

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

OMB No. 1545-0047
2018
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1040 METROPOLITAN AVENUE** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **BROOKLYN NY 11211-2711**

D Employer identification number: ****-***2686**
E Telephone number: **718-387-2900**
G Gross receipts: **1,387,464**

F Name and address of principal officer:
SUSAN HAPGOOD
326 WEST 22ND STREET APT 1R
NEW YORK NY 10011

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ISCP-NYC.ORG**

H(c) Group exemption number: _____
L Year of formation: **2006** **M** State of legal domicile: **NY**

K Form of organization: Corporation Trust Association Other

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,084,158	1,206,573
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126	-75
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,143	161,158
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,204,427	1,367,656
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	416,865	462,074
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 100,483		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	738,440	681,653	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,155,305	1,143,727	
19 Revenue less expenses. Subtract line 18 from line 12	49,122	223,929	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	580,022	1,084,447
	22 Net assets or fund balances. Subtract line 21 from line 20	30,527	41,966
		549,495	1,042,481

Part II Signature Block

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

Sign Here
 Signature of officer: **SUSAN HAPGOOD** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **KENNETH LIPNER, CPA** Preparer's signature: **KENNETH LIPNER, CPA** Date: **11/15/19** Check if self-employed PTIN: *********
 Firm's name: **KVLSM LLP** Firm's EIN: **** - *** 9764**
 Firm's address: **415 CROSSWAYS PARK DR STE C WOODBURY, NY 11797-2055** Phone no.: **516-294-0400**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of\$) (Revenue \$)

TO PROVIDE GRANTS AND STIPENDS TO AID AND ASSIST INDIVIDUAL, VISUAL AND OTHER ARTISTS AND CURATORS, BASED DOMESTICALLY AND INTERNATIONALLY, WHO ARE IN NEED, IN ORDER TO ENABLE THEM TO PURSUE AND ENHANCE THEIR ARTISTIC AND CURATORIAL WORK AND DEVELOPMENT.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ **831,987** including grants of\$) (Revenue \$)

4e Total program service expenses **831,987**

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

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

INTERNATIONAL STUDIO & CURATORIAL 1040 METROPOLITAN AVE

BROOKLYN

NY 11211

718-387-2900

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA L. BRUNDAGE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) YNG-RU CHEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) DENNIS ELLIOTT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) KARYN ISSA GINSBERG GREENWALD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) WILLIAM HARRISON	1.00									
TREASURER	0.00	X					0	0	0	
(6) KAREN E. JONES	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) KAREN KARP	1.00									
VP	0.00	X					0	0	0	
(8) UGOCHUKWU-SMOOTH NZEWI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) SOPHIE O. RIESE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) LENA SALTOS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) MARJORIE WELISH	1.00									
SECRETARY	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) W. DAVID WILLIAMS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) ARTHUR ZEGELBONE	1.00									
BOARD CHAIRMAN/PRES.	0.00	X					0	0	0	
(14) SUSAN HAPGOOD	40.00									
EXECUTIVE DIRECTOR	0.00			X			93,286	0	0	
1b Sub-total							93,286			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							93,286			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	83,580				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,122,993				
	g Noncash contributions included in lines 1a-1f: \$ 1a-1f	31,254				
	h Total. Add lines 1a-1f	1,206,573				
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-75	-75		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	96,649			
	b Less: direct expenses	b	19,808			
c Net income or (loss) from fundraising events		76,841				
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a RENTAL INCOME		79,966	79,966			
b OTHER INCOME		2,586	2,586			
c INTEREST INCOME - C/C REWARDS		1,765	1,765			
d All other revenue						
e Total. Add lines 11a-11d		84,317				
12 Total revenue. See instructions		1,367,656	84,242	0	0	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	403,340	186,545	145,525	71,270
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,466	14,091	10,992	5,383
10 Payroll taxes	28,268	13,074	10,199	4,995
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,186	5,093	3,056	2,037
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,603	25,790	488	325
12 Advertising and promotion	5,908	5,437	306	165
13 Office expenses	10,409		10,409	
14 Information technology	18,908	11,345	4,916	2,647
15 Royalties				
16 Occupancy	335,212	306,808	18,463	9,941
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,805	5,310	321	174
23 Insurance	14,344	11,002	2,172	1,170
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ARTISTS SUPPORT EXPENSES	123,719	123,719		
b BAD DEBTS	48,323	48,323		
c EXHIBITIONS & PUBLIC PROG	42,545	42,545		
d UTILITIES	31,844	29,143	1,755	946
e All other expenses	7,847	3,762	2,655	1,430
25 Total functional expenses. Add lines 1 through 24e	1,143,727	831,987	211,257	100,483
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	151,471	1	193,437
	2 Savings and temporary cash investments	196,407	2	248,081
	3 Pledges and grants receivable, net	17,420	3	410,818
	4 Accounts receivable, net	31,296	4	6,262
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	134,858	8	140,311
	9 Prepaid expenses and deferred charges	2,666	9	8,318
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 610,397		
	b Less: accumulated depreciation	10b 561,113	17,170	10c 49,284
	11 Investments—publicly traded securities	4,510	11	3,712
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,224	15	24,224
16 Total assets. Add lines 1 through 15 (must equal line 34)	580,022	16	1,084,447	
Liabilities	17 Accounts payable and accrued expenses	21,152	17	32,916
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,375	25	9,050
	26 Total liabilities. Add lines 17 through 25	30,527	26	41,966
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	375,990	27	492,950
	28 Temporarily restricted net assets	173,505	28	549,531
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	549,495	33	1,042,481	
34 Total liabilities and net assets/fund balances	580,022	34	1,084,447	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,367,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143,727
3	Revenue less expenses. Subtract line 2 from line 1	3	223,929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	549,495
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	269,057
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,042,481

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018 Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC. Employer identification number: **-***2686

Part I 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar 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.")	859,607	989,279	1,034,637	1,064,602	1,206,573	5,154,698
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	90,164	78,469	124,983	155,875	180,891	630,382
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	949,771	1,067,748	1,159,620	1,220,477	1,387,464	5,785,080
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						5,785,080

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	949,771	1,067,748	1,159,620	1,220,477	1,387,464	5,785,080
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	949,771	1,067,748	1,159,620	1,220,477	1,387,464	5,785,080
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (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	(iii) 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			
a From 2013			
b From 2014			
c 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 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.)

Client Copy

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

Schedule of Contributors

OMB No. 1545-0047
2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.

Employer identification number
****-***2686**

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARTFIELD FOUNDATION 1650 MARKET STREET SUITE 1200 PHILADELPHIA PA 19146	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EDWARDS TRUST 3 VICARAGE ROAD BIRMINGHAM B15 3ES	\$ 11,608	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONDRIAAN FONDS BIRGIT DONKER POSTBUS 773 AMSTERDAM 1000 AT	\$ 62,364	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ITALIAN MINISTRY OF CULTURE VIA DI SAN MICHELE 22 ROMA 00153	\$ 102,240	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KETTERING FAMILY PHILANTROPIES 40 N. MAIN ST, SUITE 1480 DAYTON OH 45423	\$ 34,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TRUST FOR MUTUAL UNDERSTANDING 1 ROCKEFELLER PLAZA, ROOM 2500 NEW YORK NY 10020	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TAUCK RITZAU INNOVATIVE PHILANTHROPY 55 WALLS DRIVE FAIRFIELD CT 06824	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LENORE G. TAWNEY FOUNDATION 37 WEST 20TH STREET, SUITE 903 NEW YORK NY 10011	\$ 16,390	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET, SW WASHINGTON DC 20506	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JACQUES AND NATASHA GELMAN FOUNDATIO 260 MADISON AVENUE, 18TH FLOOR NEW YORK NY 10016	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE POLLOCK-KRASNER FOUNDATION, INC. 863 PARK AVENUE NEW YORK NY 10075	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE ANDY WARHOL FOUNDATION FOR THE VISUAL ARTS 65 BLEECKER STREET, 7TH FLOOR NEW YORK NY 10012	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	TAIPEI CULTURAL CENTER IN NY 1 EAST 42ND STREET, 7F NEW YORK NY 10017	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	STAVROS S. NIARCHOS FOUNDATION 645 MADISON AVENUE, SUITE 2200 NEW YORK NY 10022	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE TIDES FOUNDATION 1014 TOURNEY AVENUE SAN FRANCISCO CA 94129	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ANNE ALTCHER 1060 5TH AVENUE, APT 3D NEW YORK NY 10128	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	LUCIANA CARAVELLO 923 FIFTH AVENUE APT 11C NEW YORK NY 10014	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LAWRENCE AND ALICE WEINER 297 W 4TH STREET NEW YORK NY 10014	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SOPHIE RIESE 89 GRAND STREET APT 4 BROOKLYN NY 11249	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	TOBY DEVAN LEWIS 5150 THREE VILLAGE DRIVE, # 1E LYNDHURST OH 44124	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ARTWORKS 9 IPPOKRATOUS STREET ATHENS	\$ 12,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CONTEMPORARY ART CENTRE 12/1 MASKAVAS STREET RIGA	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BUNDESKANZLERAMT OSTERREIC ABTEILUND II/1 CONCONRDIAPLATZ WEIN	\$ 92,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CONSEIL DES ARTS ET DES LETTRES DU Q 1435 RUE DE BLEURY, BUREAU 300 MONTREAL	\$ 6,198	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL STUDIO & CURATORIAL	Employer identification number ** - ***2686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CORPORACION CULTURAL CAMARA RUT 73.213.000-4 MATIAS AWAD RUIZ-TAGLE SANTIAGO	\$ 8,959	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	FOUNDATION POUR L'ART CONTEMPORAIN 34 AVENUE DE LOVERCHY ANNECY	\$ 14,111	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	INLAKS SHIVDASANI FOUNDATION INDIA 686 PARK AVENUE NEW YORK NY 10065	\$ 6,197	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ISTITUTO ITALIANO DE CULTURA DI NY 686 PARK AVENUE NEW YORK NY 10065	\$ 28,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NEIDERSACHSISCHES MINISTERIUM FUR WI LEIBNITZUFER 9 HANNOVER	\$ 27,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	OFFICE FOR CONTEMPORARY ART NORWAY NEDRE GATE 7 OSLO	\$ 34,146	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KUNSTSTIFTUNG DES LANDES FREISTAATES SACHSEN NEUWERK 11 HALLE	\$ 6,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	SAHA DERNEGI SAH KULU MAHALLESİ, SAH KAPSIS SOKAK ISTANBUL	\$ 13,651	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KULTURSTIFTUND DES FREISTAATE SACHSE KARL-LIEBKNECHT-STR. 56 DRESDEN	\$ 26,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	SOBEY ART FOUNDATION 115 KING STREET STELLARTON	\$ 6,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	KONSTARSNAMNDEN/ THE SWEDISH ARTS GRANTS MARIA SKOGATA 83 STOCKHOLM	\$ 27,948	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	TEMPLE BAR GALLERY + STUDIOS IRELAND 5-9 TEMPLE BAR DUBLIN	\$ 6,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL STUDIO & CURATORIAL

Employer identification number

**** - ***2686**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	SENATE DEPARTMENT FOR CULTURE BRUNNENSTR 188-190 BERLIN	\$ 13,837	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	THE JAMES WALLACE ARTS TRUST PO BOX 24657 AUCKLAND	\$ 28,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	TODAY ART MUSEUM BUILDING 4 PINGOD COMMUNITY NO. 32 BAIZIANWAN ROAD BEIJING	\$ 13,374	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2018

Open to Public Inspection

Name of the organization

INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.

Employer identification number

** - *** 2686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments—Other Securities.

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

(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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 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)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSIT	9,050
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,050

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

Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**INTERNATIONAL STUDIO & CURATORIAL
PROGRAM, INC.**

Employer identification number

****-***2686**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

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

.....
.....
.....
.....
.....

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC. Employer identification number ***-***2686

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 4 contains 'X' in column (a) and '31,254 AMAZON.COM' in column (c).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

Table with 3 columns: Question, Yes, No. Row 30a: 'During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years...' Yes: No, No: X. Row 31: 'Does the organization have a gift acceptance policy...' Yes: No, No: X. Row 32a: 'Does the organization hire or use third parties...' Yes: X, No: No.

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

ARTSY

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.	Employer identification number ** - ***2686
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FORM 990 - ORGANIZATION'S MISSION

TO PROVIDE GRANTS AND STIPENDS TO AID AND ASSIST INDIVIDUAL, VISUAL AND
OTHER ARTISTS AND CURATORS, BASED DOMESTICALLY AND INTERNATIONALLY, WHO ARE
IN NEED, IN ORDER TO ENABLE THEM TO PURSUE AND ENHANCE THEIR ARTISTIC AND
CURATORIAL WORK AND DEVELOPMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

TO PROVIDE GRANTS AND STIPENDS TO AID AND ASSIST INDIVIDUAL, VISUAL AND
OTHER ARTISTS AND CURATORS, BASED DOMESTICALLY AND INTERNATIONALLY, WHO ARE
IN NEED, IN ORDER TO ENABLE THEM TO PURSUE AND ENHANCE THEIR ARTISTIC AND
CURATORIAL WORK AND DEVELOPMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE CHAIRMAN OF THE BOARD AND TREASURER REVIEW THE 990 BEFORE IT IS
SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

APPROVAL REQUIRED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

APPROVAL REQUIRED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.**

Identifying number
****-***2686**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,158

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	1,647
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,805
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
34	Equipment	8/24/15	450			X	225	7	HY 200DB	352	28
35	Equipment	9/11/15	3,752			X	1,876	5	HY 200DB	3,212	216
36	Furniture & Fixtures	11/05/15	884			X	442	7	HY 200DB	690	56
37	Furniture & Fixtures	11/16/15	884			X	442	7	HY 200DB	690	56
38	Furniture & Fixtures	2/15/16	3,800			X	1,900	7	HY 200DB	2,969	238
39	Equipment	9/22/16	1,748			X	874	5	HY 200DB	1,328	168
40	Equipment	6/06/17	418			X	209	5	HY 200DB	318	40
41	Equipment	6/06/17	295			X	147	5	HY 200DB	225	28
42	Equipment	6/06/17	1,316			X	658	5	HY 200DB	1,000	126
43	Equipment	6/14/17	1,235			X	617	5	HY 200DB	939	118
44	Leasehold Improvements	8/26/16	2,250			X	1,125	5	HY S/L	1,463	225
45	Leasehold Improvement	9/15/16	750			X	375	5	HY S/L	488	75
46	Leasehold Improvements	10/05/16	1,350			X	675	5	HY S/L	878	135
48	Fridge for second floor	8/28/17	1,123			X	561	7	HY 200DB	642	138
49	Optoma Projector	11/02/17	700			X	0	7	HY 200DB	700	0
50	Video Camera	2/07/18	1,000			X	0	7	HY 200DB	1,000	0
			<u>21,955</u>				<u>10,126</u>			<u>16,894</u>	<u>1,647</u>
Other Depreciation:											
1	Equipment	8/19/09	1,088				1,088	5	MO S/L	1,088	0
2	Equipment	6/21/10	1,199				1,199	5	MO S/L	1,199	0
3	Furniture & Fixtures	2/15/10	8,899				8,899	7	MO S/L	8,899	0
4	Leasehold Improvements	3/31/08	291,060				291,060	10	MO S/L	291,060	0
5	Leasehold Improvements	7/01/09	148,369				148,369	8	MO S/L	148,369	0
6	Website	1/01/08	6,154				6,154	5	MO S/L	6,154	0
7	Loan Acquisition Costs	5/01/08	4,000				4,000	5	MO S/L	4,000	0
8	Leasehold Improvements	7/30/10	2,377				2,377	7	MO S/L	2,377	0
9	Leasehold Improvements	12/21/10	3,073				3,073	7	MO S/L	3,073	0
10	Leasehold Improvements	1/30/11	1,250				1,250	7	MO S/L	1,250	0
11	Leasehold Improvements	2/28/11	3,701				3,701	7	MO S/L	3,701	0
12	Leasehold Improvements	4/01/11	725				725	7	MO S/L	725	0
13	Leasehold Improvements	6/29/11	10,000				10,000	7	MO S/L	10,000	0
14	Leasehold Improvements	1/17/12	509				509	7	MO S/L	473	36
15	Leasehold Improvements	7/19/11	2,025				2,025	7	MO S/L	2,025	0
16	Leasehold Improvements	7/29/11	1,100				1,100	7	MO S/L	1,100	0
17	Leasehold Improvements	8/01/11	6,500				6,500	7	MO S/L	6,423	77
18	Leasehold Improvements	8/03/11	1,400				1,400	7	MO S/L	1,383	17
19	Leasehold Improvements	2/01/12	3,620				3,620	7	MO S/L	3,318	302
20	Computer Equipment	5/08/12	7,541				7,541	5	MO S/L	7,541	0
21	Furniture & Fixtures	6/05/13	600				600	7	MO S/L	436	85
22	Equipment (DCA)	6/30/13	30,704				30,704	5	MO S/L	30,704	0
23	Equipment	6/30/15	1,335				1,335	5	MO S/L	801	267
24	Equipment	6/30/15	278				278	5	MO S/L	167	55
25	Leasehold Improvements	9/08/15	5,000				5,000	7	MO S/L	2,024	714
26	Leasehold Improvements	9/11/15	750				750	7	MO S/L	304	107
27	Leasehold Improvements	9/17/15	4,000				4,000	7	MO S/L	1,571	572
28	Leasehold Improvements	9/22/15	100				100	7	MO S/L	39	15
29	Leasehold Improvements	2/10/16	1,600				1,600	7	MO S/L	552	229
30	Leasehold Improvements	3/01/16	1,200				1,200	7	MO S/L	400	171
31	Leasehold Improvements	6/10/16	1,050				1,050	7	MO S/L	313	150
32	Leasehold Improvements	6/30/16	2,250				2,250	7	MO S/L	643	321
33	Leasehold Improvements	6/30/16	1,065				1,065	7	MO S/L	304	152
51	Furniture & Fixtures	5/04/19	554				554	10	MO S/L	0	9
52	Furniture & Fixtures	6/27/19	1,795				1,795	10	MO S/L	0	0
53	Equipment	9/26/18	7,716				7,716	10	MO S/L	0	579
54	Equipment	3/12/19	359				359	10	MO S/L	0	12
55	Equipment	6/27/19	3,297				3,297	10	MO S/L	0	0
56	Library Books & Reference Materials	6/04/19	24,199				24,199	7	MO S/L	0	288
	Total Other Depreciation		<u>592,442</u>				<u>592,442</u>			<u>542,416</u>	<u>4,158</u>
	Total ACRS and Other Depreciation		<u>592,442</u>				<u>592,442</u>			<u>542,416</u>	<u>4,158</u>

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Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		614,397			602,568		559,310	5,805
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>614,397</u>			<u>602,568</u>		<u>559,310</u>	<u>5,805</u>

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NY Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
5-year GDS Property:								
53	Equipment	9/26/18	7,716	7,716	0	1,543	579	-964
			<u>7,716</u>	<u>7,716</u>	<u>0</u>	<u>1,543</u>	<u>579</u>	<u>-964</u>
7-year GDS Property:								
51	Furniture & Fixtures	5/04/19	554	554	0	79	9	-70
			<u>554</u>	<u>554</u>	<u>0</u>	<u>79</u>	<u>9</u>	<u>-70</u>
Prior MACRS:								
34	Equipment	8/24/15	450	450	253	56	28	-28
35	Equipment	9/11/15	3,752	3,752	2,671	433	216	-217
36	Furniture & Fixtures	11/05/15	884	884	497	111	56	-55
37	Furniture & Fixtures	11/16/15	884	884	497	111	56	-55
38	Furniture & Fixtures	2/15/16	3,800	3,800	2,138	475	238	-237
39	Equipment	9/22/16	1,748	1,748	1,066	273	168	-105
40	Equipment	6/06/17	418	418	180	95	40	-55
41	Equipment	6/06/17	295	295	127	67	28	-39
42	Equipment	6/06/17	1,316	1,316	566	300	126	-174
43	Equipment	6/14/17	1,235	1,235	531	282	118	-164
44	Leasehold Improvements	8/26/16	2,250	2,250	1,170	432	225	-207
45	Leasehold Improvement	9/15/16	750	750	390	144	75	-69
46	Leasehold Improvements	10/05/16	1,350	1,350	702	259	135	-124
48	Fridge for second floor	8/28/17	0	0	0	0	138	138
49	Optoma Projector	11/02/17	700	700	100	171	0	-171
50	Video Camera	2/07/18	1,000	1,000	143	245	0	-245
			<u>20,832</u>	<u>20,832</u>	<u>11,031</u>	<u>3,454</u>	<u>1,647</u>	<u>-1,807</u>
Other Depreciation:								
1	Equipment	8/19/09	1,088	1,088	1,088	0	0	0
2	Equipment	6/21/10	1,199	1,199	1,199	0	0	0
3	Furniture & Fixtures	2/15/10	8,899	8,899	8,899	0	0	0
4	Leasehold Improvements	3/31/08	291,060	291,060	291,060	0	0	0
5	Leasehold Improvements	7/01/09	148,369	148,369	148,369	0	0	0
6	Website	1/01/08	6,154	6,154	6,154	0	0	0
7	Loan Acquisition Costs	5/01/08	4,000	4,000	4,000	0	0	0
8	Leasehold Improvements	7/30/10	2,377	2,377	2,377	0	0	0
9	Leasehold Improvements	12/21/10	3,073	3,073	3,073	0	0	0
10	Leasehold Improvements	1/30/11	1,250	1,250	1,250	0	0	0
11	Leasehold Improvements	2/28/11	3,701	3,701	3,701	0	0	0
12	Leasehold Improvements	4/01/11	725	725	725	0	0	0
13	Leasehold Improvements	6/29/11	10,000	10,000	10,000	0	0	0
14	Leasehold Improvements	1/17/12	509	509	473	36	36	0
15	Leasehold Improvements	7/19/11	2,025	2,025	2,025	0	0	0
16	Leasehold Improvements	7/29/11	1,100	1,100	1,100	0	0	0
17	Leasehold Improvements	8/01/11	6,500	6,500	6,423	77	77	0
18	Leasehold Improvements	8/03/11	1,400	1,400	1,383	17	17	0
19	Leasehold Improvements	2/01/12	3,620	3,620	3,318	302	302	0
20	Computer Equipment	5/08/12	7,541	7,541	7,541	0	0	0
21	Furniture & Fixtures	6/05/13	600	600	436	85	85	0
22	Equipment (DCA)	6/30/13	30,704	30,704	30,704	0	0	0
23	Equipment	6/30/15	1,335	1,335	801	267	267	0
24	Equipment	6/30/15	278	278	167	55	55	0
25	Leasehold Improvements	9/08/15	5,000	5,000	2,024	714	714	0
26	Leasehold Improvements	9/11/15	750	750	304	107	107	0
27	Leasehold Improvements	9/17/15	4,000	4,000	1,571	572	572	0
28	Leasehold Improvements	9/22/15	100	100	39	15	15	0
29	Leasehold Improvements	2/10/16	1,600	1,600	552	229	229	0
30	Leasehold Improvements	3/01/16	1,200	1,200	400	171	171	0
31	Leasehold Improvements	6/10/16	1,050	1,050	313	150	150	0
32	Leasehold Improvements	6/30/16	2,250	2,250	643	321	321	0
33	Leasehold Improvements	6/30/16	1,065	1,065	304	152	152	0
52	Furniture & Fixtures	6/27/19	1,795	1,795	0	0	0	0
54	Equipment	3/12/19	359	359	0	12	12	0
55	Equipment	6/27/19	3,297	3,297	0	0	0	0

** - ***2686

NY Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
56	Library Books & Reference Materials	6/04/19	24,199	24,199	0	288	288	0
	Total Other Depreciation		<u>584,172</u>	<u>584,172</u>	<u>542,416</u>	<u>3,570</u>	<u>3,570</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>584,172</u>	<u>584,172</u>	<u>542,416</u>	<u>3,570</u>	<u>3,570</u>	<u>0</u>
	Grand Totals		613,274	613,274	553,447	8,646	5,805	-2,841
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>613,274</u>	<u>613,274</u>	<u>553,447</u>	<u>8,646</u>	<u>5,805</u>	<u>-2,841</u>

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AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
53	Equipment	9/26/18	7,716		X	0	5 HY 200DB	0	7,716
			<u>7,716</u>			<u>0</u>		<u>0</u>	<u>7,716</u>
7-year GDS Property:									
51	Furniture & Fixtures	5/04/19	554		X	0	7 HY 200DB	0	554
			<u>554</u>			<u>0</u>		<u>0</u>	<u>554</u>
Prior MACRS:									
34	Equipment	8/24/15	450		X	225	7 HY 200DB	352	28
35	Equipment	9/11/15	3,752		X	1,876	5 HY 200DB	3,212	216
36	Furniture & Fixtures	11/05/15	884		X	442	7 HY 200DB	690	56
37	Furniture & Fixtures	11/16/15	884		X	442	7 HY 200DB	690	56
38	Furniture & Fixtures	2/15/16	3,800		X	1,900	7 HY 200DB	2,969	238
39	Equipment	9/22/16	1,748		X	874	5 HY 200DB	1,328	168
40	Equipment	6/06/17	418		X	209	5 HY 200DB	318	40
41	Equipment	6/06/17	295		X	147	5 HY 200DB	225	28
42	Equipment	6/06/17	1,316		X	658	5 HY 200DB	1,000	126
43	Equipment	6/14/17	1,235		X	617	5 HY 200DB	939	118
44	Leasehold Improvements	8/26/16	2,250		X	1,125	5 HY S/L	1,463	225
45	Leasehold Improvement	9/15/16	750		X	375	5 HY S/L	488	75
46	Leasehold Improvements	10/05/16	1,350		X	675	5 HY S/L	878	135
48	Fridge for second floor	8/28/17	1,123		X	561	7 HY 200DB	642	138
49	Optoma Projector	11/02/17	700		X	0	7 HY 200DB	700	0
50	Video Camera	2/07/18	1,000		X	0	7 HY 200DB	1,000	0
			<u>21,955</u>			<u>10,126</u>		<u>16,894</u>	<u>1,647</u>
Other Depreciation:									
1	Equipment	8/19/09	0			0	0 HY	0	0
2	Equipment	6/21/10	0			0	0 HY	0	0
3	Furniture & Fixtures	2/15/10	0			0	0 HY	0	0
4	Leasehold Improvements	3/31/08	0			0	0 HY	0	0
5	Leasehold Improvements	7/01/09	0			0	0 HY	0	0
6	Website	1/01/08	0			0	0 HY	0	0
7	Loan Acquisition Costs	5/01/08	0			0	0 HY	0	0
8	Leasehold Improvements	7/30/10	0			0	0 HY	0	0
9	Leasehold Improvements	12/21/10	0			0	0 HY	0	0
10	Leasehold Improvements	1/30/11	0			0	0 HY	0	0
11	Leasehold Improvements	2/28/11	0			0	0 HY	0	0
12	Leasehold Improvements	4/01/11	0			0	0 HY	0	0
13	Leasehold Improvements	6/29/11	0			0	0 HY	0	0
14	Leasehold Improvements	1/17/12	0			0	0 HY	0	0
15	Leasehold Improvements	7/19/11	0			0	0 HY	0	0
16	Leasehold Improvements	7/29/11	0			0	0 HY	0	0
17	Leasehold Improvements	8/01/11	0			0	0 HY	0	0
18	Leasehold Improvements	8/03/11	0			0	0 HY	0	0
19	Leasehold Improvements	2/01/12	0			0	0 HY	0	0
20	Computer Equipment	5/08/12	0			0	0 HY	0	0
21	Furniture & Fixtures	6/05/13	0			0	0 HY	0	0
22	Equipment (DCA)	6/30/13	0			0	0 HY	0	0
23	Equipment	6/30/15	0			0	0 HY	0	0
24	Equipment	6/30/15	0			0	0 HY	0	0
25	Leasehold Improvements	9/08/15	5,000			5,000	7 MO S/L	2,024	714
26	Leasehold Improvements	9/11/15	750			750	7 MO S/L	304	107
27	Leasehold Improvements	9/17/15	4,000			4,000	7 MO S/L	1,571	572
28	Leasehold Improvements	9/22/15	100			100	7 MO S/L	39	15
29	Leasehold Improvements	2/10/16	1,600			1,600	7 MO S/L	1,284	228
30	Leasehold Improvements	3/01/16	1,200			1,200	7 MO S/L	400	171
31	Leasehold Improvements	6/10/16	1,050			1,050	7 MO S/L	313	150
32	Leasehold Improvements	6/30/16	2,250			2,250	7 MO S/L	643	321
33	Leasehold Improvements	6/30/16	1,065			1,065	7 MO S/L	304	152
52	Furniture & Fixtures	6/27/19	1,795			1,795	10 MO S/L	0	0
54	Equipment	3/12/19	0			0	0 HY	0	0
55	Equipment	6/27/19	3,297			3,297	10 MO S/L	0	0

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AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
56	Library Books & Reference Materials	6/04/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>22,107</u>			<u>22,107</u>		<u>6,882</u>	<u>2,430</u>
	Total ACRS and Other Depreciation		<u>22,107</u>			<u>22,107</u>		<u>6,882</u>	<u>2,430</u>
	Grand Totals		52,332			32,233		23,776	12,347
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>52,332</u>			<u>32,233</u>		<u>23,776</u>	<u>12,347</u>

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Bonus Depreciation Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
25	Leasehold Improvements	9/08/15	5,000		0	0	0	5,000
29	Leasehold Improvements	2/10/16	1,600		0	0	0	1,600
34	Equipment	8/24/15	450		0	0	225	225
35	Equipment	9/11/15	3,752		0	0	1,876	1,876
36	Furniture & Fixtures	11/05/15	884		0	0	442	442
37	Furniture & Fixtures	11/16/15	884		0	0	442	442
38	Furniture & Fixtures	2/15/16	3,800		0	0	1,900	1,900
39	Equipment	9/22/16	1,748		0	0	874	874
40	Equipment	6/06/17	418		0	0	209	209
41	Equipment	6/06/17	295		0	0	148	147
42	Equipment	6/06/17	1,316		0	0	658	658
43	Equipment	6/14/17	1,235		0	0	618	617
44	Leasehold Improvements	8/26/16	2,250		0	0	1,125	1,125
45	Leasehold Improvement	9/15/16	750		0	0	375	375
46	Leasehold Improvements	10/05/16	1,350		0	0	675	675
48	Fridge for second floor	8/28/17	1,123		0	0	562	561
49	Optoma Projector	11/02/17	700		0	0	700	0
50	Video Camera	2/07/18	1,000		0	0	1,000	0
Grand Total			<u>28,555</u>		<u>0</u>	<u>0</u>	<u>11,829</u>	<u>16,726</u>

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Depreciation Adjustment Report

FYE: 6/30/2019

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	34	Equipment	28	28	0
Page 1	1	35	Equipment	216	216	0
Page 1	1	36	Furniture & Fixtures	56	56	0
Page 1	1	37	Furniture & Fixtures	56	56	0
Page 1	1	38	Furniture & Fixtures	238	238	0
Page 1	1	39	Equipment	168	168	0
Page 1	1	40	Equipment	40	40	0
Page 1	1	41	Equipment	28	28	0
Page 1	1	42	Equipment	126	126	0
Page 1	1	43	Equipment	118	118	0
Page 1	1	44	Leasehold Improvements	225	225	0
Page 1	1	45	Leasehold Improvement	75	75	0
Page 1	1	46	Leasehold Improvements	135	135	0
Page 1	1	48	Fridge for second floor	138	138	0
Page 1	1	49	Optoma Projector	0	0	0
Page 1	1	50	Video Camera	0	0	0
				1,647	1,647	0
				1,647	1,647	0

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Future Depreciation Report**FYE: 6/30/20**

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
34	Equipment	8/24/15	450	20	20
35	Equipment	9/11/15	3,752	216	216
36	Furniture & Fixtures	11/05/15	884	39	39
37	Furniture & Fixtures	11/16/15	884	39	39
38	Furniture & Fixtures	2/15/16	3,800	169	169
39	Equipment	9/22/16	1,748	101	101
40	Equipment	6/06/17	418	24	24
41	Equipment	6/06/17	295	17	17
42	Equipment	6/06/17	1,316	76	76
43	Equipment	6/14/17	1,235	71	71
44	Leasehold Improvements	8/26/16	2,250	225	225
45	Leasehold Improvement	9/15/16	750	75	75
46	Leasehold Improvements	10/05/16	1,350	135	135
48	Fridge for second floor	8/28/17	1,123	98	98
49	Optoma Projector	11/02/17	700	0	0
50	Video Camera	2/07/18	1,000	0	0
			<u>21,955</u>	<u>1,305</u>	<u>1,305</u>

Other Depreciation:

1	Equipment	8/19/09	1,088	0	0
2	Equipment	6/21/10	1,199	0	0
3	Furniture & Fixtures	2/15/10	8,899	0	0
4	Leasehold Improvements	3/31/08	291,060	0	0
5	Leasehold Improvements	7/01/09	148,369	0	0
6	Website	1/01/08	6,154	0	0
7	Loan Acquisition Costs	5/01/08	4,000	0	0
8	Leasehold Improvements	7/30/10	2,377	0	0
9	Leasehold Improvements	12/21/10	3,073	0	0
10	Leasehold Improvements	1/30/11	1,250	0	0
11	Leasehold Improvements	2/28/11	3,701	0	0
12	Leasehold Improvements	4/01/11	725	0	0
13	Leasehold Improvements	6/29/11	10,000	0	0
14	Leasehold Improvements	1/17/12	509	0	0
15	Leasehold Improvements	7/19/11	2,025	0	0
16	Leasehold Improvements	7/29/11	1,100	0	0
17	Leasehold Improvements	8/01/11	6,500	0	0
18	Leasehold Improvements	8/03/11	1,400	0	0
19	Leasehold Improvements	2/01/12	3,620	0	0
20	Computer Equipment	5/08/12	7,541	0	0
21	Furniture & Fixtures	6/05/13	600	79	0
22	Equipment (DCA)	6/30/13	30,704	0	0
23	Equipment	6/30/15	1,335	267	0
24	Equipment	6/30/15	278	56	0
25	Leasehold Improvements	9/08/15	5,000	714	714
26	Leasehold Improvements	9/11/15	750	107	107
27	Leasehold Improvements	9/17/15	4,000	571	571
28	Leasehold Improvements	9/22/15	100	14	14
29	Leasehold Improvements	2/10/16	1,600	229	88
30	Leasehold Improvements	3/01/16	1,200	172	172
31	Leasehold Improvements	6/10/16	1,050	150	150
32	Leasehold Improvements	6/30/16	2,250	322	322
33	Leasehold Improvements	6/30/16	1,065	153	153
51	Furniture & Fixtures	5/04/19	554	56	0
52	Furniture & Fixtures	6/27/19	1,795	179	179
53	Equipment	9/26/18	7,716	771	0
54	Equipment	3/12/19	359	36	0
55	Equipment	6/27/19	3,297	330	330
56	Library Books & Reference Materials	6/04/19	24,199	3,457	0
	Total Other Depreciation		<u>592,442</u>	<u>7,663</u>	<u>2,800</u>

Future Depreciation Report **FYE: 6/30/20**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>592,442</u>	<u>7,663</u>	<u>2,800</u>
	Grand Totals		<u>614,397</u>	<u>8,968</u>	<u>4,105</u>

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NY Future Depreciation Report

FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	NY
Prior MACRS:				
34	Equipment	8/24/15	450	41
35	Equipment	9/11/15	3,752	432
36	Furniture & Fixtures	11/05/15	884	78
37	Furniture & Fixtures	11/16/15	884	78
38	Furniture & Fixtures	2/15/16	3,800	339
39	Equipment	9/22/16	1,748	192
40	Equipment	6/06/17	418	57
41	Equipment	6/06/17	295	41
42	Equipment	6/06/17	1,316	180
43	Equipment	6/14/17	1,235	169
44	Leasehold Improvements	8/26/16	2,250	259
45	Leasehold Improvement	9/15/16	750	86
46	Leasehold Improvements	10/05/16	1,350	156
48	Fridge for second floor	8/28/17	0	0
49	Optoma Projector	11/02/17	700	123
50	Video Camera	2/07/18	1,000	175
			<u>20,832</u>	<u>2,406</u>

Other Depreciation:

1	Equipment	8/19/09	1,088	0
2	Equipment	6/21/10	1,199	0
3	Furniture & Fixtures	2/15/10	8,899	0
4	Leasehold Improvements	3/31/08	291,060	0
5	Leasehold Improvements	7/01/09	148,369	0
6	Website	1/01/08	6,154	0
7	Loan Acquisition Costs	5/01/08	4,000	0
8	Leasehold Improvements	7/30/10	2,377	0
9	Leasehold Improvements	12/21/10	3,073	0
10	Leasehold Improvements	1/30/11	1,250	0
11	Leasehold Improvements	2/28/11	3,701	0
12	Leasehold Improvements	4/01/11	725	0
13	Leasehold Improvements	6/29/11	10,000	0
14	Leasehold Improvements	1/17/12	509	0
15	Leasehold Improvements	7/19/11	2,025	0
16	Leasehold Improvements	7/29/11	1,100	0
17	Leasehold Improvements	8/01/11	6,500	0
18	Leasehold Improvements	8/03/11	1,400	0
19	Leasehold Improvements	2/01/12	3,620	0
20	Computer Equipment	5/08/12	7,541	0
21	Furniture & Fixtures	6/05/13	600	79
22	Equipment (DCA)	6/30/13	30,704	0
23	Equipment	6/30/15	1,335	267
24	Equipment	6/30/15	278	56
25	Leasehold Improvements	9/08/15	5,000	714
26	Leasehold Improvements	9/11/15	750	107
27	Leasehold Improvements	9/17/15	4,000	571
28	Leasehold Improvements	9/22/15	100	14
29	Leasehold Improvements	2/10/16	1,600	229
30	Leasehold Improvements	3/01/16	1,200	172
31	Leasehold Improvements	6/10/16	1,050	150
32	Leasehold Improvements	6/30/16	2,250	322
33	Leasehold Improvements	6/30/16	1,065	153
51	Furniture & Fixtures	5/04/19	554	136
52	Furniture & Fixtures	6/27/19	1,795	179
53	Equipment	9/26/18	7,716	2,469
54	Equipment	3/12/19	359	36
55	Equipment	6/27/19	3,297	330
56	Library Books & Reference Materials	6/04/19	24,199	3,457
	Total Other Depreciation		<u>592,442</u>	<u>9,441</u>

NY Future Depreciation Report

FYE: 6/30/20

FYE: 6/30/2019

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
	Total ACRS and Other Depreciation		<u>592,442</u>	<u>9,441</u>
	Grand Totals		<u>613,274</u>	<u>11,847</u>

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Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name **INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.** Taxpayer Identification Number ****-***2686**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1,012,058	1,122,993	110,935
	2. Membership dues and assessments			
	3. Government contributions and grants	72,100	83,580	11,480
	4. Program service revenue			
	5. Investment income	126	-75	-201
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	38,926	76,841	37,915
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	81,217	84,317	3,100
	12. Total revenue. Add lines 1 through 11	1,204,427	1,367,656	163,229
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	416,865	462,074	45,209
	17. Professional fundraising fees			
	18. Other professional fees	14,665	36,789	22,124
	19. Occupancy, rent, utilities, and maintenance	323,319	335,212	11,893
	20. Depreciation and Depletion	38,439	5,805	-32,634
	21. Other expenses	362,017	303,847	-58,170
	22. Total expenses. Add lines 13 through 21	1,155,305	1,143,727	-11,578
	23. Excess or (Deficit). Subtract line 22 from line 12	49,122	223,929	174,807
Other Information	24. Total exempt revenue	1,204,427	1,367,656	163,229
	25. Total unrelated revenue			
	26. Total excludable revenue	81,343	84,242	2,899
	27. Total assets	580,022	1,084,447	504,425
	28. Total liabilities	30,527	41,966	11,439
	29. Retained earnings	549,495	1,042,481	492,986
	30. Number of voting members of governing body	12	13	
31. Number of independent voting members of governing body	12	13		
32. Number of employees	8	8		
33. Number of volunteers	0			

Form 990	Tax Return History	2018
Name INTERNATIONAL STUDIO & CURATORIAL PROGRAM, INC.		Employer Identification Number **-***2686

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	859,607	970,884	1,034,637	1,084,158	1,206,573	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	3,114	291	559	126	-75	
Fundraising revenue (income/loss)		28,194	33,621	38,926	76,841	
Gaming revenue (income/loss)						
Other revenue	87,050	61,073	83,275	81,217	84,317	
Total revenue	949,771	1,060,442	1,152,092	1,204,427	1,367,656	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	297,256	350,575	407,106	416,865	462,074	
Professional fees	14,074	14,203	10,825	14,665	36,789	
Occupancy costs	288,845	300,454	311,945	323,319	335,212	
Depreciation and depletion	62,117	69,141	70,163	38,439	5,805	
Other expenses	255,233	323,124	351,668	362,017	303,847	
Total expenses	917,525	1,057,497	1,151,707	1,155,305	1,143,727	
Excess or (Deficit)	32,246	2,945	385	49,122	223,929	
Total exempt revenue	949,771	1,060,442	1,152,092	1,204,427	1,367,656	
Total unrelated revenue						
Total excludable revenue	90,164	61,364	83,834	81,343	84,242	
Total Assets	518,291	517,154	527,994	580,022	1,084,447	
Total Liabilities	21,248	17,166	27,621	30,527	41,966	
Net Fund Balances	497,043	499,988	500,373	549,495	1,042,481	

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Federal Statements

FYE: 6/30/2019

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
REPAIRS AND MAINTENANCE	\$ 24,977	\$ 24,977	\$	\$
VIDEOGRAPHY	1,626	813	488	325
TOTAL	<u>\$ 26,603</u>	<u>\$ 25,790</u>	<u>\$ 488</u>	<u>\$ 325</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TELEPHONE	\$ 7,847	\$ 3,762	\$ 2,655	\$ 1,430
TOTAL	<u>\$ 7,847</u>	<u>\$ 3,762</u>	<u>\$ 2,655</u>	<u>\$ 1,430</u>

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Federal Statements

FYE: 6/30/2019

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
NYC DEPT OF CULTURAL AFFAIRS	\$ 43,580
NYS COUNCIL OF THE ARTS	40,000
CONTRIBUTORS - UNDER \$5,000	44,599
STUDIO SPONSORSHIPS - UNDER \$5,000	163,213
DONATIONS INKIND (NON CASH)	31,254
HARTFIELD FOUNDATION CASH CONTRIBUTION	10,000
EDWARDS TRUST CASH CONTRIBUTION	11,608
MONDRIAAN FONDS CASH CONTRIBUTION	62,364
ITALIAN MINISTRY OF CULTURE CASH CONTRIBUTION	102,240
KETTERING FAMILY PHILANTROPIES CASH CONTRIBUTION	34,850
TRUST FOR MUTUAL UNDERSTANDING CASH CONTRIBUTION	12,000
TAUCK RITZAU INNOVATIVE PHILANTHROPY CASH CONTRIBUTION	7,500
LENORE G. TAWNEY FOUNDATION CASH CONTRIBUTION	16,390
NATIONAL ENDOWMENT FOR THE ARTS CASH CONTRIBUTION	20,000
JACQUES AND NATASHA GELMAN FOUNDATIO CASH CONTRIBUTION	7,500
THE POLLOCK-KRASNER FOUNDATION, INC. CASH CONTRIBUTION	35,000
THE ANDY WARHOL FOUNDATION FOR CASH CONTRIBUTION	40,000
TAIPEI CULTURAL CENTER IN NY CASH CONTRIBUTION	10,000
STAVROS S. NIARCHOS FOUNDATION CASH CONTRIBUTION	50,000
THE TIDES FOUNDATION CASH CONTRIBUTION	20,000
ANNE ALTCHER CASH CONTRIBUTION	5,000
LUCIANA CARAVELLO	

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 15,000
LAWRENCE AND ALICE WEINER	
CASH CONTRIBUTION	10,000
SOPHIE RIESE	
CASH CONTRIBUTION	5,000
TOBY DEVAN LEWIS	
CASH CONTRIBUTION	30,000
ARTWORKS	
CASH CONTRIBUTION	12,950
CONTEMPORARY ART CENTRE	
CASH CONTRIBUTION	5,000
BUNDESKANZLERAMT OSTERREIC	
CASH CONTRIBUTION	92,615
CONSEIL DES ARTS ET DES LETTRES DU Q	
CASH CONTRIBUTION	6,198
CORPORACION CULTURAL CAMARA	
CASH CONTRIBUTION	8,959
FOUNDATION POUR L'ART CONTEMPORAIN	
CASH CONTRIBUTION	14,111
INLAKS SHIVDASANI FOUNDATION INDIA	
CASH CONTRIBUTION	6,197
ISTITUTO ITALIANO DE CULTURA DI NY	
CASH CONTRIBUTION	28,222
NEIDERSACHSISCHES MINISTERIUM FUR WI	
CASH CONTRIBUTION	27,400
OFFICE FOR CONTEMPORARY ART NORWAY	
CASH CONTRIBUTION	34,146
KUNSTSTIFTUNG DES LANDES FREISTAATES	
CASH CONTRIBUTION	6,850
SAHA DERNEGI	
CASH CONTRIBUTION	13,651
KULTURSTIFTUND DES FREISTAATE SACHSE	
CASH CONTRIBUTION	26,095
SOBEY ART FOUNDATION	
CASH CONTRIBUTION	6,850
KONSTARSNAMNDEN/	
CASH CONTRIBUTION	27,948
TEMPLE BAR GALLERY + STUDIOS IRELAND	

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 6,850
SENATE DEPARTMENT FOR CULTURE	
CASH CONTRIBUTION	13,837
THE JAMES WALLACE ARTS TRUST	
CASH CONTRIBUTION	28,222
TODAY ART MUSEUM	
CASH CONTRIBUTION	13,374
TOTAL	<u>\$ 1,206,573</u>

Schedule A, Part III, Line 2(e)

Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 490
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	233
UNREALIZED LOSS	-798
RENTAL INCOME	79,966
OTHER INCOME	2,586
INTEREST INCOME - C/C REWARDS	1,765
AUCTION	76,889
SPRING EVENT	17,455
OTHER LESS THAN 5,000	2,305
TOTAL	<u>\$ 180,891</u>

Federal Statements**AUCTION****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
AUCTION FEES	\$ 8,332
MISCELLANEOUS	4,429
SALARIES	604
PRINTING	1,101
ADVERTISING	153
TRAVEL	471
TOTAL	<u>\$ 15,090</u>

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Federal Statements

SPRING EVENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 4,718
TOTAL	\$ 4,718

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Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

INTERNATIONAL STUDIO & CURATORIAL **-*2686
PROGRAM, INC.**

Net Asset / Fund Balance at Beginning of Year 549,495

Revenue

Contributions	<u>1,206,573</u>	
Program service revenue		
Investment income	<u>-75</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>96,649</u>	
Direct expenses	<u>19,808</u>	
Net income	<u>76,841</u>	
Other income	<u>84,317</u>	
Total revenue		<u>1,367,656</u>

Expenses

Program services	<u>831,987</u>	
Management and general	<u>211,257</u>	
Fundraising	<u>100,483</u>	
Total expenses		<u>1,143,727</u>

Excess / (deficit) 223,929

Changes 269,057

Net Asset / Fund Balance at End of Year 1,042,481

Reconciliation of Revenue

Total revenue per financial statements	<u>1,367,656</u>	
Less:		
Unrealized gains	_____	
Donated services	_____	
Recoveries	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	_____	
Total revenue per return	<u>1,367,656</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>1,143,727</u>	
Less:		
Donated services	_____	
Prior year adjustments	_____	
Losses	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	_____	
Total expenses per return	<u>1,143,727</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>580,022</u>	<u>1,084,447</u>	
Liabilities	<u>30,527</u>	<u>41,966</u>	
Net assets	<u>549,495</u>	<u>1,042,481</u>	<u>492,986</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/20
 Failure to file penalty _____

New York Diagnostics

Critical Messages

None

Informational Messages

- Force field entered with data "A" on Screen NYChar
- Electronic filing for the federal return is indicated; Form CHAR500 must be paper filed; The form is not available for electronic filing by software providers through the New York Department of Taxation
- Attach copy of the Independent Public Accountant's Audit with notes
- Date of tax exemption claimed from is required entry for Form CT-247

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Return Summary

For calendar year 2018, or tax year beginning 07-01-18 , and ending 06-30-19

INTERNATIONAL STUDIO & CURATORIAL **-***2686
PROGRAM, INC.

Income

Federal unrelated business income _____
NYS Article 13 tax _____
Additions for S corporations _____
Other additions _____

Income

Other income _____
S corporation subtractions _____
Other subtractions _____

Total subtractions

State net operating loss deduction _____

Taxable income _____

Apportionment percentage _____%

Apportioned taxable income

Taxes / Credits / Payments

Tax on taxable income _____
Minimum tax _____

Tax

Paid with extension _____
Estimated tax payments _____
Other payments _____

Total payments

Overpayment applied to next year's estimated tax _____

Net tax due

Additions to Tax

Interest on late payments _____
Failure to file penalty _____
Failure to pay penalty _____

total additions

Balance due

Refund

Form CHAR500 - Annual Filing Information

Total support / revenue 1,367,656
Net assets 1,042,481

Filing Fees

Article 7-A _____ 25
Estates / trust law _____ 250
Total _____ 275

Miscellaneous Information

Amended return _____
Return / extended due dates:
Form CHAR500 11-15-19
Form CT-13 _____

Next Year's Estimates

2nd installment _____
3rd installment _____
4th installment _____
Total _____

