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,650	15	8,975		
	16	Total assets. Add lines 1 through 15 (must equa			393,685	16	506,534
	17	Accounts payable and accrued expenses			11,430	17	63,521
	18	Grants payable		18			
	19	Deferred revenue	17,550	19	27,300		
	20	Tax-exempt bond liabilities		1		20	
6	21	Escrow or custodial account liability. Complete Pa		F		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ab		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third r	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	63,516	25	62,319
	26	Total liabilities. Add lines 17 through 25			92,496	26	153,140
Balances	27	Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 Unrestricted net assets			273,347	27	325,552
sale	28	Temporarily restricted net assets			27,842	28	27,842
d B	29	Permanently restricted net assets	•	· · · · · · · · · · · · · · · · · · ·		29	
Fund		Organizations that do not follow SFAS 117	(ASC §	958),			
o	30	check here  Capital stock or trust principal, or current funds				30	
et	31	Paid-in or capital surplus, or land, building or equ	uipmer	nt fund		31	
Assets	32	Retained earnings, endowment, accumulated inc	come, (	or other funds		32	
Net /	33	Total net assets or fund balances		[	301,189	33	353,394
Ž	34	Total liabilities and net assets/fund balances .			393,685	34	506,534
							Form <b>990</b> (2018)

Par	t XI Reconcilliation 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			867,769
2	Total expenses (must equal Part IX, column (A), line 25)	2			789,122
3	Revenue less expenses. Subtract line 2 from line 1	3			78,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$	4			301,189
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			-26,442
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			353,394
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗹 Accrual 🗍 Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	n a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate baconsolidated basis, or both:	asis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	le	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
				E	(2018)

SCI (Fo 990	HED rm 9 )EZ)	DULE A 990 or	F	mplete if the or	arity Status ganization is a secti 4947(a)(1) nonexem Attach to Form 9 www.irs.gov/Form99	ion 501(c)(3) opt charitable 190 or Form 99	organization or trust. 90-EZ.	a section	<b>2018</b> Open to Public Inspection
	eadfRte	næorganizat NTERSCHOOL A						Employer identificat	
								13-3218842	
	rt I				IS (All organizations it is: (For lines 1 through it is: (For lines 1 through)			ee instructions.	
1					ociation of churches d			A)(i).	
2					)(A)(ii). (Attach Sched				
3					ce organization descri			i).	
4		A medical	research org	anization operated	d in conjunction with a	a hospital descr	ibed in <b>section</b> 1	L70(b)(1)(A)(iii). Ente	er the hospital's
5			, and state:	od for the bonefit	of a college or univers	sity owned or o	porated by a dov	ernmental unit describ	od in section
_	$\cup$	170(b)(1)	(A)(iv). (Cor	mplete Part II.)	-				ed in section
6				5	governmental unit des				
7				ormally receives a (vi). (Complete Pa		support from a	governmental u	nit or from the general	public described in
8		A commun	ity trust des	cribed in <b>section</b>	170(b)(1)(A)(vi). (Co	omplete Part II.)			
9					cribed in <b>170(b)(1)(/</b> e instructions. Enter th			ith a land-grant collego ollege or university:	e or university or a
10		activities re income and	elated to its d unrelated l	exempt functions-	-subject to certain ex ncome (less section 5	ceptions, and (	2) no more than 3	membership fees, and 331/3% of its support fr d by the organization a	om gross investment
11					exclusively to test for	public safety. S	ee <b>section 509(</b>	a)(4).	
12		more publi	cly supporte	d organizations de		<b>09(a)(1)</b> or sec	tion 509(a)(2).	of, or to carry out the See <b>section 509(a)(</b> 2e, 12f, and 12g,	
а		<b>Type I.</b> A so organizatio	supporting or on(s) the pov	rganization operat	ed, supervised, or cor	- ntrolled by its su	upported organiza	ation(s), typically by gi the supporting organi	
b		<b>Type II.</b> A manageme	supporting c ent of the su	organization super				ganization(s), by havir le the supported organ	
c		Type III fu	nctionally	integrated. A sup	pporting organization <b>Just complete Part I</b>			d functionally integrate	ed with, its supported
d		functionally	v integrated.	. The organization		y a distribution		n its supported organiz an attentiveness requ	
е		Check this	box if the or	ganization receive	ed a written determina	ation from the IF	RS that it is a Typ	e I, Type II, Type III fun	ctionally integrated,
f	Entei				oporting organization.			8	
g		Provide the	e following in	formation about t	he supported organiza	ation(s).			
	(i) N	lame of supp organizatior		<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) TI	HE BRE	ARLEY SCHOO	L	131623915	2	Yes		0	0
(B) TI	HE BRO	WNING SCHOO	DL	131623918	2	Yes		0	0
(C) T	HE CHA	APIN SCHOOL		131635257	2	Yes		0	0
(D) C	OLLEGI	ATE SCHOOL		131634966	2	Yes	1	0	0
(E) T	HE DAL	TON SCHOOL		132751872	2	Yes	1	0	0
(F) TI	HE NIGH	HTINGALE-BAMI	FORD	131110671	2	Yes		0	0
(G) T	RINITY	SCHOOL		135563003	2	Yes	1	0	0
(H) T	HE SPE	NCE SCHOOL		131635286	2	Yes	1	0	0
Tota	l		8						(
For F	aper	work Reduc	tion Act No	tice, see the Ins	structions for	Cat. No. 1128	5F	Schedule A (Form 9	90 or 990-EZ) 2018

Form 990 or 990-EZ.

## Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b) Part II (1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year **(b)** 2015 (d) 2017 (a) 2014 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid

to or expended on its behalf	
The value of services or facilities furnished by a governmental unit to	
the organization without charge	

Total. Add lines 1 through 3 4 The portion of total contributions by 5 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). .

2

3

Public support. Subtract line 5 from 6 line 4.

## Section B. Total Support

	concer at the support						
	lendar year r fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	( <b>d</b> )2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4.						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	etc. (see instruc	tions)			12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

this box and <b>stop here</b>			<u></u>
Section C. Computation	Public Support Percentage	2	

ection C. Computation of Public Support Percentage
--

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14				
15	Public support percentage for 2017 Schedule A, Part II, line 14	15				
16a	33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more	, checl	k this box			
b	and <b>stop here.</b> The organization qualifies as a publicly supported organization					
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization	l line 1 Explai	.4 n			
b	organization	'a, and <b>ere.</b>	line			
18	supported organization		► 🗆			
	instructions		► 🗆			

## 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.)

Se	ction A. Public Support						
	endar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
(or t	fiscal year beginning in) 🕨	(a) 2014	(6) 2015	(C) 2010	( <b>u</b> ) 2017	(e) 2010	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support						
	endar year			1	1		
	fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.						
с	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,			ł	ł		
12	11, and 12.).						
14	First five years. If the Form 990 is fo	r the organization	s first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	) organization,
	check this box and <b>stop here</b>	-					
56	ection C. Computation of Public	Support Perce					
	Public support percentage for 2018 (lir			column (f))		1.5	
15			-			15	
16	Public support percentage from 2017 S	schedule A, Part III	, line 15		• • •	16	
Se	ection D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 20:	<b>18</b> (line 10c, colun	nn (f) divided by l	ine 13, column (f)	)	17	
18	Investment income percentage from 2	017 Schedule A. F	Part III. line 17			18	
	<b>331/3% support tests—2018.</b> If the or					-	ne 17 is not more
							_
	than 33 1/3%, check this box and <b>stop h</b>						
b	33 1/3% support tests—2017. If the	5					
	more than 33 1/3%, check this box and	stop here. The o	rganization qualif	fies as a publicly s	upported organiza	ation	
20	Private foundation. If the organization	on did not check a	box on line 14. 1	9a, or 19b, check	this box and see i	nstructions .	► 🗆
				,, ender			990 or 990-EZ) 2018

(Complete only if you checked a box on line 12 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain			
_		1	Yes	
2	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	<ul> <li>"No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, escribe the designation. If historic and continuing relationship, explain.</li> <li>d the organization have any supported organization that does not have an IRS determination of status under section 9(a)(1) or (2). If "Yes," explain in Part VI how the organization determined that the supported organization was described section 509(a)(1) or (2).</li> <li>d the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) low.</li> <li>d the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the blic support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the termination.</li> <li>d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If es," explain in Part VI what controls the organization put in place to ensure such use.</li> <li>as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you ecked 12a or 12b in Part I, answer (b) and (c) below.</li> <li>d the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organizations. d the organization supported organizations.</li> <li>d the organization support any foreign supported organizations. d to ensure that all support to arganizations. d to ensure that all support to reganizations. d to reganization that does not have an IRS determination under sections 1(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization that does not have an IRS determination under sections 1(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization supported organization used to ensure that all support to erganization supported organizations and to the organization</li></ul>	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
		3a		No
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 <b>Part VI</b> when and how the organization made the determination.			
		y name in the organization's governing documents?       i       i       i         s are designated. If designated by class or purpose, hip, explain.       i       Yes         bees not have an IRS determination of status under section ratio determined that the supported organization was described       i       Yes         ed in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)       3a       No         on qualified under section 501(c)(4), (5), or (6) and satisfied the be in <b>Part VI</b> when and how the organization made the       3b       i         ations was used exclusively for section 170(c)(2)(B) purposes? If in place to ensure such use.       3c       i         States ("foreign supported organization despite being controlled or ons.       i       i       i         section 170(c)(2)(B) purposes?       4a       No         deciding whether to make grants to the foreign supported organization under sections that controls and discretion despite being controlled or ons.       i       i       i         ed organizations during the tax year? If "Yes," answer (b) and (c) rus as accomplished (such as by amendment to the organization sch action; (iii) the authority under the organization's organizations ch action; (iii) the authority under the organization's organization sch action in tributor, or a 35% controlled entity with regard to a substantial or Part VI.       i       i       i         f grants or the provision of services or facilities) to anyone othere sith also support or benefit one or more of the fil		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
		4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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			
		nents? pose,ii1Yesinder section tion was described2Nower (b) and (c)3aIand satisfied the made the3bIand satisfied the made the3bI2)(B) purposes? If Yes" and if youII4aNounder sections that all support to ton's organizing he organizing the filingII3bIIIanswer (b) and (c) 		
h				
D	organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
		6		No
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).			
		7		No
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).			
0-		8		No
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 <b>Part VI</b> .	0-		Na
h	Did one or more disqualified percents (as defined in line Qa) hold a controlling interact in any entity in which the supporting	9a		INO
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 <b>Part VI</b> .	9b		No
с	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? <i>If "Yes," provide detail in Part VI.</i>	90		No
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)? If "Yes,"			
	answer line 10b below.	10a		No
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).	10b		

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (continued)

			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?						
				No			
b	A family member of a person described in (a) above?	11b		No			
с	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		No			
Section B. Type I Supporting Organizations							

# 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.

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.

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
		2			
organiz	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax				
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.				

## Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

## 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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.*
- **3** Parent of Supported Organizations. **Answer (a) and (b) below.** 
  - **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **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.

# or trustees of each of its rd. 3b Schedule A (Form 990 or 990-EZ) 2018

2a

Yes

No

Yes

1

2

No

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru All other Type III non-functionally integrated supporting organizations must con			Part VI). See instructions.
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e	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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting orga	anization (see instructions)
		-		,

Schedule A (Torm 330 of 330-EZ) 2018			Page 7
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (continued	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
<ul> <li>Amounts paid to perform activity that directly furthers excess of income from activity</li> </ul>	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required	1)		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	IS		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (provide	
<b>9</b> Distributable amount for 2018 from Section C, line 6			
<b>10</b> Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
d From 2016 e From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<ul> <li>c Remainder. Subtract lines 4a and 4b from 4.</li> <li>5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.</li> </ul>			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
d Excess from 2017			
<b>e</b> Excess from 2018		Schedule A	(Form 990 or 990-E7) (2018)



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

## Facts And Circumstances Test

Return Reference	Explanation
	Schedule A (Form 990 or 990-EZ) 2018

efile GRAPHIC p	orint	S	ubmi	ssion	n Dat	te - 20	)20-0	07-15											DLN	: 934	9319	97048	3160
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(Form 990)			•		-			ganizat												2	Ω	19	3
			Pa				, 9, 1	0, 11a	, 11	b, 11	c, 11	d, 11											
Department of the Treasury					Go to	<u>www</u> .		Attac <u>ov/For</u>					st inf	forma	ition.							Pub ction	
Internal Revenue Service																							
Name of the organ NEW YORK INTERSCH	nization OOL ASSO	i Dciat	ION INC	2															entifi	cation	num	ber	
Part I Organ	nizatio	ons	Main	tainir	ng D	onor	Advi	sed Fi	und	s or	Oth	er S	imila	ar Fu	inds			3842 J <b>nts</b>					
	lete if th								orm	990	, Pari	t IV,	line	6.		<b>1</b>							
1 Total number a	t and of	: voa	r				-		(a	) Dor	nor ac	lvised	d fun	ds			(k	)Fun	ds an	d othe	r acco	ounts	
2 Aggregate valu		-					ŀ																
<ul><li>Aggregate valu</li><li>Aggregate valu</li></ul>							ŀ																
4 Aggregate valu	-			-			ŀ																
5 Did the organi	zation in	nfori	n all d	onors a	and d	lonor ad	L dvisor	s in wri	iting	that t	the as	ssets	held	in do	nor ac	lvised	fund	ls are	the				
organization's	property	ty, si	ubject	to the	orgai	nization	i's exc	clusive	lega	l cont	rol? .	• •	• •			•••				(	⊃ Ye	s 🗆	No
6 Did the organi charitable pur																				ible			
private benefit																Jonier	nng	impe	miss		) Ye	s 🗆	No
Part II Conse	ervatio	on E	asen	nents	<b>.</b> Co	mplete	e if th	ne orga	aniz	ation	ans	were	d "Ye	es" o	n Fori	m 99	0, Pa	art IV	, line			<b>5</b>	NO
1 Purpose(s) of a	conserva	atior	n easei	ments	held	by the	organ	ization	(che	eck all	l that	apply	y).										
	tion of la	and	for put	olic use	e (e.g	., recre	ation	or educ	catio	n)		) Pi	reser	vatior	n of ar	n histo	rical	ly im	porta	nt land	area		
Protectio	n of natu	ural	habita	t								) Pi	reser	vatior	of a	certifi	ed hi	storio	: stru	cture			
	tion of or	pen	space																				
2 Complete lines	s 2a thro	ougł	n 2d if i	the org	ganiza	ation he	eld a c	qualifie	d co	nserv	ation	contr	ributi	on in	the fo	rm of	a coi	nserv	ation				
easement on t		-		-														leld	at th	e End	of th	ne Yea	r
a Total number o																2a							
<b>b</b> Total acreage r															•	2b	_						
<ul><li>c Number of con</li><li>d Number of con</li></ul>												• •			<b>~</b>	2c 2d	_						
structure listed							acquii	ieu aite	21 77.	23/00	, anu	not c	Jiai	liston	L	20							
3 Number of cor tax year ►	iservatio	on e	aseme	ents mo	odifie	d, trans	sferre	d, relea	ased,	extin	nguish	ned, c	or ter	minat	ed by	the o	rgani	zatio	n dur	ing the	9		
4 Number of sta	tes wher	ere p	ropert	y subje	ect to	conser	vatior	n easen	nent	is loc	ated	▶											
5 Does the orga													ectio	n, har	ndling	of vio	latio	ns, ar	nd				
enforcement o																				Yes		No	
6 Staff and volu	nteer hou	ours	devote	ed to m	nonito	oring, ir	spect	ting, ha	andli	ng of	violat	ions,	and	enfor	cing c	onserv	vatio	n eas	emer	nts dur	ing th	e year	
7 Amount of exp ▶ \$	enses in	ncur	red in	monito	oring,	inspec	ting, l	handlin	ng of	violat	tions,	and	enfor	cing o	onser	vatior	ו eas	emer	nts dı	iring tł	ne yea	ar	
8 Does each cor and section 17															tion 1	70(h)	(4)(B	)(i)		Yes		No	
9 In Part XIII, des balance sheet the organization	, and inc	clud	e, if ap	plicabl	le, th	e text o	of the	footnot												es			
	nizatio								-					-	or Ot	her S	Simi	lar /	Asse	ts.			
1a If the organiza	lete if th		Ų												e stat	emen	t and	1 hala	ance	heet v	vorks	of	
art, historical i in Part XIII, the	treasures e text of t	es, o the	r other footno	simila ste to i	r ass ts fina	ets helo ancial s	d for p tatem	oublic e nents th	exhib hat c	ition, Iescril	educ bes th	ation nese i	, or r items	esear 6.	ch in f	urthe	rance	e of p	ublic	service	e, pro	vide,	
b If the organiza historical treas following amo	sures, or	r oth	ier sim	ilar as	sets ł																		
(i) Revenue inclu	uded on	For	m 990,	Part V	/III, lir	ne1											▶\$						
(ii) Assets include	ed in Forr	rm 9	90, Pa	rt X .													▶\$						
2 If the organiza following amo	unts requ	quire	d to be	e repor	rted u	inder Sl	FAS 1	16 (ASC	C 95	8) rela	ating	to the	ese it	ems:		-		provi	de th	e			
a Revenue inclu	ded on F	Form	ו 990,	Part VI	II, lin	e1	•••					• •					▶\$						
<b>b</b> Assets include												•••						_					
For Paperwork Rec	luction	Act	Notic	e, see	e the	Instru	iction	ns for F	Forn	n 990				Ca	at. No	. 5228	3D	S	ched	ule D	(Forn	n 990)	2018

Schedule D (Form 990) 2018

Pa	rt III	Organizations M	laintaining Co	llections o	of Art, Hi	istor	rical '	Treas	sures,	or Othe	er Similar /	Assets	(continued	)
3		g the organization's acq is (check all that apply):	uisition, accessior	n, and other i	records, ch	eck a	any of	the fo	llowing t	hat are a	a significant ι	ise of its	collection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	generations											
4	Prov Part	ide a description of the o	organization's coll	ections and	explain hov	w the	y furtl	her the	e organiz	ation's e	exempt purpo	se in		
5		ng the year, did the orga ets to be sold to raise fun										□ Ye	es 🗆 N	0
Pa	rt IV	Escrow and Cust Complete if the org line 21.			on Form 9	990,	Part	IV, lin	e 9, or	reporte	d an amour	it on Fo	orm 990, Pa	art X,
1a		e organization an agent, uded on Form 990, Part X										□ <b>Y</b> e	es 🗌 N	0
b	lf "Ye	es," explain the arranger	ment in Part XIII a	nd complete	the followi	ing ta	able:				A	mount		
с	Begi	inning balance								1c				
d	Addi	tions during the year .								1d				_
е	Dist	ributions during the year	r							1e				
f	Endi	ng balance								1f				
2a	Did t	the organization include	an amount on For	rm 990, Part	X, line 21,	for e	scrow	or cus	stodial ad	count lia	ability?	□ <b>Y</b> e	es 🗆 N	0
b	lf "Ye	es," explain the arranger	ment in Part XIII. C	heck here if	the explan	atior	n has b	oeen p	rovided	in Part X	III C			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if	the organiz	zation ans	swer	ed "Ye	es" or	n Form	990, Pa	rt IV, line 10	).		
_				(a)Curren	t year	<b>(b)</b> P	Prior ye	ar	(c)Two y	ears back	(d)Three ye	ars back	(e)Four yea	rs back
	•	ning of year balance												
		ibutions												
		ivestment earnings, gain												
		s or scholarships												
	and p	expenditures for facilitie rograms												
		nistrative expenses .									_			
g	End o	f year balance												
2		ide the estimated perce		nt year end	balance (lir	ne 1g	, colu	mn (a)	)) held as	5:				
а		rd designated or quasi-en	ndowment 🕨		-									
b		nanent endowment 🕨												
с		porarily restricted endow												
2-		percentages on lines 2a,		•				ما ما م	ما مماسم : م	ملم مع ما 4				
3a		there endowment funds inization by:	not in the posses	sion of the of	ganization	triat	arene	eiù ani	u aumini	stered it	bruie		Yes	No
	<b>(i)</b> u	nrelated organizations										З	a(i)	
		related organizations .				•							a(ii)	
b		es" on 3a(ii), are the rela	5		•			·					3b	
4		cribe in Part XIII the inter			s endowme	ent fu	nas.							
Pa	rt VI	Land, Buildings, Complete if the ord			on Form 9	990.	Part	IV. lin	e 11a. :	See For	m 990. Part	X. line	10.	
	Desc	ription of property	(a) Cost or othe (investme	er basis	(b) Cost or						depreciation		(d) Book valu	e
1a	Land													
b	Buildi	ngs												
с	Lease	hold improvements							1					
d	Equip	ment						44,602	1		39,089			5,513
е	Other								1					
	-	l lines 1a through 1e (Co	lumn (d) must en	ual Form 000	Part X co	hum	n (R)	ine 10	(c)					5 5 1 3

Schedule D (Form 990) 2018				Page <b>3</b>
Part VII Investments Other Securities. Complete if the organ See Form 990, Part X, line 12.	nization	answere	ed "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)		) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial derivatives		luce	COSC OF EI	
(2) Closely-held equity interests	<u>.</u>			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part l'	IV, line 1	1c. See Form 990	, Part X, line 13.
	(b) Book		(c) Me	ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description	n Form 99	90, Part I\	/, line 11d. See Form	1 990, Part X, line 15. (b) Book value
(1) SECURITY DEPOSIT (1)				8,975
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				8,975
Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	ed 'Yes' (	on Form	990, Part IV, line	11e or 11f.
1.     (a) Description of liability		(b) Book	value	
(1) Federal income taxes DUE TI INDEPENDENT SCHOOLS			62,319	
(2)			02,519	
(3)				
(4)				
(5)	_			
(6)	+			
(7)	+			
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•		62,319	

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

Schedule D (Form 990) 2018

Page 4	4
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Pa	<b>tt XI</b> Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Return	
1	Total revenue, gains, and other support per audited financial statements		1	867.769
2	Amounts included on line 1 but not on Form 990. Part VIII. line 12:		_	007,703
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-	
c	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	867.769
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		
b	Other (Describe in Part XIII.)	4b	_	
с	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	867,769	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Part		er Return.	
1	Total expenses and losses per audited financial statements		1	796,622
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	796,622
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	796,622
Pa	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.

Return Reference

Explanation

efile GRAPHIC	print		Submission Date - 202	20-07-15			DLN	: 93493197048160	
SCHEDULE (Form 990 o 990-EZ) Department of the		OMP No. 1545							
Name of the organ	nizatior IOOL ASS	n Socia	TION INC				Employer identifie	cation number	
Service							13-3218842		
Return Reference					Explanat	ion			
Form 990 governing body review Part VI line 11	THE FULL BOARD REVIEW AND APPORVED IRS FORM 990 BEFORE IT IS FILED.								
Conflict of interest policy compliance Part VI line 12c	ORG	ANIZ	IRE THAT THE ASSOCIAT ZATION EXEMPT FROM F REVIEW OF THE ADMINI	EDDERAL II	NCOME TAX,T	HE BOARD SHAL	L AUTHORIZE AN		
CEO executive director top management comp Part VI line 15a	nt								
Governing documents etc available to public Part VI line 19									
List of other fees for services expenses Part IX line 11g		3299	AKDOWN OF OTHER CO STUDENT AND FACULTY . 5						