

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**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

**2019**  
 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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL STUDIO &amp; CURATORIAL PROGRAM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1040 METROPOLITAN AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN NY 11211-2711</b>	<b>D</b> Employer identification number <b>** - *** 2686</b> <b>E</b> Telephone number <b>718-387-2900</b> <b>G</b> Gross receipts \$ <b>1,172,407</b>
--	---	--

<b>F</b> Name and address of principal officer: <b>SUSAN HAPGOOD</b> <b>326 WEST 22ND STREET APT 1R</b> <b>NEW YORK NY 10011</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
---	---

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.ISCP-NYC.ORG</b> <b>H(c)</b> Group exemption number <b>u</b>
---	--

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>2006</b>	<b>M</b> State of legal domicile: <b>NY</b>
--	---	---

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>3</b></td><td style="text-align: right;"><b>13</b></td></tr> <tr><td><b>4</b></td><td style="text-align: right;"><b>13</b></td></tr> <tr><td><b>5</b></td><td style="text-align: right;"><b>7</b></td></tr> <tr><td><b>6</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7a</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7b</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>3</b>	<b>13</b>	<b>4</b>	<b>13</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>7a</b>	<b>0</b>	<b>7b</b>	<b>0</b>												
<b>3</b>	<b>13</b>																									
<b>4</b>	<b>13</b>																									
<b>5</b>	<b>7</b>																									
<b>6</b>	<b>0</b>																									
<b>7a</b>	<b>0</b>																									
<b>7b</b>	<b>0</b>																									
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)																									
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)																									
	<b>6</b> Total number of volunteers (estimate if necessary)																									
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>0</b>																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:45%;">Prior Year</th> <th style="width:45%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>8</b> Contributions and grants (Part VIII, line 1h)</td><td style="text-align: right;"><b>1,206,573</b></td><td style="text-align: right;"><b>1,042,448</b></td></tr> <tr><td><b>9</b> Program service revenue (Part VIII, line 2g)</td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td style="text-align: right;"><b>-75</b></td><td style="text-align: right;"><b>-368</b></td></tr> <tr><td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td style="text-align: right;"><b>161,158</b></td><td style="text-align: right;"><b>99,668</b></td></tr> <tr><td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td style="text-align: right;"><b>1,367,656</b></td><td style="text-align: right;"><b>1,141,748</b></td></tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,206,573</b>	<b>1,042,448</b>	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-75</b>	<b>-368</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>161,158</b>	<b>99,668</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,367,656</b>	<b>1,141,748</b>						
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,206,573</b>	<b>1,042,448</b>																								
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-75</b>	<b>-368</b>																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>161,158</b>	<b>99,668</b>																								
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,367,656</b>	<b>1,141,748</b>																								
<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td><td style="text-align: right;"><b>462,074</b></td><td style="text-align: right;"><b>501,309</b></td></tr> <tr><td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>110,097</b></td><td></td><td></td></tr> <tr><td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td><td style="text-align: right;"><b>681,653</b></td><td style="text-align: right;"><b>751,936</b></td></tr> <tr><td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td><td style="text-align: right;"><b>1,143,727</b></td><td style="text-align: right;"><b>1,253,245</b></td></tr> <tr><td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td><td style="text-align: right;"><b>223,929</b></td><td style="text-align: right;"><b>-111,497</b></td></tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>462,074</b>	<b>501,309</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>110,097</b>			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>681,653</b>	<b>751,936</b>	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,143,727</b>	<b>1,253,245</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>223,929</b>	<b>-111,497</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>462,074</b>	<b>501,309</b>																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>110,097</b>																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>681,653</b>	<b>751,936</b>																								
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,143,727</b>	<b>1,253,245</b>																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>223,929</b>	<b>-111,497</b>																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:45%;">Beginning of Current Year</th> <th style="width:45%;">End of Year</th> </tr> </thead> <tbody> <tr><td><b>20</b> Total assets (Part X, line 16)</td><td style="text-align: right;"><b>1,084,447</b></td><td style="text-align: right;"><b>1,042,945</b></td></tr> <tr><td><b>21</b> Total liabilities (Part X, line 26)</td><td style="text-align: right;"><b>41,966</b></td><td style="text-align: right;"><b>111,961</b></td></tr> <tr><td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td><td style="text-align: right;"><b>1,042,481</b></td><td style="text-align: right;"><b>930,984</b></td></tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	<b>1,084,447</b>	<b>1,042,945</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>41,966</b>	<b>111,961</b>	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,042,481</b>	<b>930,984</b>												
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16)	<b>1,084,447</b>	<b>1,042,945</b>																								
<b>21</b> Total liabilities (Part X, line 26)	<b>41,966</b>	<b>111,961</b>																								
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,042,481</b>	<b>930,984</b>																								

**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.

<b>Sign Here</b>	Signature of officer <b>SUSAN HAPGOOD</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>
------------------	--	-----------------------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KENNETH LIPNER, CPA</b>	Preparer's signature <b>KENNETH LIPNER, CPA</b>	Date <b>01/28/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name } <b>KVLSM LLP</b> <b>415 CROSSWAYS PARK DR STE C</b> Firm's address } <b>WOODBURY, NY 11797-2055</b>				Firm's EIN } <b>** - *** 9764</b> Phone no. <b>516-294-0400</b>

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 on Schedule O.)

(Expenses \$ **913,881** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 913,881**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		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?		

1a	22
1b	0

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

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

**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 on 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
<b>1a</b>	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 on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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 on Schedule O)
- 19** Describe on 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 **u**

**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. See instructions for the order in which to list the persons above.

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 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) SUSAN HAPGOOD	40.00									
EXECUTIVE DIRECTOR	0.00			X			105,092	0	0	
(2) PATRICIA L. BRUNDAGE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) YNG-RU CHEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) DENNIS ELLIOTT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) KARYN ISSA GINSBERG GREENWALD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) WILLIAM HARRISON	1.00									
TREASURER	0.00	X					0	0	0	
(7) KAREN KARP	1.00									
VP	0.00	X					0	0	0	
(8) MANU MOHAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) SAMAR MAZIAD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) UGOCHUKWU-SMOOTH NZEWI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) SOPHIE O. RIESE	1.00									
BOARD MEMBER	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 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) <b>LENA SALTOS</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) <b>MARJORIE WELISH</b>	1.00									
SECRETARY	0.00	X					0	0	0	
(14) <b>ARTHUR ZEGELBONE</b>	1.00									
BOARD CHAIRMAN/PRES.	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>105,092</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>105,092</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>105,092</b>			

**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 **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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 **u 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	96,645				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	945,803				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 90,740				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,042,448				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	-368	-368			
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)	<b>u</b>						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		78,429				
			30,659				
<b>b</b> Less: direct expenses	<b>8b</b>		47,770				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b> RENTAL INCOME	Business Code	49,392	49,392			
	<b>b</b> OTHER INCOME		2,506	2,506			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	51,898				
<b>12 Total revenue.</b> See instructions	<b>u</b>	1,141,748	51,530	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	105,092	48,605	37,917	18,570
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	321,606	148,742	116,036	56,828
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,958	16,631	12,974	6,353
10 Payroll taxes	38,653	17,877	13,946	6,830
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,187	5,094	3,056	2,037
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	28,551	26,291	1,356	904
12 Advertising and promotion	6,936	6,621	205	110
13 Office expenses	12,557		12,557	
14 Information technology	17,682	10,610	4,597	2,475
15 Royalties				
16 Occupancy	352,713	325,084	17,959	9,670
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	9,568	8,814	489	265
23 Insurance	24,616	17,452	3,582	3,582
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ARTISTS SUPPORT EXPENSES</b>	139,332	139,332		
b <b>EXHIBITIONS &amp; PUBLIC PROG</b>	111,657	111,657		
c <b>UTILITIES</b>	29,198	26,912	1,486	800
d <b>TELEPHONE</b>	7,578	2,798	3,107	1,673
e All other expenses	1,361	1,361		
25 Total functional expenses. Add lines 1 through 24e	1,253,245	913,881	229,267	110,097
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	
<b>Assets</b>	1	Cash—non-interest-bearing	193,437	1	329,256
	2	Savings and temporary cash investments	248,081	2	265,030
	3	Pledges and grants receivable, net	410,818	3	171,325
	4	Accounts receivable, net	6,262	4	7,407
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	140,311	8	190,534
	9	Prepaid expenses and deferred charges	8,318	9	8,253
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	618,728		
	10b	Less: accumulated depreciation	574,683	10c	44,045
	11	Investments—publicly traded securities	3,712	11	2,871
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,084,447	16	1,042,945	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	32,916	17	12,125
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	91,490
	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	9,050	25	8,346
	26	<b>Total liabilities.</b> Add lines 17 through 25	41,966	26	111,961
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	543,039	27	555,893
	28	Net assets with donor restrictions	499,442	28	375,091
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	1,042,481	32	930,984	
33	<b>Total liabilities and net assets/fund balances</b>	1,084,447	33	1,042,945	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,141,748</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,253,245</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-111,497</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,042,481</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>930,984</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>INTERNATIONAL STUDIO &amp; CURATORIAL PROGRAM, INC.</b>	Employer identification number <b>**-***2686</b>
--	---

**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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 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).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	989,279	1,034,637	1,064,602	1,206,573	1,042,448	5,337,539
<b>2</b> 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	78,469	124,983	155,875	180,891	129,959	670,177
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,067,748	1,159,620	1,220,477	1,387,464	1,172,407	6,007,716
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						6,007,716

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	1,067,748	1,159,620	1,220,477	1,387,464	1,172,407	6,007,716
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,067,748	1,159,620	1,220,477	1,387,464	1,172,407	6,007,716
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

7  Check here if the current year is the organization's first as a non-functionally 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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**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

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>INTERNATIONAL STUDIO &amp; CURATORIAL PROGRAM, INC.</b>	Employer identification number <b>** - ***2686</b>
--	---

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 33<sup>1</sup>/<sub>3</sub>% 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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONDRIAAN FONDS BIRGIT DONKER POSTBUS 773 AMSTERDAM . 1000 AT	\$ 28,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KETTERING FAMILY PHILANTROPIES 40 N. MAIN ST, SUITE 1480 DAYTON OH 45423	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TRUST FOR MUTUAL UNDERSTANDING 1 ROCKEFELLER PLAZA, ROOM 2500 NEW YORK NY 10020	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TAUCK RITZAU INNOVATIVE PHILANTHROPY 55 WALLS DRIVE FAIRFIELD CT 06824	\$ 24,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LENORE G. TAWNEY FOUNDATION 37 WEST 20TH STREET, SUITE 903 NEW YORK NY 10011	\$ 16,620	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	<b>THE POLLOCK-KRASNER FOUNDATION, INC.</b> <b>863 PARK AVENUE</b>  <b>NEW YORK NY 10075</b>	\$ <b>37,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>LAWRENCE AND ALICE WEINER</b> <b>297 W 4TH STREET</b>  <b>NEW YORK NY 10014</b>	\$ <b>10,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>PHILLIP RIESE</b> <b>89 GRAND STREET</b> <b>APT 4</b> <b>BROOKLYN NY 11249</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>TOBY DEVAN LEWIS</b> <b>5150 THREE VILLAGE DRIVE, # 1E</b>  <b>LYNDHURST OH 44124</b>	\$ <b>143,900</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<b>NEIDERSACHSISCHES MINISTERIUM FUR WI</b> <b>LEIBNITZUFER 9</b>  <b>HANNOVER</b>	\$ <b>28,222</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<b>SOBEY ART FOUNDATION</b> <b>115 KING STREET</b>  <b>STELLARTON</b>	\$ <b>14,464</b>	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	KONSTARSNAMNDEN/ THE SWEDISH ARTS GRANTS MARIA SKOGATA 83 STOCKHOLM	\$ 24,220	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE DR. K. DAVID G. EDWARDS & MARGER EDWARDS CHARITABLE GIVING FUND FIDUCIARY TRUST COMP. INTERNATIONAL 280 PARK AVE, 7TH FLOOR NEW YORK NY 10017	\$ 11,608	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE J.F. COSTOPOULOS FOUNDATION 9 PLOUTARCHOU STREET ATHENS	\$ 5,365	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE SHELLEY & DONALD RUBIN FOUNDATIO 17 WEST 17TH STREET, 9TH FLOOR NEW YORK NY 10011	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	VIA ART FUND 83 NEWBURY STREET 4TH FLOOR BOSTON MA 02116	\$ 14,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WILLIAM TALBOTT HILLMAN FOUNDATION 330 GRANT STREET, SUITE 2000 PITTSBURGH PA 15219	\$ 15,000	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	NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK NY 10022	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AES+F PRODUCTION INC 42-51 HUNTER STREET, 2C LONG ISLAND CITY NY 11101	\$ 7,056	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ARTIS PO BOX 1536 NEW YORK NY 10276	\$ 19,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DANISH ARTS FOUNDATION HC ANDERSEN BLVD 2 COPENHAGEN	\$ 57,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	EDWARD STEICHEN AWARD LUXEMBOURG STERNWARTESTRASSE 81 1180 VIENNA	\$ 23,519	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INLAKS SHIFDASANI FOUNDATION 86/87 ATLANTA NARIMAN POINT	\$ 6,384	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
25	MINISTRY OF CULTURE, TAIWAN 15F, SOUTH TOWER, NO 439 ZHONGPING RD., XINZHUANG DISTRICT NEW TAIPEI	\$ 22,959	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	OFFICE FOR CONTEMPORARY ART NORWAY NEDRE GATE 7 NO-0551 OSLO	\$ 14,346	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SAHA DERNEGI SAH KULU MAHALLESİ, SAH KAPISI SOKAK NO 10 GALATA 34420 ISTANBUL	\$ 13,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	KULTURSTIFUND DES FREISTAATES SACHSE KARL-LIEBKNECHT-STR. 56 DRESDEN D-01109	\$ 26,878	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	QATAR MUSEUMS PO BOX 2777 DOHA	\$ 36,689	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	SENATE DEPT OF CULTURE AND EUROPE BRUNNENSTR. 188-190 BERLIN	\$ 7,055	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	ACADEMY OF FINE ARTS HELSINKI ELIMAENKATU 25 A HELSINKI	\$ 14,817	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.)
		\$	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

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** ..... %
  - b** Permanent endowment **u** ..... %
  - c** Term endowment **u** ..... %
- 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		2,823	2,578	245
<b>e</b> Other .....		615,905	572,105	43,800
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>44,045</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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) <b>TENANT SECURITY DEPOSIT</b>	<b>6,950</b>
(3) <b>PREPAID GROUND FLOOR RENT</b>	<b>1,396</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 8,346</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XIII** Supplemental Information *(continued)*

Client Copy



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

**U Attach to Form 990 or Form 990-EZ.**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Open to Public Inspection

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						
<b>Total</b>						

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AUCTION &amp; SPRNG</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	78,429		78,429
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	78,429		78,429
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	30,659		30,659
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				47,770

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://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**

	(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
1 Art — Works of art	<input checked="" type="checkbox"/>	1	90,740	FAIR MARKET VALUE
2 Art — Historical treasures	<input type="checkbox"/>			
3 Art — Fractional interests	<input type="checkbox"/>			
4 Books and publications	<input type="checkbox"/>			
5 Clothing and household goods	<input type="checkbox"/>			
6 Cars and other vehicles	<input type="checkbox"/>			
7 Boats and planes	<input type="checkbox"/>			
8 Intellectual property	<input type="checkbox"/>			
9 Securities — Publicly traded	<input type="checkbox"/>			
10 Securities — Closely held stock	<input type="checkbox"/>			
11 Securities — Partnership, LLC, or trust interests	<input type="checkbox"/>			
12 Securities — Miscellaneous	<input type="checkbox"/>			
13 Qualified conservation contribution — Historic structures	<input type="checkbox"/>			
14 Qualified conservation contribution — Other	<input type="checkbox"/>			
15 Real estate — Residential	<input type="checkbox"/>			
16 Real estate — Commercial	<input type="checkbox"/>			
17 Real estate — Other	<input type="checkbox"/>			
18 Collectibles	<input type="checkbox"/>			
19 Food inventory	<input type="checkbox"/>			
20 Drugs and medical supplies	<input type="checkbox"/>			
21 Taxidermy	<input type="checkbox"/>			
22 Historical artifacts	<input type="checkbox"/>			
23 Scientific specimens	<input type="checkbox"/>			
24 Archeological artifacts	<input type="checkbox"/>			
25 Other <b>u</b> ( )	<input type="checkbox"/>			
26 Other <b>u</b> ( )	<input type="checkbox"/>			
27 Other <b>u</b> ( )	<input type="checkbox"/>			
28 Other <b>u</b> ( )	<input type="checkbox"/>			

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**

	Yes	No
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 from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<input checked="" type="checkbox"/>	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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**

Client Copy

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization	<b>INTERNATIONAL STUDIO &amp; CURATORIAL PROGRAM, INC.</b>	Employer identification number <b>**-***2686</b>
--------------------------	--	---

**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)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2019**

Attachment  
Sequence No. **179**

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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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	<b>8,263</b>

**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 2019	17	<b>1,305</b>
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"/> <b>u</b> <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 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 2019 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	<b>Total.</b> 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	<b>9,568</b>
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.

DAA

\*\* - \*\*\*2686

**Federal Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
34	Equipment	8/24/15	450		X	225	7 HY 200DB	380	20
35	Equipment	9/11/15	3,752		X	1,876	5 HY 200DB	3,428	216
36	Furniture & Fixtures	11/05/15	884		X	442	7 HY 200DB	746	39
37	Furniture & Fixtures	11/16/15	884		X	442	7 HY 200DB	746	39
38	Furniture & Fixtures	2/15/16	3,800		X	1,900	7 HY 200DB	3,207	169
39	Equipment	9/22/16	1,748		X	874	5 HY 200DB	1,496	101
40	Equipment	6/06/17	418		X	209	5 HY 200DB	358	24
41	Equipment	6/06/17	295		X	147	5 HY 200DB	253	17
42	Equipment	6/06/17	1,316		X	658	5 HY 200DB	1,126	76
43	Equipment	6/14/17	1,235		X	617	5 HY 200DB	1,057	71
44	Leasehold Improvements	8/26/16	2,250		X	1,125	5 HY S/L	1,688	225
45	Leasehold Improvement	9/15/16	750		X	375	5 HY S/L	563	75
46	Leasehold Improvements	10/05/16	1,350		X	675	5 HY S/L	1,013	135
48	Fridge for second floor	8/28/17	1,123		X	561	7 HY 200DB	780	98
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>18,541</u>	<u>1,305</u>
<b>Other Depreciation:</b>									
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	509	0
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	6,500	0
18	Leasehold Improvements	8/03/11	1,400			1,400	7 MO S/L	1,400	0
19	Leasehold Improvements	2/01/12	3,620			3,620	7 MO S/L	3,620	0
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	521	79
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	1,068	267
24	Equipment	6/30/15	278			278	5 MO S/L	222	56
25	Leasehold Improvements	9/08/15	5,000			5,000	7 MO S/L	2,738	714
26	Leasehold Improvements	9/11/15	750			750	7 MO S/L	411	107
27	Leasehold Improvements	9/17/15	4,000			4,000	7 MO S/L	2,143	571
28	Leasehold Improvements	9/22/15	100			100	7 MO S/L	54	14
29	Leasehold Improvements	2/10/16	1,600			1,600	7 MO S/L	781	229
30	Leasehold Improvements	3/01/16	1,200			1,200	7 MO S/L	571	172
31	Leasehold Improvements	6/10/16	1,050			1,050	7 MO S/L	463	150
32	Leasehold Improvements	6/30/16	2,250			2,250	7 MO S/L	964	322
33	Leasehold Improvements	6/30/16	1,065			1,065	7 MO S/L	456	153
51	Furniture & Fixtures	5/04/19	554			554	10 MO S/L	9	56
52	Furniture & Fixtures	6/27/19	1,795			1,795	10 MO S/L	0	179
53	Equipment	9/26/18	7,716			7,716	10 MO S/L	579	771
54	Equipment	3/12/19	359			359	10 MO S/L	12	36
55	Equipment	6/27/19	3,297			3,297	10 MO S/L	0	330
56	Library Books & Reference Materials	6/04/19	24,199			24,199	7 MO S/L	288	3,457
57	Computer - IMAC	1/24/20	1,099			1,099	5 MO S/L	0	92
58	Printer - Epson Powerlite 1775W	7/17/19	1,138			1,138	5 MO S/L	0	209
59	Furniture & Fixtures	7/07/19	2,094			2,094	7 MO S/L	0	299
	<b>Total Other Depreciation</b>		<u>596,773</u>			<u>596,773</u>		<u>546,574</u>	<u>8,263</u>
	<b>Total ACRS and Other Depreciation</b>		<u>596,773</u>			<u>596,773</u>		<u>546,574</u>	<u>8,263</u>



\*\*-\*\*\*2686

**Federal Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		618,728			606,899		565,115	9,568
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>618,728</u>			<u>606,899</u>		<u>565,115</u>	<u>9,568</u>

Client Copy

\*\*-\*\*\*2686

**NY Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
<b>5-year GDS Property:</b>								
57	Computer - IMAC	1/24/20	1,099	1,099	0	110	92	-18
58	Printer - Epson Powerlite 1775W	7/17/19	1,138	1,138	0	114	209	95
			<u>2,237</u>	<u>2,237</u>	<u>0</u>	<u>224</u>	<u>301</u>	<u>77</u>
<b>7-year GDS Property:</b>								
59	Furniture & Fixtures	7/07/19	2,094	2,094	0	299	299	0
			<u>2,094</u>	<u>2,094</u>	<u>0</u>	<u>299</u>	<u>299</u>	<u>0</u>
<b>Prior MACRS:</b>								
34	Equipment	8/24/15	450	450	309	41	20	-21
35	Equipment	9/11/15	3,752	3,752	3,104	432	216	-216
36	Furniture & Fixtures	11/05/15	884	884	608	78	39	-39
37	Furniture & Fixtures	11/16/15	884	884	608	78	39	-39
38	Furniture & Fixtures	2/15/16	3,800	3,800	2,613	339	169	-170
39	Equipment	9/22/16	1,748	1,748	1,339	192	101	-91
40	Equipment	6/06/17	418	418	275	57	24	-33
41	Equipment	6/06/17	295	295	194	41	17	-24
42	Equipment	6/06/17	1,316	1,316	866	180	76	-104
43	Equipment	6/14/17	1,235	1,235	813	169	71	-98
44	Leasehold Improvements	8/26/16	2,250	2,250	1,602	259	225	-34
45	Leasehold Improvement	9/15/16	750	750	534	86	75	-11
46	Leasehold Improvements	10/05/16	1,350	1,350	961	156	135	-21
48	Fridge for second floor	8/28/17	0	0	0	0	98	98
49	Optoma Projector	11/02/17	700	700	271	123	0	-123
50	Video Camera	2/07/18	1,000	1,000	388	175	0	-175
51	Furniture & Fixtures	5/04/19	554	554	79	136	56	-80
53	Equipment	9/26/18	7,716	7,716	1,543	2,469	771	-1,698
			<u>29,102</u>	<u>29,102</u>	<u>16,107</u>	<u>5,011</u>	<u>2,132</u>	<u>-2,879</u>
<b>Other Depreciation:</b>								
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	509	0	0	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	6,500	0	0	0
18	Leasehold Improvements	8/03/11	1,400	1,400	1,400	0	0	0
19	Leasehold Improvements	2/01/12	3,620	3,620	3,620	0	0	0
20	Computer Equipment	5/08/12	7,541	7,541	7,541	0	0	0
21	Furniture & Fixtures	6/05/13	600	600	521	79	79	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	1,068	267	267	0
24	Equipment	6/30/15	278	278	222	56	56	0
25	Leasehold Improvements	9/08/15	5,000	5,000	2,738	714	714	0
26	Leasehold Improvements	9/11/15	750	750	411	107	107	0
27	Leasehold Improvements	9/17/15	4,000	4,000	2,143	571	571	0
28	Leasehold Improvements	9/22/15	100	100	54	14	14	0
29	Leasehold Improvements	2/10/16	1,600	1,600	781	229	229	0
30	Leasehold Improvements	3/01/16	1,200	1,200	571	172	172	0
31	Leasehold Improvements	6/10/16	1,050	1,050	463	150	150	0
32	Leasehold Improvements	6/30/16	2,250	2,250	964	322	322	0
33	Leasehold Improvements	6/30/16	1,065	1,065	456	153	153	0

\*\*-\*\*\*2686

**NY Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
52	Furniture & Fixtures	6/27/19	1,795	1,795	0	179	179	0
54	Equipment	3/12/19	359	359	12	36	36	0
55	Equipment	6/27/19	3,297	3,297	0	330	330	0
56	Library Books & Reference Materials	6/04/19	24,199	24,199	288	3,457	3,457	0
<b>Total Other Depreciation</b>			<u>584,172</u>	<u>584,172</u>	<u>545,986</u>	<u>6,836</u>	<u>6,836</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>584,172</u>	<u>584,172</u>	<u>545,986</u>	<u>6,836</u>	<u>6,836</u>	<u>0</u>
<b>Grand Totals</b>			617,605	617,605	562,093	12,370	9,568	-2,802
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>617,605</u>	<u>617,605</u>	<u>562,093</u>	<u>12,370</u>	<u>9,568</u>	<u>-2,802</u>

Client Copy

\*\*-\*\*\*2686

**AMT Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
57	Computer - IMAC	1/24/20	1,099		X	0	5 HY S/L	0	1,099
58	Printer - Epson Powerlite 1775W	7/17/19	1,138		X	0	5 HY S/L	0	1,138
			<u>2,237</u>			<u>0</u>		<u>0</u>	<u>2,237</u>
<b>7-year GDS Property:</b>									
59	Furniture & Fixtrues	7/07/19	2,094		X	0	7 HY S/L	0	2,094
			<u>2,094</u>			<u>0</u>		<u>0</u>	<u>2,094</u>
<b>Prior MACRS:</b>									
34	Equipment	8/24/15	450		X	225	7 HY 200DB	380	20
35	Equipment	9/11/15	3,752		X	1,876	5 HY 200DB	3,428	216
36	Furniture & Fixtures	11/05/15	884		X	442	7 HY 200DB	746	39
37	Furniture & Fixtures	11/16/15	884		X	442	7 HY 200DB	746	39
38	Furniture & Fixtures	2/15/16	3,800		X	1,900	7 HY 200DB	3,207	169
39	Equipment	9/22/16	1,748		X	874	5 HY 200DB	1,496	101
40	Equipment	6/06/17	418		X	209	5 HY 200DB	358	24
41	Equipment	6/06/17	295		X	147	5 HY 200DB	253	17
42	Equipment	6/06/17	1,316		X	658	5 HY 200DB	1,126	76
43	Equipment	6/14/17	1,235		X	617	5 HY 200DB	1,057	71
44	Leasehold Improvements	8/26/16	2,250		X	1,125	5 HY S/L	1,688	225
45	Leasehold Improvement	9/15/16	750		X	375	5 HY S/L	563	75
46	Leasehold Improvements	10/05/16	1,350		X	675	5 HY S/L	1,013	135
48	Fridge for second floor	8/28/17	1,123		X	561	7 HY 200DB	780	98
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
51	Furniture & Fixtures	5/04/19	554		X	0	7 HY 200DB	554	0
53	Equipment	9/26/18	7,716		X	0	5 HY 200DB	7,716	0
			<u>30,225</u>			<u>10,126</u>		<u>26,811</u>	<u>1,305</u>
<b>Other Depreciation:</b>									
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	2,738	714
26	Leasehold Improvements	9/11/15	750			750	7 MO S/L	411	107
27	Leasehold Improvements	9/17/15	4,000			4,000	7 MO S/L	2,143	571
28	Leasehold Improvements	9/22/15	100			100	7 MO S/L	54	14
29	Leasehold Improvements	2/10/16	1,600			1,600	7 MO S/L	1,512	88
30	Leasehold Improvements	3/01/16	1,200			1,200	7 MO S/L	571	172
31	Leasehold Improvements	6/10/16	1,050			1,050	7 MO S/L	463	150
32	Leasehold Improvements	6/30/16	2,250			2,250	7 MO S/L	964	322
33	Leasehold Improvements	6/30/16	1,065			1,065	7 MO S/L	456	153

\*\*-\*\*\*2686

**AMT Asset Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
52	Furniture & Fixtures	6/27/19	1,795			1,795	10 MO S/L	0	179
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	330
56	Library Books & Reference Materials	6/04/19	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>22,107</u>			<u>22,107</u>		<u>9,312</u>	<u>2,800</u>
<b>Total ACRS and Other Depreciation</b>			<u>22,107</u>			<u>22,107</u>		<u>9,312</u>	<u>2,800</u>
<b>Grand Totals</b>			56,663			32,233		36,123	8,436
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>56,663</u>			<u>32,233</u>		<u>36,123</u>	<u>8,436</u>

Client Copy

\*\*-\*\*\*2686

**Bonus Depreciation Report**

FYE: 6/30/2020

**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
<b>Grand Total</b>			<b>28,555</b>		<b>0</b>	<b>0</b>	<b>11,829</b>	<b>16,726</b>

\*\*-\*\*\*2686

**Depreciation Adjustment Report**

FYE: 6/30/2020

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	34	Equipment	20	20	0
Page 1	1	35	Equipment	216	216	0
Page 1	1	36	Furniture & Fixtures	39	39	0
Page 1	1	37	Furniture & Fixtures	39	39	0
Page 1	1	38	Furniture & Fixtures	169	169	0
Page 1	1	39	Equipment	101	101	0
Page 1	1	40	Equipment	24	24	0
Page 1	1	41	Equipment	17	17	0
Page 1	1	42	Equipment	76	76	0
Page 1	1	43	Equipment	71	71	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	98	98	0
Page 1	1	49	Optoma Projector	0	0	0
Page 1	1	50	Video Camera	0	0	0
				<u>1,305</u>	<u>1,305</u>	<u>0</u>

Client Copy

\*\*-\*\*\*2686

**Future Depreciation Report****FYE: 6/30/21**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
34	Equipment	8/24/15	450	20	20
35	Equipment	9/11/15	3,752	108	108
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	170	170
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	70	70
49	Optoma Projector	11/02/17	700	0	0
50	Video Camera	2/07/18	1,000	0	0
			<u>21,955</u>	<u>1,170</u>	<u>1,170</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	0	0
22	Equipment (DCA)	6/30/13	30,704	0	0
23	Equipment	6/30/15	1,335	0	0
24	Equipment	6/30/15	278	0	0
25	Leasehold Improvements	9/08/15	5,000	715	715
26	Leasehold Improvements	9/11/15	750	107	107
27	Leasehold Improvements	9/17/15	4,000	572	572
28	Leasehold Improvements	9/22/15	100	14	14
29	Leasehold Improvements	2/10/16	1,600	228	0
30	Leasehold Improvements	3/01/16	1,200	171	171
31	Leasehold Improvements	6/10/16	1,050	150	150
32	Leasehold Improvements	6/30/16	2,250	321	321
33	Leasehold Improvements	6/30/16	1,065	152	152
51	Furniture & Fixtures	5/04/19	554	55	0
52	Furniture & Fixtures	6/27/19	1,795	180	180
53	Equipment	9/26/18	7,716	772	0
54	Equipment	3/12/19	359	36	0
55	Equipment	6/27/19	3,297	329	329
56	Library Books & Reference Materials	6/04/19	24,199	3,457	0
57	Computer - IMAC	1/24/20	1,099	219	0
58	Printer - Epson Powerlite 1775W	7/17/19	1,138	227	0
59	Furniture & Fixtures	7/07/19	2,094	299	0



**Future Depreciation Report** **FYE: 6/30/21**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
	<b>Total Other Depreciation</b>		<u>596,773</u>	<u>8,004</u>	<u>2,711</u>
	<b>Total ACRS and Other Depreciation</b>		<u>596,773</u>	<u>8,004</u>	<u>2,711</u>
	<b>Grand Totals</b>		<u>618,728</u>	<u>9,174</u>	<u>3,881</u>

Client Copy

\*\*-\*\*\*2686

**NY Future Depreciation Report****FYE: 6/30/21**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	NY
<b>Prior MACRS:</b>				
34	Equipment	8/24/15	450	40
35	Equipment	9/11/15	3,752	216
36	Furniture & Fixtures	11/05/15	884	79
37	Furniture & Fixtures	11/16/15	884	79
38	Furniture & Fixtures	2/15/16	3,800	339
39	Equipment	9/22/16	1,748	193
40	Equipment	6/06/17	418	46
41	Equipment	6/06/17	295	32
42	Equipment	6/06/17	1,316	144
43	Equipment	6/14/17	1,235	135
44	Leasehold Improvements	8/26/16	2,250	259
45	Leasehold Improvement	9/15/16	750	87
46	Leasehold Improvements	10/05/16	1,350	155
48	Fridge for second floor	8/28/17	0	0
49	Optoma Projector	11/02/17	700	87
50	Video Camera	2/07/18	1,000	125
			<u>20,832</u>	<u>2,016</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	0
22	Equipment (DCA)	6/30/13	30,704	0
23	Equipment	6/30/15	1,335	0
24	Equipment	6/30/15	278	0
25	Leasehold Improvements	9/08/15	5,000	715
26	Leasehold Improvements	9/11/15	750	107
27	Leasehold Improvements	9/17/15	4,000	572
28	Leasehold Improvements	9/22/15	100	14
29	Leasehold Improvements	2/10/16	1,600	228
30	Leasehold Improvements	3/01/16	1,200	171
31	Leasehold Improvements	6/10/16	1,050	150
32	Leasehold Improvements	6/30/16	2,250	321
33	Leasehold Improvements	6/30/16	1,065	152
51	Furniture & Fixtures	5/04/19	554	97
52	Furniture & Fixtures	6/27/19	1,795	180
53	Equipment	9/26/18	7,716	1,482
54	Equipment	3/12/19	359	36
55	Equipment	6/27/19	3,297	329
56	Library Books & Reference Materials	6/04/19	24,199	3,457
57	Computer - IMAC	1/24/20	1,099	220
58	Printer - Epson Powerlite 1775W	7/17/19	1,138	227
59	Furniture & Fixtures	7/07/19	2,094	513

Asset	Description	Date In Service	Cost	NY
	<b>Total Other Depreciation</b>		<u>596,773</u>	<u>8,971</u>
	<b>Total ACRS and Other Depreciation</b>		<u>596,773</u>	<u>8,971</u>
	<b>Grand Totals</b>		<u>617,605</u>	<u>10,987</u>

Client Copy

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning <b>07/01/19</b> , ending <b>06/30/20</b>		

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

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,122,993	945,803	-177,190
	2. Membership dues and assessments			
	3. Government contributions and grants	83,580	96,645	13,065
	4. Program service revenue			
	5. Investment income	-75	-368	-293
	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	76,841	47,770	-29,071
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	84,317	51,898	-32,419
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,367,656</b>	<b>1,141,748</b>	<b>-225,908</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		105,092	105,092
	16. Salaries, other compensation, and employee benefits	462,074	396,217	-65,857
	17. Professional fundraising fees			
	18. Other professional fees	36,789	38,738	1,949
	19. Occupancy, rent, utilities, and maintenance	335,212	352,713	17,501
	20. Depreciation and Depletion	5,805	9,568	3,763
	21. Other expenses	303,847	350,917	47,070
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,143,727</b>	<b>1,253,245</b>	<b>109,518</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>223,929</b>	<b>-111,497</b>	<b>-335,426</b>
<b>Other Information</b>	24. Total exempt revenue	1,367,656	1,141,748	-225,908
	25. Total unrelated revenue			
	26. Total excludable revenue	84,242	51,530	-32,712
	27. Total assets	1,084,447	1,042,945	-41,502
	28. Total liabilities	41,966	111,961	69,995
	29. Retained earnings	1,042,481	930,984	-111,497
	30. Number of voting members of governing body	13	13	
	31. Number of independent voting members of governing body	13	13	
	32. Number of employees	8	7	
33. Number of volunteers				

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
-----------------	---------------------------	-------------

Name <b>INTERNATIONAL STUDIO &amp; CURATORIAL PROGRAM, INC.</b>	Employer Identification Number <b>**_***2686</b>
---	---

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....	970,884	1,034,637	1,084,158	1,206,573	1,042,448	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....	291	559	126	-75	-368	
Fundraising revenue (income/loss) .....	28,194	33,621	38,926	76,841	47,770	
Gaming revenue (income/loss) .....						
Other revenue .....	61,073	83,275	81,217	84,317	51,898	
<b>Total revenue</b> .....	<b>1,060,442</b>	<b>1,152,092</b>	<b>1,204,427</b>	<b>1,367,656</b>	<b>1,141,748</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....					105,092	
Other compensation .....	350,575	407,106	416,865	462,074	396,217	
Professional fees .....	14,203	10,825	14,665	36,789	38,738	
Occupancy costs .....	300,454	311,945	323,319	335,212	352,713	
Depreciation and depletion .....	69,141	70,163	38,439	5,805	9,568	
Other expenses .....	323,124	351,668	362,017	303,847	350,917	
<b>Total expenses</b> .....	<b>1,057,497</b>	<b>1,151,707</b>	<b>1,155,305</b>	<b>1,143,727</b>	<b>1,253,245</b>	
<b>Excess or (Deficit)</b> .....	<b>2,945</b>	<b>385</b>	<b>49,122</b>	<b>223,929</b>	<b>-111,497</b>	
<b>Total exempt revenue</b> .....	<b>1,060,442</b>	<b>1,152,092</b>	<b>1,204,427</b>	<b>1,367,656</b>	<b>1,141,748</b>	
Total unrelated revenue .....						
Total excludable revenue .....	61,364	83,834	81,343	84,242	51,530	
Total Assets .....	517,154	527,994	580,022	1,084,447	1,042,945	
Total Liabilities .....	17,166	27,621	30,527	41,966	111,961	
Net Fund Balances .....	499,988	500,373	549,495	1,042,481	930,984	

**Federal Statements**

**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 370					
TOTAL	\$ 370					

**Taxable Dividends from Securities**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 103					
TOTAL	\$ 103					

Client Copy

\*\*-\*\*\*2686

**Federal Statements**

FYE: 6/30/2020

**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 &amp; General</u>	<u>Fund Raising</u>
CONSULTING	\$ 3,870	\$ 1,935	\$ 1,161	\$ 774
REPAIRS AND MAINTENANCE	24,031	24,031		
VIDEOGRAPHY	650	325	195	130
TOTAL	<u>\$ 28,551</u>	<u>\$ 26,291</u>	<u>\$ 1,356</u>	<u>\$ 904</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
BAD DEBTS	\$ 1,361	\$ 1,361	\$ 0	\$ 0
TOTAL	<u>\$ 1,361</u>	<u>\$ 1,361</u>	<u>\$ 0</u>	<u>\$ 0</u>

\*\*-\*\*\*2686

## Federal Statements

FYE: 6/30/2020

Schedule A, Part III, Line 1(e)

Description	Amount
NYC DEPT OF CULTURAL AFFAIRS	\$ 76,645
NATIONAL ENDOWMENT FOR THE ARTS	20,000
CONTRIBUTORS - UNDER \$5,000	119,019
DONATIONS INKIND (NON CASH)	90,740
HARTFIELD FOUNDATION	
CASH CONTRIBUTION	5,000
MONDRIAAN FONDS	
CASH CONTRIBUTION	28,222
KETTERING FAMILY PHILANTROPIES	
CASH CONTRIBUTION	10,000
TRUST FOR MUTUAL UNDERSTANDING	
CASH CONTRIBUTION	7,500
TAUCK RITZAU INNOVATIVE PHILANTHROPY	
CASH CONTRIBUTION	24,170
LENORE G. TAWNEY FOUNDATION	
CASH CONTRIBUTION	16,620
THE POLLOCK-KRASNER FOUNDATION, INC.	
CASH CONTRIBUTION	37,000
LAWRENCE AND ALICE WEINER	
CASH CONTRIBUTION	10,000
PHILLIP RIESE	
CASH CONTRIBUTION	5,000
TOBY DEVAN LEWIS	
CASH CONTRIBUTION	143,900
NEIDERSACHSISCHES MINISTERIUM FUR WI	
CASH CONTRIBUTION	28,222
SOBEY ART FOUNDATION	
CASH CONTRIBUTION	14,464
KONSTARSNAMNDEN/	
CASH CONTRIBUTION	24,220
THE DR. K. DAVID G. EDWARDS & MARGER	
CASH CONTRIBUTION	11,608
THE J.F. COSTOPOULOS FOUNDATION	
CASH CONTRIBUTION	5,365
THE SHELLEY & DONALD RUBIN FOUNDATIO	
CASH CONTRIBUTION	10,000
VIA ART FUND	
CASH CONTRIBUTION	14,250



\*\*-\*\*\*2686

## Federal Statements

FYE: 6/30/2020

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

Description	Amount
WILLIAM TALBOTT HILLMAN FOUNDATION	\$
CASH CONTRIBUTION	15,000
NEW YORK COMMUNITY TRUST	
CASH CONTRIBUTION	75,000
AES+F PRODUCTION INC	
CASH CONTRIBUTION	7,056
ARTIS	
CASH CONTRIBUTION	19,800
DANISH ARTS FOUNDATION	
CASH CONTRIBUTION	57,150
EDWARD STEICHEN AWARD LUXEMBOURG	
CASH CONTRIBUTION	23,519
INLAKS SHIFDASANI FOUNDATION	
CASH CONTRIBUTION	6,384
MINISTRY OF CULTURE, TAIWAN	
CASH CONTRIBUTION	22,959
OFFICE FOR CONTEMPORARY ART NORWAY	
CASH CONTRIBUTION	14,346
SAHA DERNEGI	
CASH CONTRIBUTION	13,850
KULTURSTIFUND DES FREISTAATES SACHSE	
CASH CONTRIBUTION	26,878
QATAR MUSEUMS	
CASH CONTRIBUTION	36,689
SENATE DEPT OF CULTURE AND EUROPE	
CASH CONTRIBUTION	7,055
ACADEMY OF FINE ARTS HELSINKI	
CASH CONTRIBUTION	14,817
TOTAL	\$ <u>1,042,448</u>

\*\*-\*\*\*2686

**Federal Statements**

FYE: 6/30/2020

**Schedule A, Part III, Line 2(e)**

Description	Amount
	\$ 370
	103
UNREALIZED LOSS	-841
RENTAL INCOME	49,392
OTHER INCOME	2,506
AUCTION & SPRNG EVENT	78,429
TOTAL	\$ <u>129,959</u>

Client Copy

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

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

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

**Revenue**

Contributions	<u>1,042,448</u>	
Program service revenue		
Investment income	<u>-368</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>78,429</u>	
Direct expenses	<u>30,659</u>	
Net income	<u>47,770</u>	
Other income	<u>51,898</u>	
<b>Total revenue</b>		<u>1,141,748</u>

**Expenses**

Program services	<u>913,881</u>	
Management and general	<u>229,267</u>	
Fundraising	<u>110,097</u>	
<b>Total expenses</b>		<u>1,253,245</u>
<b>Excess / (deficit)</b>		<u>-111,497</u>

Changes

**Net Asset / Fund Balance at End of Year** 930,984

**Reconciliation of Revenue**

Total revenue per financial statements	<u>1,141,748</u>	
Less:		
Unrealized gains		
Donated services		
Recoveries		
Other		
Plus:		
Investment expenses		
Other		
<b>Total revenue per return</b>	<u>1,141,748</u>	

**Reconciliation of Expenses**

Total expenses per financial statements	<u>1,253,245</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other		
<b>Total expenses per return</b>	<u>1,253,245</u>	

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>1,084,447</u>	<u>1,042,945</u>	
Liabilities	<u>41,966</u>	<u>111,961</u>	
Net assets	<u>1,042,481</u>	<u>930,984</u>	<u>-111,497</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/17/21  
 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

Client Copy

## Return Summary

For calendar year 2019, or tax year beginning 07-01-19 , and ending 06-30-20

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 1,141,748  
 Net assets 930,984

**Filing Fees**

Article 7-A 25  
 Estates / trust law 100  
**Total** 125

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due dates:  
 Form CHAR500 11-16-20  
 Form CT-13 \_\_\_\_\_

**Next Year's Estimates**

2nd installment \_\_\_\_\_  
 3rd installment \_\_\_\_\_  
 4th installment \_\_\_\_\_  
**Total** \_\_\_\_\_

