Form **990**

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2018 calendar year, or tax year beginning	06/01, 2018 ,	, and ending			05/31	1, 20 1	9			
_		C Name of organization			I	D Employer iden	tification	number				
B c	heck if app	THE ART STUDENTS LEAGU	JE OF NEW YORK, INC.			13-1844	1837					
	Addres change											
\vdash	Name	Number and street for D.O. how if mail is n	not delivered to street address)	Room/suite		E Telephone nur	nber					
	Initial o	elum 215 WEST 57TH STREET			I	(212) 247-4510						
	Float re	City or town, state or province, country, ar	nd ZIP or foreign postal code	I	- 1		***************************************		A			
\vdash	termina Amend	ited	5 .		- 1	G Gross receipts	· \$	24.59	96,276.			
\vdash	return Applica		KAREN GAINES			H(a) Is this a grou		Ye				
<u></u>	_ pendin					subordinates*	?	 				
	····			1 1 7 7 7		H(b) Are all subordi	ach a list. (Se					
		mpt status: X 501(c)(3) 501(c) (e: ► WWW.THEARTSTUDENTSLEAGUE) (insert no.) 4947(a)(1)	or [52		•	•		urs)			
						H(c) Group exemp			. 3157			
			Association Other ►	L Year of	formati	on: 1878 M s	State of le	gal domici	le: NY			
P	art I	Summary										
	1	Briefly describe the organization's mission or	r most significant activities: $_{ m THE}$ $_{ m L}$	EAGUE OF	FERS	ACCESIBL	E, AFF	ORDAL	3LE,			
e S] .	HIGH QUALITY EDUCATION AND		NG, DRAW	ING,							
nar		PRINTMAKING, SCULPTURE AND										
Governance	2	Check this box 🕨 🔙 if the organization di	iscontinued its operations or dispos	ed of more tha	an 25%	of its net assets	š.					
	3	Number of voting members of the governing	body (Part VI, line 1a)				3		12.			
oğ v	4	Number of independent voting members of the	he governing body (Part VI, line 1b) .				4		12.			
Activities &	5	Total number of individuals employed in cale	endar year 2018 (Part V, line 2a)				5		257.			
Ę		Total number of volunteers (estimate if necess					6		0.			
٩		Total unrelated business revenue from Part Vi					7a		0.			
	I .	Net unrelated business taxable income from F					7b		0.			
			•			Prior Year		Curren	t Year			
	8	Contributions and grants (Part VIII, line 1h)			1	356,34	2.	10,73	32,878.			
Revenue		Program service revenue (Part VIII, line 2g)				5,378,68	0.	5,85	9,874.			
Š		Investment income (Part VIII, column (A), line			-	4,479,19			02,171.			
ď		Other revenue (Part VIII, column (A), lines 5,					0.	•	0.			
	1	Total revenue - add lines 8 through 11 (must				10,214,21	5.	19.89	94,923.			
-	T	Grants and similar amounts paid (Part IX, colu			 	102,90			91,200.			
	t .				-		0.		0.			
	14.5		ts paid to or for members (Part IX, column (A), line 4)									
Expenses	160	Professional fundraising fees (Part IX, column			<u> </u>	4,232,85	0.					
pen	10a	Total fundraising expenses (Part IX, column (I			ļ		-					
ЖX	1,70	Other expenses (Part IX, column (A), lines 11:				6,582,28	0	4,500,533				
	1	Total expenses. Add lines 13-17 (must equal				10,918,03		11,665,814.				
		Revenue less expenses. Subtract line 18 from			\vdash	-703,81			29,109.			
P S	10	Revenue less expenses. Subtract line 18 non	1111116 32,		Regin	ning of Current		End of				
anc c	20	Total conta (Dart V. line 40)				95,901,40			22,181.			
SSE	20	Total assets (Part X, line 16)				2,425,39			96,515.			
et/	20 21 22	Total liabilities (Part X, line 26)				93,476,01			25,666.			
	rtill	Net assets or fund balances. Subtract line 21 Signature Block	montune 20,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	33/170/01		57702	.0,000.			
		alties of perjury, I declare that I have examined thi	is return. Including accompanying sched	tules and state	ments a	nd to the hest o	f my know	dedne an	d helief it k			
tru	e, corre	ct, and complete. Declaration of preparer (other than	n officer) is based on all information of wh	nich preparer ha	as any kr	nowledge.		nougo an	2 DONO; 10 %			
						04/0	1/2020	n				
Sig	ın	Signature of officer				Date	1,202					
He		KAREN GAINES	CFO									
		Type or print name and title	CFO									
		Print/Type preparer's name	Preparer's signature	Date		[6]	_{IF} PTIN					
Pai	d	KAREN A KOWGIOS CPA	KAREN A KOWGIOS CPA	04/01	/202	Check	J 11 {	01461	372			
	parer	THE PROPERTY OF THE PROPERTY O	I	104/07	, 202	Firm's EIN ►2	3		J12			
Use	Only	Firm's name WITHUMSMITH+BROWN		0010			212-75	1_010	0			
14-	u tha	Firm's address > 1411 BROADWAY 9TH				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 1			
,		RS discuss this return with the preparer		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				X Yes	No.			
	LIANA	AUGRE MARIJONAN DOLDIGHOO COA PRO CORORA	to inertifetione					L OTTO				

JSA 8E1020 1.000

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	T	Ţ	
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ſ	ſ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	T		-
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	T	7	-
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì		
	"Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1	' <u> </u>	
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		' I	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	İ	ا ا	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	ļ
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	' , Ì		,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	igsqcup	X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	أيرا		17
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	أيرا		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, Ilne 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	المرا	.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		[_v
	Schedule D, Parts XI and XII	12a	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ا .م. ا	X	ļ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 ^	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	^
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	114		Х
4 -	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		^ <u>`</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		X
4-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		Х
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	1 1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		X
, -	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	1/_	 	1 22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	1 42
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
00	If "Yes," complete Schedule G, Part III	19 20a	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	+	+**
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	quinestic government on marcia, column (A), line 17 ii 17es, complete ochedile i, marcia i and ii	1 4 1	1	1

Par	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
~	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	256		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
				v
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
21	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			•
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
α	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			**
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- [
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		İ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Ī	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u> X</u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 248			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
ISA		Form	990 ((2018)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
ır alı	Statements Regarding Other INS Fillings and Tax Compliance (continued)		Yes	No
_	E to the control of the control of Manager and Tay		,	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year and ing with an within the year solvered by this return.		ļ	
	Statements, filed for the calendar year ending with or within the year covered by this return.	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
ď	If "Yes," enter the name of the foreign country: ▶		j	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
,	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			-
10				
	Third to the state of the state	1		
		1		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Closs moone with members of shareholders to the transfer of the control of the co	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources	}		
40	against amounts due or received from them.)	12a		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124	 	
	olf "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		-
а	Is the organization licensed to issue qualified health plans in more than one state?	100	-	<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	are organization to modification for the state of the sta	1		
C	Enter the amount of reserves on hand	1 4 4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	<u> </u>
b	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15	 	 ^-
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	
_	If "Yes," complete Form 4720, Schedule O.	<u> </u>	000	1.05.15
		Fon	พฮป	(2018)

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Part VI

13-1844837 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain in Schedule O.	,		
р 2	Enter the number of voting members included in line 1a, above, who are independent	1		
2	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ŭ	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	:	Х
6	Did the organization have members or stockholders?	6	X	
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	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	· · · · · · · · · · · · · · · · · · ·	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	<u>,</u>
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v,	
	The organization's CEO, Executive Director, or top management official	15a	$\frac{x}{x}$	
b	Other officers or key employees of the organization	15b	_^_	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		Х
L	with a taxable entity during the year?	16a		21
D	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		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these a <u>vailable</u> . Check all that apply.	(Sec	ion 5	01(c)
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	oolicy	, and
20	· · · · · · · · · · · · · · · · · · ·	e b -		
	State the name, address, and telephone number of the person who possesses the organization's books and record garen gaines 215 WEST 57TH STREET NEW YORK, NY 10019	· -		
			000	

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	niza	tion	100	npen	sate	d any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	sspe dad	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)BETH ALBERTY	2.50									
BOARD MEMBER (THRU DEC. 2018)	0.	X				İ		0.	0.	0.
(2)MARY JO ANZEL	2.50									
TREAS. (12/18), VP (1/19-5/19)	.10	X		Х		İ		0.	0.	0.
(3)BETH E. BERNS	2.50									
BOARD MEMBER	.10	Х					1	0.	0.	0.
(4)CHARLOTTE BIALEK	2.50									
BOARD MEMBER	.10	X						0.	0.	0.
(5)CATHY BLAKE	2.50									
BOARD MEMBER	.10	X						0.	0.	0.
(6)EZRA BOOKSTEIN	2,50				П					,
VICE PRESIDENT (1/19-5/19)	.10] X		Х				0.	0.	0.
(7)LISA CHAKRAVARTI	2.50									
BOARD MEMBER (THRU 12/18)	0.	Х	ļ					0.	0.	0.
(8)ROBIN FRANK	2.50			1						
BOARD MEMBER	.10	X						0.	0.	0.
(9)LUZ-MARY HARRIS	2.50]					[
BOARD MEMBER	.10	Х			<u> </u>		<u> </u>	0.	0.	0.
(10)THOMAS E. HARVEY	2.50]								
PRESIDENT	.10	X		Х			<u> </u>	0.	0.	0.
(11)CAROLE MCDERMOTT	2.50									;
BOARD MEMBER (THRU 12/18)	0.	X			<u> </u>			0.	0.	0.
(12)ROBERT MORRIS	2,50		1							
BOARD MEMBER	.10	X						0.	0.	0.
(13) JARON NEWTON	2.50	_							_	_
BOARD MEMBER (THRU 12/18)	0.	X	ļ		_		1	0.	0.	0.
(14)HENRY ROUX RESIGNED 6/2018	2,50	1							_	_
BOARD MEMBER	0,	X						0.	0.	0.

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	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than of box, unless person is both						(D) Reportable compensation	compensation	(E) Reportable pensation from related		ited it of
		hours for related organizations below dotted line)					Highest compensated		from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ons	othe compen from t organiz and rel organiza	sation he ation ated
	IA SALINAS RD MEMBER	2.50	х						0.		0.		(
16) RAJ	SHAHANI	2.50						\vdash	0,				
	RD MEMBER	.10	Х		ļ				0.		0.		(
	F SUNDHEIM RD MEMBER	2.50	X						0.		0.		(
	AH FEIGENBAUM	2.50											
	RD MEMBER	0.	Х						0.		0.		(
	VIFER SOLOMON	40.00			٠,				155 804				
	EF DEVELOPMENT OFFICER HAEL RIPS	40.00			Х				155,724.		0.	16	, 391
	CUTIVE DIRECTOR	.10			Х				289,394.		0.	8	, 920
	EN GAINES	40.00											,
CFO	(STARTED 1/26/19)	.10	<u> </u>		Х				0.		0.		
			ļ					-					
1b Sub-to	otal					l	<u> </u>		0.		0.		(
	from continuation sheets to Part VII,	Section A			• •		· · ·	-	445,118.		0.	25	, 317
d Total	(add lines 1b and 1c)							<u></u>	445,118.		0.		, 317
2 Total r	number of individuals (including but no able compensation from the organizat	ot limited to the	nose	iste	d al	ove	e) who	re	ceived more than	\$100,000 of			
Topon	and dempendation from the organization	.011		•						1		Ye	s N
3 Did ti	ne organization list any former of yee on line 1a? <i>If "Yes," complete Sche</i>	ficer, directo	r, or	tru ividu	ste	e, I	кеу є	emp	loyee, or highest	t compensat	ted		X
												3	
4 For all	ny individual listed on line 1a, is the zation and related organizations (reater than	ง (สถ \$15	0.0	:01N 00?	pen If	satior Yes"	nar 3." (na otner compens complete Schedu	sation from t le J for su	ine Ich		
individ	'ual , ,											4 X	
5 Did aı	ny person listed on line 1a receive o	or accrue co	npen	satio	on f	ron	any	นกเ	related organizatio	on or individ	ual		
tor se	vices rendered to the organization? If . Independent Contractors	"Yes," complet	e Sch	edu	le J	for	such	per	son			5	Х
	lete this table for your five highest co	mnensated in	ndene	nde	nt o	conf	racto	rs ti	hat received more	than \$100 (100 o	f	
Section B	,	compensation	on for	the	cal	lenc	lar ye	are	ending with or with	in the organ	ization	n's tax	
Section B	ensation from the organization. Repor												
Section B 1 Comp compe	(A)	addross							(B)			(C)	
Section B 1 Comp compe year.		iddress							(B) Description of se	rvices	c	(C) ompensatio	n
Section B 1 Comp compe year.	(A) Name and business a	ddress								rvices	С		n
Section B 1 Comp compe year.	(A) Name and business a	iddress								rvices	C		n
Section B 1 Comp compe year.	(A) Name and business a	iddress	***							rvices	C		n

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any	line in this Part VII	l . <i></i>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
हें हैं	1a	Federated campaigns 1a					
S'ar	b	Membership dues 1b					
A, (С	Fundraising events 1c					
흁	d	Related organizations 1d					
ñ.S.	е	Government grants (contributions) 1e	22,238.				
er (f	All other contributions, gifts, grants,					
훈통		and similar amounts not included above . 1f	10,710,640.				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	<u>h</u>	Total. Add lines 1a-1f		10,732,878.			
eun			Business Code	4 500 500	4 FOR F22		
Revenue	2a	TUITION INCOME	611610	4,589,522.	4,589,522.		
8	þ	DUES AND FEES	611610 611610	261,115.	261,115. 276,788.		
Ξ	C	OTHER INCOME	611610	133,966.	133,966.		
'n.S	d	STORE & CAFETERIA SALES, NET OF COST OF	611610	598,483.	598, 483.		
gra	e		011010	370, 403.	33071037		
Program Service	f g	All other program service revenue Total. Add lines 2a-2f		5,859,874.			
	3	Investment income (including divider	1				
	3	and other similar amounts)		3,303,524.			3,303,524.
	4	Income from investment of tax-exempt bond	. 1	0.			
	5	Royalties		0.	-		
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	. ,	>	0.			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 4,700,000.					
	b	Less: cost or other basis					
		and sales expenses 4,701,353.					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u> </u>	-1,353.			-1,353
ë	8a	Gross income from fundraising					
enu		events (not including \$]			
Ş.		of contributions reported on line 1c).	1				
Other Reven		See Part IV, line 18					
₽	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising events	>	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a			:		
	b	Less: direct expenses b					
	C	, , ,	· · · · · · · · · · · · · · · · · · ·	0.			
	10a	Gross sales of inventory, less					
		returns and allowances , a					1
	b	Less: cost of goods sold b. Net income or (loss) from sales of inventory.	/ L	0.			
	<u> </u>	Miscelianeous Revenue	Business Code	<u></u>			
	4.4						
	11a						
	b						
	C	All other revenue					
	d e			0.			***
	12	Total revenue. See instructions		19,894,923.	5,859,874.		3,302,171

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 , ,	91,200.	91,200.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	541,572.	61,719.	317,030.	162,823.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	5 000 000		
7.	Other salaries and wages	5,515,262.	5,036,289.	411,402.	67,571.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,568.	28,098.	7,955.	2,515.
9	Other employee benefits	494,104.	400,095.	79,098.	14,911.
10	Payroll taxes	484,575.	388,931.	79,533.	16,111.
11	Fees for services (non-employees):	0.			
	Management	81,622.	4,200.	73,764.	3,658.
	Legal	71,869.	4,200.	71,869.	3,030.
	Accounting	0.		11,000.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, ilne 17. Investment management fees	206,967.		206,967.	
	Other. (If line 11g amount exceeds 10% of line 25, column	,			
ε	(A) amount, list line 11g expenses on Schedule O.)	642,617.	626,247.	13,024.	3,346.
12	Advertising and promotion	40,655.	40,411.		244.
13	Office expenses	53,475.	27,214.	23,484.	2,777.
14	Information technology	191,500.	184,711.	1,845.	4,944.
15	Royalties,	0.			,
16	Occupancy	357,607.	331,013.	16,640.	9,954.
17	Travel	43,021.	24,942.	6,625.	11,454.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings ,	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	550,902.	532,716.	18,186.	
23	Insurance	204,142.	150,979.	52,104.	1,059.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			j	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	MODELS	837,364.	837,364.		
·	CREDIT CARD PROCESSING FEES	160,262.	148,181.	10,592.	1,489.
-	REPAIRS AND MAINTENANCE	378,544.	361,725.	14,371.	2,448.
•	TOOLS AND SUPPLIES	86,957.	86,917.	40.	2,1101
•	All other expenses	593,029.	496,865.	57,829.	38,335.
	Total functional expenses. Add lines 1 through 24e	11,665,814.	9,859,817.	1,462,358.	343,639.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
•	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2018)

Balance Sheet Part X (A) Beginning of year End of year 471,274. 129,237. Cash - non-interest-bearing 1 1,768,982. 3,645,089. Savings and temporary cash investments 2 2 0. 0. 3 107,374. 36,657. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 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 0. organizations (see instructions). Complete Part II of Schedule L 0. 6 0. 0. 7 Notes and loans receivable, net _______. 282,041. 280,713. 8 152,286. 166,853. 10 a Land, buildings, and equipment: cost or 13,756,326. 10a other basis. Complete Part VI of Schedule D 8,241,034. 5,779,302.10c 5,515,292. 86,883,660. 90,186,709. 11 11 0. Investments - other securities. See Part IV, line 11 0. 12 12 Ō. 0. Investments - program-related. See Part IV, line 11 13 13 0. 0. 14 14 457,818. 460,303. 15 15 95,901,409. 100,422,181. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 503,085. 620,475. 17 17 Accounts payable and accrued expenses Ō. 18 18 1,492,182. 1,968,710. 19 19 0. 20 0. 0. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0. 0. disqualified persons. Complete Part II of Schedule L............ 22 θ. 0. 23 Secured mortgages and notes payable to unrelated third parties 23 0 0. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 324,720. 312,740. 25 2,796,515. 2,425,397. 26 Organizations that follow SFAS 117 (ASC 958), check here | X | and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 67,746,716. 64,151,829. 27 27 13,657,526. 21,402,067. 28 28 12,071,770. 12,071,770. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 97,625,666. 93,476,012. 33 33 100,422,181. Total liabilities and net assets/fund balances......... 95,901,409. 34

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	- (,-)				ra	ge 12	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI		<i>.</i>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1:	9,8	94,9	923.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			65,8		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,229,109.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9:	93,476,012.			
5	Net unrealized gains (losses) on investments	5		-4,079,455.			
6							
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	9.	7,6	25,€	566.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII			. ,		X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in	1			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled (or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b	_X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а				
	separate basis, consolidated basis, or both:		İ	İ			
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for				.,		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in				
_	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se					.,	
	the Single Audit Act and OMB Circular A-133?		ا	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits or	ergo ti					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		3b	000		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE ART STUDENTS LEAGUE OF NEW YORK, INC. 13-1844837 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 Χ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No	·	
(A)						
(B)		-				
(C)						
(D)						
(E)						
Total						

Page 2

Pai	Complete only if you checket Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua)(vi) alify under
	tion A. Public Support			r			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					7	
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						
	tion B. Total Support	(-) 0044	(I-) 004E	4.1.0040	4.0047	1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
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. (s	ee instructions) .		<i></i>		12	
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup		7				
	Public support percentage for 2018 (li					14	%_
15	Public support percentage from 2017						<u>%</u>
тьа	33 1/3 % support test - 2018. If the organization a			•		•	L
h	box and stop here. The organization q			_			
D	33 1/3 % support test - 2017. If the org this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	f-circumstances	" test, check t	his box and <mark>st</mark>	op here.
	Explain in Part VI how the organizati				•	•	, , ,
18	supported organization Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	e
	instructions		1 7 1 1 2 1 1 2				▶ □
					8	chedule A (Form 9	990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Part Support Schedule for	Organizations Described in Sectio	n 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.)

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	,					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the]	
	organization's tax-exempt purpose	ļ					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	L					
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons]			
d	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,		ļ				
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business		ļ				
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1			
14	First five years. If the Form 990 is	for the organiza	ation's first sec	and third fourth	n or fifth tax \	/ear as a section	1 501(c)(3)
•	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8			umn (f))		15	%
16	Public support percentage from 2017 Sch	, ,,,	•	.,,			%
	tion D. Computation of Investmen					<u> </u>	
17	Investment income percentage for 2018 (I			13, column (fl)		17	%
18	Investment income percentage from 2017	•	• • •				%
	331/3% support tests - 2018. If the or						
.va	17 is not more than 331/3%, check the						
h	331/3% support tests - 2017. If the org						
n	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						. 1 1

Part IV Supp

Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Par	t V.)		
Secti	on A. All Supporting Organizations		т	1
			Yes	No
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.	1		
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).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<i>,</i> 5a		
þ	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
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.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

3a

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year

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

Schedule A (Form 990 or 990-EZ) 2018

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

		,

Schedule A (Form 990 or 990-EZ) 2018 Page 7

Part	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	i ons (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			·
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(lii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018		•	
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014	,		
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
ę	Excess from 2018,			

Schedule A (Form 990 or 990-EZ) 2018

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

		•
•		
•		
,		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE ART STUDENTS LEAGUE OF NEW YORK, INC. 13-1844837 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) , . 3 Aggregate value at end of year, Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes 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 Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a)..... Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items: 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:

		·	

Par	lle D (Form 990) 2018 Organizations Maintainir	a Collections of A	rt Historia	al Trea	sures, or (Other Si	milar Assets (c	ontinued)	Page Z
Fal	Using the organization's acquisition	accession and of	her records	check	any of the	following	that are a sign	ificant use	of its
	= -		Her records	, oneon	any or the	TOROWING	y that are a eigh	mount acc	01 110
	collection items (check all that apply	/).	ہ ا	1	- avabanga r	oroarama			
a	X Public exhibition		d X		exchange p	programs			
b	X Scholarly research		е	Other _					
С	X Preservation for future generation								- Dt
4	Provide a description of the organ	ization's collections	and explain	how th	ey further f	the orga	nization's exempt	purpose II	n Part
	XIII.								
	During the year, did the organization								
	assets to be sold to raise funds rath	er than to be mainta	ined as part	of the or	rganization's	s collection	on? ,	Yes	X No
Par	t IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	s" on Form	990, Pa	art IV, line 9	9, or rep	orted an amour	it on Form	İ
	990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian or othe	r intermedia	ry for co	intributions o	or other a	ssets not		_
	included on Form 990, Part X?							Yes _	No
	If "Yes," explain the arrangement in								
		·					Amount		
C	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
2 a	Did the organization include an am	Aunt on Farm 990 F	Part X line 2	o fores	SCLOW OF CITE	stodial ac	count liability?	Yes	No
4 d	If "Yes," explain the arrangement in	Dari VIII Chack he	re if the eve	lanation	hae haan nr	ovided or	Part XIII	ســر اــــــــ	
		Fan All. Check he	ile ii tiie exp	lastation	nas been pr	Ovided of	11 (11 711)		
· ra	t V Endowment Funds. Complete if the organiza	tion onewored "Vo	e" on Form	000 0	art IV line	10			
	Complete ii trie organiza				(c) Two years		(d) Three years back	(e) Four yea	re back
	}	(a) Current year	(b) Prior y				`	12,70	
1a	Beginning of year balance	12,071,770.	12,701	,830.	12,701,	,830.	12,701,830.	12,70.	1,030.
b	Contributions								
	Net investment earnings, gains,					1			
	and losses	120,113.	922	,165.	1,362,	, 357.	1,869,159.	1,29	9,549.
Ы	Grants or scholarships								
	Other expenditures for facilities								
Ū	and programs	120,113.	1,552	,225.	1,362,	,357.	1,869,159.	1,29	9,549.
£	Administrative expenses								
	End of year balance	12,071,770.	12,071	,770.	12,701,	,830.	12,701,830.	12,70	1,830.
g	Provide the estimated percentage	of the current year	and balance	/line 1a	column (a))	hald as:			
2 a	Board designated or quasi-endown		%	(inte rg.	Coldinii (a))	non as.			
	Permanent endowment ► 100.0								
	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, a		100%						
	Are there endowment funds not in			ion that	ara baid an	d adminis	stared for the		
3 a		the possession of the	ie organizat	ion that	are new and	u aummi	stered for the	Ye	s No
	organization by:							3a(i)	X
	(i) unrelated organizations								X
	(ii) related organizations							3a(ii)	
þ	If "Yes" on line 3a(ii), are the relat					• • • •		3b	
4	Describe in Part XIII the intended	uses of the organiza	tion's endow	ment fur	nds.				
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	uipment. ation answered "Y	ee" on Forr	n aan I	Part IV line	- 11a S	ee Form 990 Pa	art X line	10.
	Description of property	la) Cost or	r other basis		or other basis	(c) Accu	mulated (d) Book value)
	= 2200 throng of kinhold	(inves	tment)	` (0	ther)	depre	ciation		
1a	Land.,				150,000.				,000.
b	Buildings			10,4	127,484.	6,35	6,355.	4,071	<u>,129.</u>
С	Leasehold improvements,								
d	Equipment			2,1	143,310.	1,37	7,976.		,334.
e	Other	1		7	735,532.	50	6,703.		8,829.
	al. Add lines 1a through 1e. (Columi	n (d) must equal Fori	m 990, Part)	X, columi	n (B), line 10	Oc.)	. , . , ▶	5,515	,292.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	1 "Vag" on Form 000), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)	,		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.	L	
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> <u>(8)</u>			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
		! "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ımn (b) must equal Form 990, Part X, col. (B) li	(no. 15.)	
Part X	Other Liabilities.	ne 15.), , , , , , , , , , , , ,	
rarex		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	9 .
(1) Feder	al income taxes		· ·
_ ` '	ER DEPOSITS	41,4	120.
	ION CREDITS	283,3	300.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	on (h) must equal Ferry 200 Fig. 1. (2) "	204 5	120
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·	
z. Liability fo	r uncertain tax positions. In Part XIII, provide the t	ext 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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
	Total revenue, gains, and other support per audited financial statements	1	15,609,202.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities]]	
b	Recoveries of prior year grants	1	
C C	Other (Describe in Part XIII.)	1	
d	Add lines 2a through 2d	2e	-4,078,754.
e	Subtract line 2e from line 1	3	19,687,956.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a 206, 967.	1	
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	206,967.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,894,923.
Part		ırn.	
4	Total expenses and losses per audited financial statements	1	11,462,033.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	.	
a	Prior year adjustments	1	
b	Other losses	1	
c C	Other (Describe in Part XIII.)	.	
d	Add lines 2a through 2d	2e	3,186
e	Subtract line 2e from line 1 ,	3	11,458,847.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 206, 967	.	
a k	Other (Describe in Part XIII.)	<u> </u>	
þ	Add lines 4a and 4b	4c	206,967
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,665,814.
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor PAGE 5	mation	•
			

PAGE 32

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE FINANCIAL STATEMENT CONSOLIDATION OF AMERICAN FINE ARTS SOCIETY EXPENSES OF \$2,485 (EIN 13-6000080) FORM 990-EZ FILED SEPARATELY.

PART III, LINE 1A:

THE LEAGUE MAINTAINS A PERMANENT COLLECTION OF PAINTINGS, DRAWINGS AND SCULPTURES OF THE LEAGUE'S PAST AND CURRENT INSTRUCTORS AND STUDENTS, AND OTHER ARTISTS, WHICH ARE HELD FOR PUBLIC EXHIBITIONS AND PRESERVED BY THE LEAGUE FOR THIS PURPOSES. THE ORGANIZATION ELECTED THAT THE PERMANENT COLLECTION IS NOT CAPITALIZED.

PART III, LINE 4:

THE LEAGUE'S PERMANENT COLLECTION OF ALMOST 2,000 WORKS MAKES IT UNIQUE AMONG ART SCHOOLS. ACQUIRING AND PRESERVING STUDENT WORK AS A "RECORD OF WHAT HAS BEEN ACCOMPLISHED" WAS A GOAL PROUDLY SET IN THE LEAGUE'S EARLIEST YEARS AND MAINTAINED TO THE PRESENT DAY IN THE ANNUAL PURCHASES FROM THE "RED DOT" EXHIBITION. THE COLLECTION ALSO INCLUDES IMPORTANT WORKS BY SIGNIFICANT INSTRUCTORS AND FORMER SUTDENTS THAT HAVE BEEN DONATED OVER THE YEARS BY COLLECTORS, FAMILY MEMBERS, AND THE ARTISTS THEMSELVES. SUCH WORKS, WHICH TELL THE SCHOOL'S STORY REFLECTING A TRADITION OF EXCELLENCE AND RESPECT FOR DIVERSITY, ARE SHOWN IN LEAGUE EXHIBITS, LOANED TO MUSEUMS, AND HAVE BEEN INCLUDED IN A NUMBER OF

Part XIII Supplemental Information (continued)

TOURING EXHIBITIONS. THEY ARE ALSO AVAILABLE FOR SCHOARLY RESEARCH ON AN APPOINTMENT BASIS.

PART V, LINE 4:

THE PERMANENT ENDOWMENT CONSISTS OF APPROXIMATELY 40 INDIVIDUAL FUNDS ESTABLISHED FOR FACILITY SUPPORT, SCHOLARSHIPS, AND GENERAL SUPPORT.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ➤ Attach to Form 990 or Form 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Employer identification number

13-1844837

	rt		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
Ļ	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships?	4c	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Λ	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	<u>5a</u>		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	0.15		
	Done the experimentary reaches any firm sixty sixty and the second sixty of the second		٠,	
ia b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	X	X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	6b		- 23
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	7	X	

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

Schedule E (Form 990 or 990-EZ) 2018

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

FORM 990, SCHEDULE E, LINE 3

NONDISCRIMINATORY POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALSO PUBLISHED IN ANNUAL CATALOG.

FORM 990, SCHEDULE E, LINE 6A:

THE ART STUDENTS LEAGUE RECEIVES FUNDING FOR PROGRAMS FROM THE NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS, SOME STUDENTS USE ASSISTANCE FROM THE U.S. DEPARTMENT OF VETERANS AFFAIRS TO PAY FOR CLASSES.

SCHEDULE

(Form 990)

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

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

OMB No. 1545-0047

Open to Public

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
THE ART STUDENTS LEAGUE OF NEW YORK, INC.	13-1844837
Part 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	sistance, and
the selection criteria used to award the grants or assistance?	No Nes No

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

Part	Grants and Other Assistance to Domestic		anizations an	d Domestic Gov	ernments. Com	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990	ation answered "Ye	ss" 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.		more than \$5,	000. Part II can b	e duplicated if a	dditional space is ne	eded.	
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	7.000					·		77 7 70 70 70 70 70 70 70 70 70 70 70 70

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	TATAL TATAL							
	Enter total number of section 501(c)(3) and governmer	jovernment o	rganizations list	nt organizations listed in the line 1 table	6)		A	**************************************
3 Ente	Enter total number of other organizations listed in the line 1 table	ed in the line	1 table				A	
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 99	0.				Sche	Schedule ! (Form 990) (2018)

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Schedule I (Form 990) (2018)

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CASH GRANTS	200	14.	84,000.	20,334-	BOOK	ASL TUITION
2 MERIT SCHOLARSHIPS	LARSHIPS	36,		67,910.	ВООК	ASL TUILION
3 MODEL TO MONUMENT (M2M)	ONUMENT (M2M)	4.	7,200-	2,616.	ВООК	PUBLIC ART
4 SEEDS OF THE LEAGUE	HE LEAGUE	0		30,315.	BOOK	NYC SCHOOLS
5						
9			WARRIE TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO T			a in the state of
7						
Part IV Su	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part II, column (b); and any other additional information.	nformation re	quired in Part I,	line 2, Part III, c	olumn (b); and any of	her additional

THE APPLICATIONS FOR GRANTS STATE THE SPECIFIC REQUIREMENTS THAT MUST BE

PART I, LINE 2:

HAVE STUDIED AT THE LEAGUE FOR AT LEAST 16 MONTHS ON A FULL-TIME BASIS (A

MET FOR EACH. THE SCHOOL'S GENERAL REQUIREMENTS STATE THAT STUDENTS MUST

CLASS THAT MEETS FIVE DAYS A WEEK). SOME DONORS ALSO HAVE SPECIFIC

REQUIREMENTS SUCH AS A FEMALE SCULPTOR, OR BY AGE, OR MEDIUM.

BEFORE FUNDS ARE DISTRIBUTRED, THE SCHOLARSHIP/GRANT COORDINATOR MAKES

SURE THAT ALL TIME REQUIREMENTS HAVE BEEN MET. THESE REQUIREMENTS ARE

TRACKED BY THE CLASS REGISTRATION SYSTEM.

Schedule I (Form 990) (2018)

10:24:36 AM V 18-7.6F

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

13-1844837

Page 2

edule I (Form 990) (2018)

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. Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV e ιO ø N 4

PRIOR TO AWARDING GRANTS, OUTSIDE JUDGES (ART CRITICS, ARTISTS, CURATORS, FOR HISTORIANS) CHOOSE THE BEST ARTWORK WITHIN THE CONTEXT OF THE GRANT, ď AN ART STUDENT WHOSE FOCUS IS PAINTING, OR WHO WORKS IN ECT NONOBJECTIVE/ABSTRAT SYTLE, EXAMPLE,

EXTENSIVE PROPOSAL PROCESS THAT INCLUDES PREVIOUS WORK SAMPLES, A PROJECT IN THE MODEL TO MONUMENT PROGRAM, ACCOMPLISHED LEAGUE SCULPTURE STUDENTS NARRATIVE FOR A PROPOSED SITE-SPECIFIC PIECE, AND A MODEL OF THAT PIECE. ARE SELECTED BASED ON RECOMMENDATIONS FROM THEIR INSTRUCTORS AND AN

Schedule 1 (Form 990) (2018)

Page 2

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Schedule I (Form 990) (2018)

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. Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Partı∨	Supplemental information. Provide the information required in Fair i, line 2, Fair III, Column (V), and any onler additional information	mormanome	מחוופת ווו בשורו,	וווה ל, רמון וווי, כ	טומוווון (ש), מוזע מווץ טו	מכפונים ומו

information. SELECTIONS ARE MADE BY A JURY THAT INCLUDES GALLERISTS AND PROFESSIONAL

ARTISTS EXPERIENCED IN PUBLIC ART, REPRESENTATIVES FROM THE VENUES, THE

PROGRAM MENTOR, AND THE EXECUTIVE DIRECTOR.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Part I Questions Regarding Compensation

13-1844837

			Yes	No
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. Housing allowance or residence for personal use			
	First-class or charter travel Travel for companions Tax indemnification and gross-up payments Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees			700
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
_			-590,550	185800 E
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 X Approval by the board or compensation committee		W.S.	
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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	and regards	X
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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. Section A, line 1a, applicable column (D) and (E) amounts for that 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

ındıvidual.	}							
		(B) Breakdown of vv-2	W-Z and/or 1099-Miloc compensation	Conspensation	(C) Retirement and	(D) Nontaxable	(E) total of countils (B)(I)-(D)	in column (B) reported
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			as deferred on prior Form 990
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Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

PAGE 43

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Employer identification number 13-1844837

FORM 990, PART XII, LINE 2C:

THE BOARD HAS APPROVED THE AUDIT COMMITTEE FOR OVERSIGHT OF THE AUDIT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ART STUDENTS LEAGUE OF NEW YORK IS A MEMBERSHIP ORGANIZATION. STUDENTS GENERALLY BECOME ELIGIBLE FOR MEMBERSHIP AFTER STUDYING FOR THREE MONTHS IN ONE OF THE LEAGUE'S FULL-TIME CLASSES. APPLICANTS FORMALLY APPLY AND CAN THEN BE ELECTED BY A THREE-FOURTHS VOTE AT A BUSINESS MEETING OF LEAGUE MEMBERS. THE LEAGUE ALSO HAS "HONORARY" MEMBERS, WHO MAY NOT HAVE FULFILLED THE CLASS-TIME REQUIREMENT, BUT BECOME ELIGIBLE FOR ELECTION BY A FOUR-FIFTHS MEMBERSHIP VOTE AFTER THE UNANIMOUS RECOMMENDATION OF THE BOARD OF CONTROL. MEMBERS WHO REMAIN IN GOOD STANDING BY PAYING THEIR ANNUAL DUES ARE KNOWN AS "CURRENT MEMBERS" AND RETAIN THEIR RIGHTS, INCLUDING VOTING, WITH CERTAIN CONDITIONS, IN THE ANNUAL ELECTION OF SIX BOARD MEMBERS. MEMBERS WHO DO NOT PAY DUES BY SPECIFIED, SUCCESSIVE DEADLINES ARE CONSIDERED "LAPSED" AND THEN "DROPPED" AND RELINQUISH THEIR MEMBERSHIP RIGHTS. DROPPED MEMBERS MAY APPLY FOR REINSTATEMENT. MEMBERS OF GOOD STANDING FOR TEN YEARS AUTOMATICALLY BECOME LIFE MEMBERS, EXEMPT FROM ANNUAL DUES AND WITH THE SAME RIGHTS AND PRIVILEGES AS ACTIVE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: DRAFT OF FORM 990 IS SENT TO THE FULL BOARD MEMBERS FOR REVIEW AND COMMENTS.

Employer identification number

13-1844837

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

THE ORGANIZATION REQUESTS ALL BOARD MEMBERS AND KEY EMPLOYEES TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY CERTIFICATION.

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

COMPENSATION OF ALL KEY EMPLOYEES IS DISCUSSED AND APPROVED BY THE BOARD AND/OR COMMITTEE. COMPENSATION IS GENERALLY BASED ON INDUSTRY STANDARD.

FORM 990, PART III, LINE 4D:

EXHIBITION OUTREACH

THE EXHIBITION OUTREACH PROGRAM CREATES OPPORTUNITIES FOR OUR STUDENTS
AND MEMBERS TO SHOW THEIR WORK IN OFFICE LOBBIES, GOVERNMENT BUILDINGS,
LIBRARIES, RESTAURANTS, HEALTH CENTERS AND AT ART FAIRS. THE COMPETITIVE
PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT FOR LEAGUE EMERGING ARTISTS
WHILE AT THE SAME TIME INCREASING THE GENERAL PUBLIC'S EXPOSURE TO AND
APPRECIATION AND DEMAND FOR VISUAL ART. IN THE MOST RECENT YEAR,
EXHIBITION OUTREACH EXHIBITED THE WORK OF SEVERAL HUNDRED LEAGUE MEMBERS
AND STUDENTS IN 20 SHOWS IN A DOZEN SPACES, WITH ESTIMATED VIEWERSHIP OF
200,000 PEOPLE.

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

FORM 990 IS AVAILABLE ON THE ORGANIZATION'S OWN WEBSITE, GUIDESTAR.ORG
AND THE NEW YORK STATE CHARITIES BUREAU WEBSITE, ALL OTHERS UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE LEAGUE EDUCATES STUDENTS IN THE LANGUAGE AND PROCESS OF MAKING

ART IN AN ENVIRONMENT WHERE ANYONE WHO WISHES TO PURSUE AN ART

EDUCATION CAN REALIZE HIS OR HER FULL POTENTIAL. THE LEAGUE FULFILLS

Name of the organization

THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Employer Identification number

13-1844837

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THIS MISSION BY OFFERING ACCESSIBLE, AFFORDABLE, HIGH QUALITY EDUCATION AND INSTRUCTION IN PAINTING, DRAWING, PRINTMAKING, SCULPTURE (INCLUDING WELDING AND BRONZE CASTING, AND ASSEMBLAGE.

ATTACHMENT	2	

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

STUDIO-BASED ART INSTRUCTION

THE CENTRAL PROGRAM OF THE ART STUDENTS LEAGUE OF NEW YORK IS ATELIER (STUDIO) CLASSES IN WHICH THE LANGUAGE OF ART IS TAUGHT AND DEVELOPED THROUGH IMMERSION IN THE PRACTICES OF DRAWING, PAINTING, SCULPTURE, PRINTMAKING, AND ASSEMBLAGE. MANY OF AMERICA'S GREAT ARTISTS HAVE ATTENDED OR TAUGHT AT THE LEAGUE. MORE THAN 2,000 ADULTS, YOUNG ADULTS, AND CHILDREN ATTEND CLASSES EACH MONTH TO STUDY WITH 80 PROMINENT INSTRUCTOR ARTISTS. IN A TYPICAL WEEK, THE LEAGUE OFFERS MORE THAN 350 SESSIONS - MANY OF THEM 3 HOURS AND 45 MINUTES LONG. MORE THAN 150 INTENSIVE WORKSHOPS ARE ALSO OFFERED EACH YEAR. SCHOLARSHIPS, WORK-STUDY AID, AND GRANTS HELP SUPPORT THE LEAGUE'S FUNDAMENTAL COMMITMENT TO AFFORDABILITY.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

HAHN BROS. FIREPROOF WAREHOUSES, INC. 47 TOWERS STREET JERSEY CITY, NJ 07305

STORAGE

117,599.

Name of the organization THE ART STUDENTS LEAGUE OF NEW YORK, INC.

Employer Identification number 13-1844837

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
TAXABLE BOND FUNDS	18,461,027.	FMV
TREASURY INFLATION SECURITIES	4,752,951.	FMV
INTERNATIONAL BONDS	4,052,023.	FMV
U.S. EQUITIES	27,028,146.	FMV
INTERNATIONAL EQUITIES	9,798,514.	FMV
GROWTH REAL ESTATE	9,743,947.	FMV
SMALL COMPANY	6,613,184.	FMV
AGGRESSIVE INTERNATIONAL	3,119,766.	FMV
ENERGY/NATURAL RESOURCES	6,390,138.	FMV
ALTERNATIVE INVESTMENTS	227,013.	FMV
TOTALS	90,186,709.	

13-1844837

OMB No. 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2018	Open to Public	Inspection

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

Employer identification number

(f) Direct controlling entity 13-1844837 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b)Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity INC. OF NEW YORK, THE ART STUDENTS LEAGUE Internal Revenue Service Name of the organization Part

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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. PartII

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
		,		:		Yes	No
(1) AMERICAN FINE ARTS SOCIETY 13-6000080	Tag Facquita	NY	501(C)(3)	509(A)(3)	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) Percentage ownership										
(j) General or managing partner?	Yes No								art IV,	
Code V - UBI G amount in box 20 rr of Schedule K-1 r (Form 1085)	<u>\</u>						and the state of t		 on Form 990, F	
(h) Disproportorate allocations?	Yes No								ed "Yes"	
(g) Share of end-of- year assets				7777444444					ization answer	ne tax year.
(f) Share of total income									ete if the organ	yr trust aunng ti
(e) Predominant income (related, unrelated, excluded from itsu under sections 512 - 514)	,	-							le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	d as a corporation c
(d) Direct controlling entity	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								e as a Corporati	anizations treate
(c) Legal domicile (state or foreign	**								Taxable	ated orga
(b) Primary activity									ed Organizations	I one of more rel
(a) Name, address, and EiN of related organization	7						1002		Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answers	.
_		(1)	(2)	(3)	(4)	(5)	(9)	(7)	Part IV	

IIII 9 34, Decause it had one or more related organizations treated as a corporation or trust during the tax year.	nons treated as a	a corporation	on or trust duni	ng the tax year.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or rust)	(f) Share of total income	(g) (h) (i) Share of Percentage Section end-of-year assets ownership 512(b)(13) controlled	(h) Percentage ownership	(f) Section 112(b)(13) controlled
- CONTRACTOR OF THE PROPERTY O								Yes No
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Method of determining Yes amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Ę = 9 S **1**p 5 Ç <u>1</u> g 두 쏬 1 1 Ď ÷ g = Loans or loan guarantees by related organization(s) BOOK BOOK Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Gift, grant, or capital contribution from related organization(s)............... Ь × Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity...... Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). Name of related organization SOCIETY AMERICAN FINE ARTS SOCIETY AMERICAN FINE ARTS Part V (5) ರ Ε **α.** σ ⊏ 0 7 Ξ ᇬᅩ

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