### Part I
#### Summary

1. Briefly describe the organization's mission or most significant activities: **ENHANCE QUALITY OF LIFE BY ENGAGING THE COMMUNITY IN HIGH-QUALITY ARTS AND MUSIC EDUCATION.**

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a).

4. Number of independent voting members of the governing body (Part VI, line 1b).

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a).

6. Total number of volunteers (estimate if necessary).

7a. Total unrelated business revenue from Part VIII, column (C), line 12.

7b. Net unrelated business taxable income from Form 990-T, line 34.

8. Contributions and grants (Part VIII, line 1h).

9. Program service revenue (Part VIII, line 2g).

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13. Grants and similar amounts paid (Part IX, column (A), line 1-3).

14. Benefits paid to or for members (Part IX, column (A), line 4).

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

16a. Professional fundraising fees (Part IX, column (A), line 11e).

16b. Total fundraising expenses (Part IX, column (D), line 25).

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).


### Part II
#### Signature Block

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

**VICKIE SCOTT GROVE, EXECUTIVE DIRECTOR**

**Signature of officer**

**Type or print name and title**

**Date**

**Firm’s name**

**ARMANINO LLP**

**Firm’s EIN**

**94-6214841**

**Phone no.**

**408-200-6400**

**Date**

**02/28/19**

**Check**

**Self-employed**

**PTIN**

**P00233621**

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes**

---

**Form 990 (2017)**

**Date**

**11-28-17**

**LHA**

For Paperwork Reduction Act Notice, see the separate instructions.
1 Briefly describe the organization’s mission:
CSMA INSPIRES EXCELLENCE THROUGH ART AND MUSIC EDUCATION FOR PEOPLE OF ALL AGES AND ABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $ 3,344,958. including grants of $ 147,575. ) (Revenue $ 3,249,217. )

THE SCHOOL OFFERS PRIVATE MUSIC LESSONS, CLASSES, ENSEMBLES, WORKSHOPS/CAMPS, AND MASTER CLASSES FOR OVER 2,000 STUDENTS, TAUGHT BY A DISTINGUISHED, INTERNATIONAL FACULTY OF 65 ON OVER 20 INSTRUMENTS. THE SCHOOL ALSO OFFERS A WIDE VARIETY OF CONCERTS AND LECTURES IN TATEUCHI HALL.

CORPORATE ARTS PROGRAM:

THE CORPORATE ARTS PROGRAM OFFERS QUALITY MUSIC LESSONS AND ART CLASSES DIRECTLY TO EMPLOYEES DURING THE WORK DAY, GIVING THEM THE OPPORTUNITY

4b (Code: ) (Expenses $ 1,808,691. including grants of $ 307,759. ) (Revenue $ 1,683,063. )

ART-IN-SCHOOL

THE SCHOOL OFFERS AWARD-WINNING IN-SCHOOL PROGRAMS (ART4SCHOOLS AND MUSIC4SCHOOLS), REACHING OVER 24,000 STUDENTS AT OVER 58 SCHOOLS IN SAN MATEO AND SANTA CLARA COUNTIES, WITH A SEQUENTIAL, STANDARDS-BASED, AND COMPREHENSIVE CURRICULUM. CSMA RAISES FUNDS TO SUBSIDIZE PROGRAMS AT SCHOOLS SERVING STUDENTS AT HIGH RISK OF ACADEMIC FAILURE. THE PROGRAMS' REACH IS EXTENDED BY AFTER SCHOOL ART CLUBS AND MUSIC PROGRAMS.

THE ART4SCHOOLS CURRICULUM DEVELOPS TECHNICAL SKILLS AND AN UNDERSTANDING OF THE LANGUAGE OF ART WHILE ALSO TEACHING APPRECIATION

4c (Expenses $ 947,558. including grants of $ 39,778. ) (Revenue $ 846,545. )

ART SCHOOL

THE SCHOOL PROVIDES ON-SITE ART INSTRUCTION, INCLUDING WEEKLY CLASSES, VACATION CAMPS AND SPECIAL WORKSHOPS. ANNUALLY, OVER 2,400 CHILDREN, YOUTH, TEENS, AND ADULTS RECEIVE INSTRUCTION IN A VARIETY OF DISCIPLINES, INCLUDING DRAWING, PAINTING, PRINTMAKING, SCULPTURE, MULTIMEDIA COMPOSITION, ANIMATION, AND FOLK ARTS. VACATION CAMPS FOR CHILDREN IN GRADES K-8 OFFER FUN AND CREATIVE ART CLASSES IN A SAFE AND SUPPORTIVE ATMOSPHERE. THE SCHOOL ALSO OFFERS EXHIBITIONS AND ART LECTURES IN MOHR GALLERY.

4d Other program services (Describe in Schedule O.)
(Expenses $ ) (Revenue $ 31,963. )

4e Total program service expenses $ 6,101,207. 

SEE SCHEDULE O FOR CONTINUATION(S)
<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
   If "Yes," complete Schedule A   | x |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | x |
| 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   | 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   | x |
| 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   | x |
| 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   | x |
| 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   | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  
   If "Yes," complete Schedule D, Part III   | 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   | x |
| 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   | x |
| 11 | If the organization’s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  
   a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  
   If "Yes," complete Schedule D, Part VI   | x |
|  | 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   | x |
|  | 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?  
   If "Yes," complete Schedule D, Part VIII   | 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   | x |
|  | e Did the organization report an amount for other liabilities in Part X, line 25?  
   If "Yes," complete Schedule D, Part X   | x |
|  | 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   | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  
   If "Yes," complete Schedule D, Parts XI and XII   | x |
|  | 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   | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)?  
   If "Yes," complete Schedule E   | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | x |
|  | 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   | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?  
   If "Yes," complete Schedule F, Parts II and IV   | x |
| 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   | 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   | 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   | 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   | x |
Form 990 (2017)  
COMMUNITY SCHOOL OF MUSIC & ARTS 23-7023900 Page 4

Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
| if "Yes," complete Schedule H
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? |
| 21 | X |
| 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 |
| 22 | X |
| 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 |
| 23 | X |
| 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 |
| 24a | X |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? |
| If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? |
| 25a | X |
| 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 |
| 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 |
| 26 | X |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? |
| If "Yes," complete Schedule L, Part II |
| 27 | X |
| 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 | X |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): |
| a | A current or former officer, director, trustee, or key employee? |
| if "Yes," complete Schedule L, Part IV |
| b | A family member of a current or former officer, director, trustee, or key employee? |
| if "Yes," complete Schedule L, Part IV |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? |
| if "Yes," complete Schedule L, Part IV |
| 29 | X |
| Did the organization receive more than $25,000 in non-cash contributions? |
| If "Yes," complete Schedule M |
| 30 | X |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |
| If "Yes," complete Schedule M |
| 31 | X |
| Did the organization liquidate, terminate, or dissolve and cease operations? |
| If "Yes," complete Schedule N, Part I |
| 32 | X |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? |
| If "Yes," complete Schedule N, Part II |
| 33 | X |
| 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 |
| 34 | X |
| 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 |
| 35a | X |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? |
| 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 |
| 36 | X |
| 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 |
| 37 | X |
| 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 |
| 38 | X |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? |

Note. All Form 990 filers are required to complete Schedule O
### Part V
#### Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096.</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a.</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c. Did the organization comply with backup withholding rules for</td>
<td></td>
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<tr>
<td>reportable payments to vendors and reportable gaming (gambling)</td>
<td></td>
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<tr>
<td>winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a. Enter the number of employees reported on Form W-3, Transmittal of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wage and Tax Statements,</td>
<td>230</td>
<td></td>
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<tr>
<td>filed for the calendar year ending with or within the year covered</td>
<td></td>
<td></td>
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<tr>
<td>by this return</td>
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<tr>
<td>2b. If at least one is reported on line 2a, did the organization file</td>
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<tr>
<td>all required federal employment tax returns?</td>
<td></td>
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<tr>
<td>3a. Did the organization have unrelated business gross income of $1,000</td>
<td></td>
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<tr>
<td>or more during the year?</td>
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<tr>
<td>3b. If &quot;Yes,&quot; has it filed a Form 990-T for this year?</td>
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<tr>
<td>4a. At any time during the calendar year, did the organization have an</td>
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<tr>
<td>interest in, or a signature or other authority over, a financial</td>
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<td>account in a foreign country (such as a bank account, securities</td>
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<tr>
<td>account, or other financial account)?</td>
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<tr>
<td>5a. Was the organization a party to a prohibited tax shelter transaction</td>
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<tr>
<td>at any time during the tax year?</td>
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<tr>
<td>5b. Did any taxable party notify the organization that it was or is a</td>
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<tr>
<td>party to a prohibited tax shelter transaction?</td>
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<tr>
<td>6a. Does the organization have annual gross receipts that are normally</td>
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<tr>
<td>greater than $100,000, and did the organization solicit any</td>
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<td>contributions that were not tax deductible as charitable</td>
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<tr>
<td>contributions?</td>
<td></td>
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<tr>
<td>6b. If &quot;Yes,&quot; did the organization include with every solicitation an</td>
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<td>express statement that such contributions or gifts were not tax</td>
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<tr>
<td>deductible?</td>
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<tr>
<td>7a. Organizations that may receive deductible contributions under</td>
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<tr>
<td>section 170(c).</td>
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<tr>
<td>7b. If &quot;Yes,&quot; did the organization notify the donor of the value of the</td>
<td></td>
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<tr>
<td>goods or services provided?</td>
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<tr>
<td>7c. Did the organization sell, exchange, or otherwise dispose of</td>
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<tr>
<td>tangible personal property for which it was required to file Form</td>
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<tr>
<td>8282?</td>
<td></td>
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<tr>
<td>7d. If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
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<tr>
<td>7e. Did the organization receive any funds, directly or indirectly, to</td>
<td></td>
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<tr>
<td>pay premiums on a personal benefit contract?</td>
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<tr>
<td>7f. Did the organization, during the year, pay premiums, directly or</td>
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<tr>
<td>indirectly, on a personal benefit contract?</td>
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<tr>
<td>7g. If the organization received a contribution of qualified intellectual</td>
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<tr>
<td>property, did the organization file Form 8899 as required?</td>
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<tr>
<td>7h. If the organization received a contribution of cars, boats,</td>
<td></td>
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<tr>
<td>airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
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<tr>
<td>8. Sponsoring organizations maintaining donor advised funds. Did a donor</td>
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<tr>
<td>advised fund maintained by the sponsoring organization have excess</td>
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<tr>
<td>business holdings at any time during the year?</td>
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<tr>
<td>9. Sponsoring organizations maintaining donor advised funds.</td>
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<tr>
<td>10. Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Initiation fees and capital contributions included on Part VIII,</td>
<td></td>
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<tr>
<td>line 12</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10b. Gross receipts, included on Form 990, Part VIII, line 12, for</td>
<td></td>
<td></td>
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<tr>
<td>public use of club facilities</td>
<td></td>
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<tr>
<td>11. Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
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<tr>
<td>11a. Gross income from members or shareholders</td>
<td></td>
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<tr>
<td>11b. Gross income from other sources (Do not net amounts due or paid to</td>
<td></td>
<td></td>
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<tr>
<td>other sources against amounts due or received from them.)</td>
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<tr>
<td>12a. Section 4947(a)(1) non-exempt charitable trusts. Is the</td>
<td></td>
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<tr>
<td>organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
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<tr>
<td>12b. If &quot;Yes,&quot; enter the amount of tax-exempt interest received or</td>
<td></td>
<td></td>
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<tr>
<td>accrued during the year</td>
<td>N/A</td>
<td></td>
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<tr>
<td>13. Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
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<tr>
<td>13a. Is the organization licensed to issue qualified health plans in</td>
<td></td>
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<tr>
<td>more than one state?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>13b. Enter the amount of reserves the organization is required to</td>
<td></td>
<td></td>
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<tr>
<td>maintain by the states in which the organization is licensed to</td>
<td></td>
<td></td>
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<tr>
<td>issue qualified health plans</td>
<td></td>
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<tr>
<td>13c. Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization receive any payments for indoor tanning</td>
<td></td>
<td></td>
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<tr>
<td>services during the tax year?</td>
<td></td>
<td></td>
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<tr>
<td>14b. If &quot;Yes,&quot; has it filed a Form 720 to report these payments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14c. If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Note.** See the instructions for additional information the organization must report on Schedule O.
Part VI  Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year

   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

   

   1a  19

   

   Yes  No

   1b. Enter the number of voting members included in line 1a, above, who are independent

   1b  19

   

   Yes  No

   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  X

   

   Yes  No

   3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

   

   3  X

   

   Yes  No

   4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

   

   4  X

   

   Yes  No

   5. Did the organization become aware during the year of a significant diversion of the organization's assets?

   

   5  X

   

   Yes  No

   6. Did the organization have members or stockholders?

   

   6  X

   

   Yes  No

   7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

   

   7a  X

   

   Yes  No

   7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

   

   7b  X

   

   Yes  No

   8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body?

   

   8a  X

   

   Yes  No

   b. Each committee with authority to act on behalf of the governing body?

   

   8b  X

   

   Yes  No

   9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

   

   9  X

   

   Yes  No

Section B. Policies

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

10a. Did the organization have local chapters, branches, or affiliates?

   

   10a  X

   

   Yes  No

   b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

   

   10b  X

   

   Yes  No

   11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

   

   11a  X

   

   Yes  No

   b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

   

   11b  X

   

   Yes  No

   12a. Did the organization have a written conflict of interest policy? If "No," go to line 13

   

   12a  X

   

   Yes  No

   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

   

   12b  X

   

   Yes  No

   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  X

   

   Yes  No

   13. Did the organization have a written whistleblower policy?

   

   13  X

   

   Yes  No

   14. Did the organization have a written document retention and destruction policy?

   

   14  X

   

   Yes  No

   15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

   a. The organization’s CEO, Executive Director, or top management official

   

   15a  X

   

   Yes  No

   b. Other officers or key employees of the organization

   

   15b  X

   

   Yes  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  X

   

   Yes  No

   b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

   

   16b  X

   

   Yes  No

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed

   CA

   

   X

   Own website  Another’s website  X  Upon request  Other (explain in Schedule O)

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

   X  Own website  Another’s website  X  Upon request

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:

   CAROL SANDERS  650-917-6800

   230 SAN ANTONIO CIRCLE, MOUNTAIN VIEW, CA  94040

   X

Form 990 (2017)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

1a 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.

1b List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”

1c 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.

1d 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.

1e 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.**

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MIKE COUCH</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(2) JANIS ZINN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(3) JUDY CRATES</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) DEBORAH PAPPAS</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(5) SOHI CHIEN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) JOHN CONOVER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) KATHY THIBODEAUX</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) JOHN D’AMBROSIO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(9) ANNE MARIE MCCAULEY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(10) PETER LANDSBERGER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(11) JOHN J. MILLER, JR.</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(12) ROBERT REAY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(13) RUTH ROGERS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(14) CAROLYN STUART</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(15) ANNA WELDON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(16) BRIAN KOREK</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(17) LILY KIM</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Average hours per week</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) JODI BARNARD</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) SEAN WILKINSON</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) CAROL SANDERS</td>
<td>CFO</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) VICKIE SCOTT GROVE</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Sub-total: 237,808. 0. 0.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.

d Total (add lines 1b and 1c): 237,808. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 1.

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *Yes,* complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *Yes,* complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *Yes,* complete Schedule J for such person.

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 0.
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1c 189,412.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>1e 108,749.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 1,991,896.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f: $</td>
<td>1g 46,130.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>2,290,057.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a TUITION AND FEES</td>
<td>611600 5,778,825. 5,778,825.</td>
</tr>
<tr>
<td>2 b MISC INCOME</td>
<td>611110 26,867. 26,867.</td>
</tr>
<tr>
<td>2 c GALLERY &amp; PERFORMANCES</td>
<td>611710 5,096. 5,096.</td>
</tr>
<tr>
<td>2 d</td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Other Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>79,731.</td>
</tr>
<tr>
<td>6 b Less: rental expenses</td>
<td>0.</td>
</tr>
<tr>
<td>6 c Rental income or (loss)</td>
<td>79,731.</td>
</tr>
<tr>
<td>6 d Net rental income or (loss)</td>
<td>79,731.</td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>103,619.</td>
</tr>
<tr>
<td>7 b Less: cost or other basis and sales expenses</td>
<td>0. 16,563.</td>
</tr>
<tr>
<td>7 c Gain or (loss)</td>
<td>103,619. -16,563.</td>
</tr>
<tr>
<td>7 d Net gain or (loss)</td>
<td>87,056.</td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ 189,412. of contributions reported on line 1c). See Part IV, line 18</td>
<td>115,867.</td>
</tr>
<tr>
<td>8 b Less: direct expenses</td>
<td>115,867.</td>
</tr>
<tr>
<td>8 c Net income or (loss) from fundraising events</td>
<td>0.</td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td>9 b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>9 c Net income or (loss) from gaming activities</td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>10 b Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>10 c Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
</tr>
<tr>
<td>11 b</td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td></td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td></td>
</tr>
<tr>
<td>11 e Total. Add lines 11a-11d</td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td></td>
</tr>
</tbody>
</table>

Add lines 11a-11d | 8,281,375. 5,810,788. 0. 180,530. |
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>298,684.</td>
<td>298,684.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>196,428.</td>
<td>196,428.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>304,319.</td>
<td>187,083.</td>
<td>39,274.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>4,121,612.</td>
<td>3,798,591.</td>
<td>114,104.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>218,529.</td>
<td>187,178.</td>
<td>11,523.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>322,781.</td>
<td>292,919.</td>
<td>8,831.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>45,130.</td>
<td>45,130.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>9,059.</td>
<td>9,059.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>21,716.</td>
<td>21,716.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)</td>
<td>192,451.</td>
<td>140,172.</td>
<td>17,005.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>50,011.</td>
<td>37,507.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>51,755.</td>
<td>33,034.</td>
<td>12,401.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>12,537.</td>
<td>12,537.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>100,999.</td>
<td>98,272.</td>
<td>1,678.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>27,890.</td>
<td>27,890.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>223,553.</td>
<td>215,915.</td>
<td>5,168.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>FACILITIES</td>
<td>382,825.</td>
<td>370,383.</td>
<td>7,657.</td>
</tr>
<tr>
<td>b</td>
<td>ART AND SUPPLIES</td>
<td>122,819.</td>
<td>122,819.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>BANK CHARGES</td>
<td>109,584.</td>
<td>108,675.</td>
<td>246.</td>
</tr>
<tr>
<td>d</td>
<td>MISCELLANEOUS</td>
<td>16,641.</td>
<td>13,547.</td>
<td>2,017.</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>6,829,323.</td>
<td>6,101,207.</td>
<td>327,177.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017)
**Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>Assets</th>
<th>Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>34</td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>35</td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td>36</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

Form 990 (2017)
### Part XI | Reconciliation of Net Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash Accrual Other</td>
</tr>
<tr>
<td>2a</td>
<td><em>Yes,</em> check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
</tr>
<tr>
<td></td>
<td>Separate basis Consolidated basis Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Are the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>Separate basis Consolidated basis Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
</tr>
<tr>
<td></td>
<td>Separate basis Consolidated basis Both consolidated and separate basis</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td></td>
<td>Separate basis Consolidated basis Both consolidated and separate basis</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**SCHEDULE A**

**Part I**

**Reason for Public Charity Status**

_All organizations must complete this part._ See instructions.

<table>
<thead>
<tr>
<th>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>f</td>
</tr>
<tr>
<td>g</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**
### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2. Tax revenues levied for the organization'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)

6. **Public support. Subtract line 5 from line 4.**

### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

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, etc. (see instructions)

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 stop here.**

### Section C. Computation of Public Support Percentage

14. Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

15. Public support percentage from 2016 Schedule A, Part II, line 14

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b **33 1/3% support test - 2016.** If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Total.</strong> Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c. Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. <strong>Public support.</strong> (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c. Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. <strong>Total support.</strong> (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. <strong>First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>16. Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16 %</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17 %</td>
</tr>
<tr>
<td>18. Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18 %</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**19b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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.)
Part IV  Supporting Organizations

11  Has the organization accepted a gift or contribution from any of the following persons?
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b  A family member of a person described in (a) above?
   c  A 35% controlled entity of a person described in (a) or (b) above?  If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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.

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

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

Section D. All Type III Supporting Organizations

1  Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2  Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

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.

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.
   b  The organization is the parent of each of its supported organizations. Complete line 3 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.
### 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.)  

---

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in <strong>Part VI</strong>):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2017
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in <strong>Part VI</strong>). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in <strong>Part VI</strong>). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <strong>Part VI</strong>). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <strong>Part VI</strong>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <strong>Part VI</strong>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)
** PUBLIC DISCLOSURE COPY **

<table>
<thead>
<tr>
<th>Schedule B (Form 990, 990-EZ, or 990-PF)</th>
<th>OMB No. 1545-0047</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of the Treasury</td>
<td></td>
</tr>
<tr>
<td>Internal Revenue Service</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule of Contributors**

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY SCHOOL OF MUSIC &amp; ARTS</td>
<td>23-7023900</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

- **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

**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**

- X 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.

- X 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.

- X For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year ................................. ▶ $ .................................

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 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) (2017)
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$30,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$10,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$5,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$5,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$5,261.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$15,700.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part I: Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$16,200.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td>$92,549.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td>$10,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>$10,000.</td>
<td>Person X</td>
</tr>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td>$10,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td>$9,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part I  Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td>$550,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>$10,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>$5,500.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>$33,832.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>$60,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>$20,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td>$10,000.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>$10,882.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>$5,000.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>$8,500.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>$85,000.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>$5,000.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
**Part I**  **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>X 5,000.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>X 18,000.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>X 35,700.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>X 20,000.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>X 5,000.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>X 5,000.</td>
<td>Person Payroll Noncash</td>
<td></td>
</tr>
</tbody>
</table>
**Part I  Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
<td>$5,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>32</td>
<td></td>
<td>$11,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>$50,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>34</td>
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<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>35</td>
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<td>$15,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>36</td>
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<td>$15,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>
# Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td></td>
<td>$25,000.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>$290,000.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>$125,000.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>$22,901.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>$7,500.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>$27,500.00</td>
<td>Person X Payroll X Noncash</td>
</tr>
</tbody>
</table>
### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

**Community School of Music & Arts**

#### Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td></td>
<td>$5,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>$5,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>$10,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>$5,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>$5,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>$5,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>(a) No.</td>
<td>(b) Name, address, and ZIP + 4</td>
<td>(c) Total contributions</td>
<td>(d) Type of contribution</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>49</td>
<td></td>
<td>$530,000.00</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
<td>$5,950.00</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>2 FARM TO TABLE DINNER FOR 24</td>
<td>$9,000.</td>
<td>06/23/18</td>
</tr>
<tr>
<td>27</td>
<td>CABO SAN LUCAS PACKAGE</td>
<td>$5,700.</td>
<td>06/27/18</td>
</tr>
<tr>
<td>40</td>
<td>STOCK</td>
<td>$15,651.</td>
<td>06/28/18</td>
</tr>
<tr>
<td>50</td>
<td>MAGIC OF AFRICA PACKAGE</td>
<td>$5,950.</td>
<td>06/23/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**COMMUNITY SCHOOL OF MUSIC & ARTS**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee

|                      |                     |                     |                     |
|                      |                     |                      |                     |
|                      |                     |                      |                     |
|                      |                     |                      |                     |

Use duplicate copies of Part III if additional space is needed.
**Part I**  
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  

**Part II**  
Conservation Easements.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 7.  

1. Purpose(s) of conservation easements held by the organization (check all that apply).  
   - Preservation of land for public use (e.g., recreation or education)  
   - Protection of natural habitat  
   - Preservation of open space  
   - Preservation of a historically important land area  
   - Preservation of a certified historic structure  

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  
   - a) Total number of conservation easements  
   - b) Total acreage restricted by conservation easements  
   - c) Number of conservation easements on a certified historic structure included in (a)  
   - d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  

4. Number of states where property subject to conservation easement is located.  

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.  

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.  

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.  

**Part III**  
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 8.  

1. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  
2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  
   - a) Revenue included on Form 990, Part VIII, line 1  
   - b) Assets included in Form 990, Part X
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3. Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations

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

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

### Part IV  Escrow and Custodial Arrangements

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

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

#### b. If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### Part V  Endowment Funds

- Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

#### 1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,117,828.</td>
<td>1,028,778.</td>
<td>1,126,595.</td>
<td>1,157,486.</td>
<td>1,046,072.</td>
</tr>
</tbody>
</table>

#### b. Contributions

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>88,694.</td>
<td>149,382.</td>
<td>-50,025.</td>
<td>18,770.</td>
<td>159,061.</td>
</tr>
</tbody>
</table>

#### c. Net investment earnings, gains, and losses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>57,780.</td>
<td>50,613.</td>
<td>47,792.</td>
<td>49,661.</td>
<td>47,647.</td>
</tr>
</tbody>
</table>

#### d. Other expenditures for facilities and programs

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,719.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### e. End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,148,742.</td>
<td>1,117,828.</td>
<td>1,028,778.</td>
<td>1,157,486.</td>
<td>1,046,072.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Endowment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board designated or quasi-endowment</td>
<td>▶</td>
</tr>
<tr>
<td>Permanently restricted endowment</td>
<td>▶ 35.20%</td>
</tr>
</tbody>
</table>

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

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

   | (i) Residential organizations |
   | (ii) Related organizations |

   - Yes
   - No

   3a(ii)  X

b. If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?
   - Yes
   - No

### Part VI  Land, Buildings, and Equipment

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

#### Description of property

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>1,707,096.</td>
<td></td>
<td>1,707,096.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>513,766.</td>
<td>345,555.</td>
<td>168,211.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>157,317.</td>
<td>33,673.</td>
<td>123,644.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total

| (Column (d) must equal Form 990, Part X, column (B), line 10c.) | 9,775,963. |
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
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<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. **(a) Description of liability**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
</tbody>
</table>

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. [X]
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1. Total revenue, gains, and other support per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - g. Net unrealized gains (losses) on investments
   - h. Donated services and use of facilities
   - i. Recoveries of prior year grants
   - j. Other (Describe in Part XIII.)
   e. Add lines 2a through 2d
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b
   - b. Other (Describe in Part XIII.)
   - Add lines 4a and 4b
5. Total revenue. Add lines 3 and 4. (This must equal Form 990, Part I, line 12)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support</td>
<td>7,759,890</td>
</tr>
<tr>
<td>2a</td>
<td>g. Net unrealized gains (losses) on investments</td>
<td>-4,657</td>
</tr>
<tr>
<td>2b</td>
<td>h. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>i. Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>j. Other (Describe in Part XIII.)</td>
<td>-495,112</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>-499,769</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>8,259,659</td>
</tr>
<tr>
<td>4a</td>
<td>a. Investment expenses not included</td>
<td>21,716</td>
</tr>
<tr>
<td>4b</td>
<td>b. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>21,716</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c</td>
<td>8,281,375</td>
</tr>
</tbody>
</table>

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

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

1. Total expenses and losses per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - a. Donated services and use of facilities
   - b. Prior year adjustments
   - c. Other losses
   - d. Other (Describe in Part XIII.)
   e. Add lines 2a through 2d
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b
   - b. Other (Describe in Part XIII.)
   - Add lines 4a and 4b
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial</td>
<td>6,312,495</td>
</tr>
<tr>
<td>2a</td>
<td>a. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>b. Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>c. Other losses</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>d. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>6,312,495</td>
</tr>
<tr>
<td>4a</td>
<td>a. Investment expenses not included</td>
<td>21,716</td>
</tr>
<tr>
<td>4b</td>
<td>b. Other (Describe in Part XIII.)</td>
<td>495,112</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>516,828</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c</td>
<td>6,829,323</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

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

### PART V, LINE 4:

**FUNDS ESTABLISHED FOR PURPOSE OF THE EARNINGS AVAILABLE FOR GENERAL OPERATING COSTS INCLUDING FACULTY PROFESSIONAL DEVELOPMENT AND FOR STUDENT FINANCIAL AID.**

### PART X, LINE 2:

**THE SCHOOL IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES.**

**THE SCHOOL EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL**
BASIS THROUGH REVIEW OF ITS AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

THE SCHOOL HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2018, THE SCHOOL DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

THE SCHOOL'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE LAST THREE FISCAL YEARS ARE SUBJECT TO POSSIBLE IRS EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID -495,112.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 495,112.
**Schools**

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

Attach to Form 990 or Form 990-EZ.

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

---

### Part I

**Name of the organization**

COMMUNITY SCHOOL OF MUSIC & ARTS

**Employer identification number**

23-7023900

---

1. Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

   **YES**

   **NO**

   | 1 | X |

2. Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

   **YES**

   **NO**

   | 2 | X |

3. Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

   **YES**

   **NO**

   | 3 | X |

   CMSA Publishes a catalog three times a year with class offerings. The non-discrimination policy is included in the catalog. The school also lists non-discrimination policy 1) on the website under policies, and 2) on the back of all registration forms.

4. Does the organization maintain the following?

   a. Records indicating the racial composition of the student body, faculty, and administrative staff?

   **YES**

   **NO**

   | 4a | X |

   b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

   **YES**

   **NO**

   | 4b | X |

   c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

   **YES**

   **NO**

   | 4c | X |

   d. Copies of all material used by the organization or on its behalf to solicit contributions?

   **YES**

   **NO**

   | 4d | X |

   If you answered "No" to any of the above, please explain. If you need more space, use Part II.

   **STUDENTS VOLUNTEER THEIR ETHNICITY ON THE STUDENT QUESTIONNAIRE AND THE SCHOOL CAPTURES THE DATA. THE SCHOOL DOES NOT REQUIRE STUDENTS, STAFF OR FACULTY TO PROVIDE ETHNICITY.**

5. Does the organization discriminate by race in any way with respect to:

   a. Students' rights or privileges?

   **YES**

   **NO**

   | 5a | X |

   b. Admissions policies?

   **YES**

   **NO**

   | 5b | X |

   c. Employment of faculty or administrative staff?

   **YES**

   **NO**

   | 5c | X |

   d. Scholarships or other financial assistance?

   **YES**

   **NO**

   | 5d | X |

   e. Educational policies?

   **YES**

   **NO**

   | 5e | X |

   f. Use of facilities?

   **YES**

   **NO**

   | 5f | X |

   g. Athletic programs?

   **YES**

   **NO**

   | 5g | X |

   h. Other extracurricular activities?

   **YES**

   **NO**

   | 5h | X |

   If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6. Does the organization receive any financial aid or assistance from a governmental agency?

   **YES**

   **NO**

   | 6a | X |

   b. Has the organization's right to such aid ever been revoked or suspended?

   **YES**

   **NO**

   | 6b | X |

   If you answered "Yes" on either line 6a or line 6b, explain on Part II.

7. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

   **YES**

   **NO**

   | 7 | X |
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVED FUNDING FROM CITY OF MOUNTAIN VIEW AND THE CALIFORNIA ARTS COUNCIL.
Supplemental Information Regarding Fundraising or Gaming Activities  

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

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

Name of the organization: COMMUNITY SCHOOL OF MUSIC & ARTS  
Employer identification number: 23-7023900

### Part I  Fundraising Activities.

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

   - **a** Mail solicitations
   - **b** Internet and email solicitations
   - **c** Phone solicitations
   - **d** In-person solicitations
   - **e** Solicitation of non-government grants
   - **f** Solicitation of government grants
   - **g** Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - **Yes**  
   - **No**

   a. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

   Total

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

   - (State 1)
   - (State 2)
   - (State 3)
   - (State 4)
   - (State 5)
   - (State 6)
   - (State 7)
   - (State 8)
   - (State 9)
   - (State 10)
   - (State 11)
   - (State 12)
   - (State 13)
   - (State 14)
   - (State 15)
   - (State 16)
   - (State 17)
   - (State 18)
   - (State 19)
   - (State 20)
   - (State 21)
   - (State 22)
   - (State 23)
   - (State 24)
   - (State 25)
   - (State 26)
   - (State 27)
   - (State 28)
   - (State 29)
   - (State 30)

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

Schedule G (Form 990 or 990-EZ) 2017
### Part II  
**Fundraising Events.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Gross receipts</th>
<th>(b) Less: Contributions</th>
<th>(c) Gross income (line 1 minus line 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>305,279.</td>
<td>189,412.</td>
<td>115,867.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Cash prizes</td>
</tr>
<tr>
<td>(b) Noncash prizes</td>
</tr>
<tr>
<td>(c) Rent/facility costs</td>
</tr>
<tr>
<td>(d) Entertainment</td>
</tr>
<tr>
<td>(e) Other direct expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>115,867.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Gross revenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Cash prizes</td>
</tr>
<tr>
<td>(b) Noncash prizes</td>
</tr>
<tr>
<td>(c) Rent/facility costs</td>
</tr>
<tr>
<td>(d) Other direct expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
</tr>
</tbody>
</table>

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

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

- **b** If "No," explain:

**Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?**

- **a** Yes  
- **b** No  

- **b** If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility
   b An outside facility

   13a %
   13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

   c If "Yes," enter name and address of the third party:
   Name ▶
   Address ▶

16 Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $ ____________

   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

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

- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

## General Information on Grants and Assistance

1. **Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**
   - Yes [x] No [ ]

2. **Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

## Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

### Part I

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYNDALE ELEMENTARY SCHOOL 13901 NORDYKE DRIVE</td>
<td></td>
<td></td>
<td>33,620.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>SAN JOSE, CA 95127</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MT. VIEW WHISMAN SCHOOL DIST 750 SAN PIERRE WAY</td>
<td></td>
<td></td>
<td>144,989.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>MOUNTAIN VIEW, CA 94043</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAK GROVE SCHOOL DISTRICT 6578 SANTA TERESA BLVD.</td>
<td></td>
<td></td>
<td>36,070.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>SAN JOSE, CA 95119</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPRINGER SCHOOL PTA 1120 ROSE AVENUE</td>
<td></td>
<td></td>
<td>5,878.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>MOUNTAIN VIEW, CA 94040</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WESTLAKE ELEMENTARY SCHOOL 80 FIELDCREST DRIVE</td>
<td></td>
<td></td>
<td>17,650.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>DALY CITY, CA 94015</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>JOHN GILL SCHOOL 555 AVE DEL ORA</td>
<td></td>
<td></td>
<td>13,008.</td>
<td>0. COST</td>
<td>SUBSIDIES FOR ART AND MUSIC</td>
<td>TO SUPPORT MUSIC AND ARTS</td>
<td>EDUCATION IN SCHOOLS</td>
</tr>
<tr>
<td>REDWOOD CITY, CA 94062</td>
<td></td>
<td>GOVERNMENT</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. **Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**
   - 8.

3. **Enter total number of other organizations listed in the line 1 table**
   - 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### COMMUNITY SCHOOL OF MUSIC & ARTS

#### WOODROW WILSON SCHOOL
- **Address:** 43 MIRIAM STREET, DALY CITY, CA 94014
- **EIN:** 94-1546643
- **IRC Section:** 501(C)(3)
- **Cash Grant:** $10,700
- **Non-Cash Assistance:** $0
- **Method of Valuation:** Cost
- **Description of Non-Cash Assistance:** Classes
- **Purpose of Grant or Assistance:** Education in Schools

#### ABILITIES UNITED
- **Address:** 525 EAST CHARLESTON ROAD, PALO ALTO, CA 94306
- **EIN:** 23-7023900
- **Cash Grant:** $36,769
- **Non-Cash Assistance:** $0
- **Method of Valuation:** Cost
- **Description of Non-Cash Assistance:** Classes
- **Purpose of Grant or Assistance:** Education
## 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINANCIAL AID - ON SITE</td>
<td>185</td>
<td>136,056.</td>
<td>0. COST</td>
<td>DISCOUNTED TUITION</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL &amp; PROGRAM SUBSIDIES - MERIT SCHOLARSHIPS</td>
<td>49</td>
<td>31,532.</td>
<td>0. COST</td>
<td>DISCOUNTED TUITION</td>
<td></td>
</tr>
<tr>
<td>SUMMER HONORS PROGRAM - MERIT SCHOLARSHIPS</td>
<td>56</td>
<td>28,840.</td>
<td>0. COST</td>
<td>DISCOUNTED TUITION</td>
<td></td>
</tr>
</tbody>
</table>

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

**PART I, LINE 2:**

**IN KEEPING WITH THE CSMA MISSION OF ACCESSIBILITY AND OUR COMMITMENT TO “ARTS FOR ALL!”, CSMA PROVIDES TUITION ASSISTANCE FOR CHILDREN STUDYING AT CSMA. CSMA REQUESTS A WRITTEN APPLICATION INCLUDING RECENT TAX RETURNS OR FREE AND REDUCED PRICE SCHOOL MEALS LETTER FROM EACH FAMILY APPLYING FOR REDUCED FEES. USING THE FAMILY INCOME AS REFLECTED ON THE TAX FORM AND THE NUMBER OF DEPENDENTS, CSMA DETERMINS ELIGIBILITY AND THE AMOUNT OF AWARD BASED ON FEDERAL HUD INCOME LIMITS FOR FREE SCHOOL LUNCHES AND HEALTH CARE. THE PERCENTAGE OF TUITION ASSISTANCE PROVIDED BY CSMA RANGES FROM 40% TO...**
80% BASED ON LEVELS OF INCOME AND NUMBER OF DEPENDENTS.
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

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

Employer identification number 23-7023900

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel ☐ Housing allowance or residence for personal use

☐ Travel for companions ☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees

☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee ☐ Written employment contract

☐ Independent compensation consultant ☐ Compensation survey or study

☐ Form 990 of other organizations ☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

☐ Yes ☐ No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

☐ Yes ☐ No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

☐ Yes ☐ No

b Any related organization?

☐ Yes ☐ No

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

☐ Yes ☐ No

b Any related organization?

☐ Yes ☐ No

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VICKIE SCOTT GROVE EXECUTIVE DIRECTOR</td>
<td>(i) 163,500.</td>
<td>(ii) 7,000.</td>
<td>0.</td>
<td>0.</td>
<td>(iii) 0.</td>
</tr>
<tr>
<td>(i) BASE COMPENSATION</td>
<td>(ii) BONUS &amp; INCENTIVE COMPENSATION</td>
<td>(iii) OTHER REPORTABLE COMPENSATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2017
PART I, LINE 5:

VICKIE RECEIVED $7,000 BONUS.
# SCHEDULE L

**Transactions With Interested Persons**

## Part I  Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
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</tbody>
</table>

1. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 $_________________________

2. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization $_________________________

## Part II  Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
<td>From</td>
<td>$1,700,000.</td>
<td>$505,548.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>No</td>
<td>Yes</td>
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<td></td>
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<td>X</td>
<td>X</td>
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<td>No</td>
<td>Yes</td>
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<td>No</td>
<td>Yes</td>
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<td>X</td>
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<td>No</td>
<td>Yes</td>
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<td>X</td>
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<td>No</td>
<td>Yes</td>
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<td>X</td>
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<td>No</td>
<td>Yes</td>
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<td></td>
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<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Total $505,548.

## Part III  Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

**SEE PART V FOR CONTINUATIONS**
### Part IV  Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
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</thead>
<tbody>
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<td>Yes</td>
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</table>

### Part V  Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

**(A) NAME OF PERSON:** THE ROGERS FAMILY TRUST

**(B) RELATIONSHIP WITH ORGANIZATION:** BOARD MEMBER

**(C) PURPOSE OF LOAN:** PURCHASE OF LAND FOR SCHOOL USE

---

Schedule L (Form 990 or 990-EZ) 2017

COMMUNITY SCHOOL OF MUSIC & ARTS  23-7023900  Page 2

732132  10-18-17
**Noncash Contributions**

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

Attach to Form 990.

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

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Art - Works of art</td>
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<td>2. Art - Historical treasures</td>
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<td>3. Art - Fractional interests</td>
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<td>4. Books and publications</td>
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<td>5. Clothing and household goods</td>
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<td>6. Cars and other vehicles</td>
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<td>7. Boats and planes</td>
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<td>8. Intellectual property</td>
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<tr>
<td>9. Securities - Publicly traded</td>
<td></td>
<td>X 1</td>
<td>15,651. <strong>SALES PROCEEDS</strong></td>
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<tr>
<td>10. Securities - Closely held stock</td>
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<tr>
<td>11. Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12. Securities - Miscellaneous</td>
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<tr>
<td>13. Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14. Qualified conservation contribution - Other</td>
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<tr>
<td>15. Real estate - Residential</td>
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<tr>
<td>16. Real estate - Commercial</td>
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<td>17. Real estate - Other</td>
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<tr>
<td>18. Collectibles</td>
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<tr>
<td>19. Food inventory</td>
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<tr>
<td>20. Drugs and medical supplies</td>
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<tr>
<td>21. Taxidermy</td>
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<tr>
<td>22. Historical artifacts</td>
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<tr>
<td>23. Scientific specimens</td>
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<tr>
<td>24. Archeological artifacts</td>
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<tr>
<td>25. Other</td>
<td>(<strong>AUCTION ITEMS</strong>)</td>
<td>X 7</td>
<td>30,479. <strong>FMV</strong></td>
<td></td>
</tr>
<tr>
<td>26. Other</td>
<td>( )</td>
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<tr>
<td>27. Other</td>
<td>( )</td>
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<tr>
<td>28. Other</td>
<td>( )</td>
<td></td>
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</tr>
<tr>
<td>29. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td>0</td>
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</tbody>
</table>

**Part II**

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>30a</td>
<td>[ ] Yes</td>
<td>[x] No</td>
</tr>
<tr>
<td>31</td>
<td>[x] X</td>
<td></td>
</tr>
<tr>
<td>32a</td>
<td>[x] X</td>
<td></td>
</tr>
<tr>
<td>33</td>
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</tbody>
</table>

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

Schedule M (Form 990) 2017
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS REPRESENTS NUMBER OF DONORS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TO RECHARGE, REFOCUS AND RE-ENERGIZE THROUGH A CREATIVE EXPERIENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND CULTURAL UNDERSTANDING OF ART AND ITS HISTORY. END-OF-THE-YEAR EXHIBITS PRESENT THOUSANDS OF PIECES OF STUDENT ART.

THE MUSIC4SCHOOLS PROGRAM TEACHES SINGING, CREATIVE MOVEMENT, INSTRUMENTS, MUSIC APPRECIATION, AND CULTURAL UNDERSTANDING OF MUSIC AND ITS ORIGINS. IN ADDITION, STUDENTS HAVE THE OPPORTUNITY TO PARTICIPATE IN AN INSTRUMENTAL MUSIC PROGRAM DURING SCHOOL HOURS AND/OR AFTER SCHOOL. END-OF-THE-YEAR CHORAL AND INSTRUMENTAL MUSIC PERFORMANCES LET CHILDREN SHARE WHAT THEY HAVE LEARNED BEFORE A LIVE AUDIENCE.

CORPORATE ARTS PROGRAM:

THE CORPORATE ARTS PROGRAM OFFERS QUALITY MUSIC LESSONS AND ART CLASSES DIRECTLY TO EMPLOYEES DURING THE WORK DAY, GIVING THEM THE OPPORTUNITY TO RECHARGE, REFOCUS AND RE-ENERGIZE THROUGH A CREATIVE EXPERIENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY OUTREACH:

THE SCHOOL PROVIDES FREE PUBLIC PERFORMANCES AND GALLERY EXHIBITIONS ONSITE AT THE FINN CENTER YEAR-ROUND. THE SCHOOL'S COMMUNITY CONCERT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
SERIES INCLUDES DIVERSE PERFORMANCES AND EVENTS BY STANFORD LIVE, CSMA MERIT SCHOLARS, FACULTY, AND PROFESSIONAL MUSICIANS. EXHIBITIONS IN THE MOHR GALLERY SHOWCASE EMERGING AND ESTABLISHED VISUAL ARTISTS WITH ARTIST TALKS, RECEPTIONS AND HANDS-ON WORKSHOPS. IN ADDITION, CSMA PARTICIPATES IN A NUMBER OF COMMUNITY OUTREACH EVENTS ANNUALLY PROVIDING FREE HANDS-ON ARTS ACTIVITIES, INFO BOOTHS AND PUBLIC PERFORMANCES AND EXHIBITIONS AT LOCAL FAIRS AND FESTIVALS AND OTHER PUBLIC VENUES (E.G. HOSPITALS, BUSINESSES, ETC.). EXPENSES $ 0. INCLUDING GRANTS OF $ 0. REVENUE $ 31,963.

FORM 990, PART VI, SECTION B, LINE 11B:
FOR THE FISCAL YEAR 2016-2017 REPORTING, THE FINANCE COMMITTEE REVIEWED THE 990 IN DETAIL. THE BOARD WILL RECEIVE ACCESS TO REVIEW THE RETURN THROUGH A SECURE BOARD AREA ON THE SCHOOL'S WEBSITE PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD HAS IMPLEMENTED CONFLICT OF INTEREST ANNUAL DISCLOSURE STATEMENTS. THE EXECUTIVE COMMITTEE REVIEWED THE POLICY TO CONSIDER THE LEVEL OF COMPLIANCE WITH THE POLICY, AND WHETHER THE POLICY SHOULD BE MODIFIED AND IMPROVED.

FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD MEET AND REVIEWED DATA FROM THE COMPENSATION & BENEFITS SURVEY FOR NORTHERN CALIFORNIA PRODUCED BY THE CENTER FOR NONPROFIT MANAGEMENT FOR THE EXECUTIVE DIRECTOR POSITION COMPARING COMPENSATION FOR ORGANIZATIONS WITH SIMILAR Sized BUDGETS.

FORM 990, PART VI, SECTION C, LINE 19:
THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, FORM 990 AND AUDITED FINANCIAL STATEMENTS IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Section 179 Expense</th>
<th>Bus % Excl</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Beginning Accumulated Depreciation</th>
<th>Current Year Deduction</th>
<th>Current Year Expense</th>
<th>Ending Accumulated Depreciation</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>BUILDINGS</td>
<td>04-01-17</td>
<td>VARIOUS SL</td>
<td>.000</td>
<td>16</td>
<td>10558288.</td>
<td>10558288.2</td>
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<td>191,969.2</td>
<td>2,781,276.</td>
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<td>3</td>
<td>PROGRAM EQUIPMENT</td>
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<td>VARIOUS SL</td>
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<td>474,476.</td>
<td>474,476.</td>
<td>292,824.</td>
<td>24,706.</td>
<td>317,530.</td>
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<td>SOFTWARE</td>
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<td>VARIOUS SL</td>
<td>.000</td>
<td>16</td>
<td>39,290.</td>
<td>39,290.</td>
<td>22,477.</td>
<td>5,548.</td>
<td>28,025.</td>
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<td>1</td>
<td>LAND</td>
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<td>VARIOUS L</td>
<td>1,707,096.</td>
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<td>6</td>
<td>CONSTRUCTION IN PROGRESS</td>
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<td>VARIOUS NC</td>
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<td>121,870.</td>
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<td>MACHINERY &amp; EQUIPMENT</td>
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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Form 8868
(Rev. January 2017)

Application for Automatic Extension of Time To File an
Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

Enter filer’s identifying number

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY SCHOOL OF MUSIC &amp; ARTS</td>
<td>23-7023900</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041A</td>
<td>08</td>
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<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
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<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

CAROL SANDERS

° The books are in the care of

▶ 230 SAN ANTONIO CIRCLE – MOUNTAIN VIEW, CA 94040

° Telephone No. ▶ 650-917-6800 Fax No. ▶

° If the organization does not have an office or place of business in the United States, check this box ▶.

° If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ▶.

1 I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

▶ calendar year or
tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

□ Initial return □ Final return

□ Change in accounting period

<table>
<thead>
<tr>
<th>3a</th>
<th>If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b</td>
<td>If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.</td>
</tr>
<tr>
<td>3c</td>
<td>Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.</td>
</tr>
</tbody>
</table>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.