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Form **990**

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)

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-3	0-2020					
B Che	ck if a	applicable: C Name of organization The New School		D Employe	er identif	ication number		
□ Ad	dress	change The New School		13-3297	7197			
_		nange Doing business as						
☐ Ini		turn boning business as						
		d return Number and street (or P.O. box if mail is not delivered to street address) Room/su	te	E Telephone	e number			
ОАр	plicati	on pending 66 West 12th Street		(646) 90	09-3667			
		City or town, state or province, country, and ZIP or foreign postal code		` '				
		New York, NY 10011		G Gross red	ceipts \$ 7	59,761,613		
		F Name and address of principal officer:	H(a) Is this	a group ret	urn for			
		Dwight A McBride 66 West 12th Street	suboro	dinates?		□ _{Yes} ✓ _{No}		
		New York, NY 10011	H(b) Are all	subordinate	es	☐ Yes ☐No		
I Tax	-exer	mpt status:	include If "No		ist (see	instructions)		
J W	ehsit	te: > WWW.NEWSCHOOL.EDU	H(c) Group		•	•		
		WWW.ENSCHOOLESO		•				
K Forn	n of o	rganization: 🗸 Corporation 🗋 Trust 🗎 Association 🗋 Other 🕨	L Year of forma	tion: 1919	M State	of legal domicile: NY		
Pa	rt I	Summary						
		Briefly describe the organization's mission or most significant activities: THE NEW SCHOOL'S MISSION IS TO PREPARE OUR STUDENTS TO UNDERSTAND, CO	NTDIBLITE TO	AND SUCCE	EED IN A	PADIDIV		
φ		CHANGING SOCIETY, AND THUS MAKE THE WORLD A BETTER AND MORE JUST PLAC		AND SUCCI	LLD IN A	(NAI IDEI		
ĕ								
Ē								
Governance	2	Check this box ▶ □						
	3	Number of voting members of the governing body (Part VI, line 1a)			3	38		
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b) .		•	4	38		
E E	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	7,863		
É	6	Total number of volunteers (estimate if necessary)			6	97		
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	8,937		
	ь	Net unrelated business taxable income from Form 990-T, line 39			7b	-20,180		
				or Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		36,684,4	103	31,866,449		
Revenue	9	Program service revenue (Part VIII, line 2g)		503,893,4	160	508,118,962		
9/9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,643,1	.93	1,840,438		
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,617,3	363	17,172,006		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		562,838,4		558,997,855		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		136,315,2	206	150,179,720		
		Benefits paid to or for members (Part IX, column (A), line 4)		100/010/2	0	0		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		259,124,6	i92	268,115,505		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		233/12 1/0	,,,,	0		
8		Total fundraising expenses (Part IX, column (D), line 25) ▶4,415,554						
ă		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	187	161,016,514				
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		163,551,4 558,991,3	_	579,311,739		
		Revenue less expenses. Subtract line 18 from line 12		3,847,0		-20,313,884		
. 97	19	Revenue less expenses. Subtract line 16 from line 12		End of Year				
Net Assets or Fund Balances			beginning	of Current Ye	-ai	Liiu Vi Teal		
Set	20	.23	1,263,076,833					
t As			698,465,022					
ŠŠ		Total liabilities (Part X, line 26)		683,214,1 578,544,0				
	_	The second secon		5. 5/5 1 1/0		55 1/011/011		

ully N	nowicaye.								
	II.							2021-05-14	
Sign	S	ignature of offic	er					Date	
Here		atalie 1 D Press	ey AVP & Controller						
		pe or print nan							
		Print/Type	oreparer's name	Pr	eparer's signat	ure	Date	Check if	PTIN P00756195
Paid	d							self-employed	
	parer	Firm's nam	e 🕨 CROWE LLP					Firm's EIN 🕨 :	35-0921680
Use	Only	Firm's addr	ess 🕨 488 Madison .	Avenue Floor 3	3			Phone no. (21)	2) 572-5500
			New York, NY	100225702					
Mav t	he IRS dis	cuss this retu	rn with the prepa	arer shown a	bove? (see ir	nstructions) .			. Ves No
			Act Notice, see		•			lo. 11282Y	Form 990 (2019
						Page 2 ——			
Form	990 (2019	1)							D
			f Program Se	rvice Acco	mnlichme	nte			Page
ı aı			_		•	ne in this Part III			
1			ganization's missi		iote to any in	ne in this Part III	<u></u>		
_	•				ACADEMIC	FREEDOM, TOLER	RANCE, AND EXPE	RIMENTATIO	N. OUR FUTURE WILL BE
SHAP	ED BY THE	QUALITIES	THAT HAVE DEFIN	NED OUR PAS	ST: (CONTINU	JED ON SCHEDUL	E O)		
2	Did the o	rganization u	ndertake any sigr	nificant progr	am carvicas	during the year w	which were not lie	ted on	
_		Form 990 or			ani services		· · · · ·		☐ Yes 🔽 No
	•		e new services on	Schedule O					
3						ges in how it cond	lucts, any progra	m	
	services?								. 🗆 Yes 🛂 No
	If "Yes," o	describe these	e changes on Sch	edule O.					
4									measured by expenses. hers, the total expenses,
			r each program s			port the amount	or grants and and	ocations to oti	iers, the total expenses,
4a	(Code:	DDOCDAM TU) (Expenses \$		•	uding grants of \$) (Revenue \$	477,070,699)
									RVICE ACTIVITIES. THE 158 DEGREE STUDENTS AND 5,603
						VICE ACTIVITIES EN DIVIDUALS AND GRO			REAS OF EDUCATION, LEARNING
						3111307.237.113 0.11			
4b	(Code:) (Expenses \$	150,1	.79,720 inclu	uding grants of \$	150,179,720) (Revenue \$	0)
									RING FINANCIAL SUPPORT TO
) WORK STUDY PROGRAMS, WHICH JDENTS RECEIVED INSTITUTIONAL
	SCHOLARS AWARDS.	HIPS AND 9,16	4 STUDENTS RECEI	VED AT LEAST	ONE FORM OF	INSTITUTIONAL OR	PUBLIC SCHOLARS	HIPS, GRANTS,	LOANS, OR WORK STUDY
	7,447,4125.								
4c	(Code:) (Expenses \$	130,0)59,924 inclu	uding grants of \$	0) (Revenue \$	0)
									DENT SERVICES. ACADEMIC
									LOPMENT, FOR ITS PRIMARY
	STUDENTS	' EMOTIONAL A		-BEING AND T					SIDE THE CONTEXT OF THE
	UNIVERSIT	1 3 FORMAL IN	31KUCTIONAL PRO	JRAMJ.					
	(Code:) (Expenses \$	43.8	803,162 inclu	uding grants of \$	0) (Revenue \$	33,295,533)
	•	REVENUE FOR	DORMITORIES, DIN	-	•		_	, (+	55/255/555 /
			·						
4d	Other pro	gram service	s (Describe in Sc	hedule O.)					
	(Expense	s \$	43,803,162	including gr	ants of \$) (Revenue s	\$	33,295,533)
4e	Total pro	ogram servi	ce expenses 🕨	50	0,557,178				
									Form 990 (2019
						Page 3 ———			
Form	990 (2019))							Page

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
0	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
С	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	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0) (2019)

— Page 4 -

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13,693			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to ve			1c	Yes	

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

	1 1es, complete form 4720, schedule of	لِــــا		• (2212
		F	orm 99	0 (2019
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	- Fage 0			
Form	990 (2019)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		lines <a>
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 38			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10-	Did the averagination have level should be about the second of the secon	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	164		
	ection C. Disclosure	16b		
<u>5e</u> 17	List the states with which a copy of this Form 990 is required to be filed.			
	NY NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

 \square Own website \square Another's website \checkmark Upon request \square Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 Natalie J D Pressey 66 WEST 12TH STREET NEW YORK, NY 10011 (646) 909-3667

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

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- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 (list any hours	Position than one is b	on (do one bo	(C) not ex, u	che inles	eck m ss per	ore son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DAVID VAN ZANDT	60.0			· ·				DEC 444	0	(35, 300
PRESIDENT partial year		Х		Х				856,444	0	625,299
(2) DWIGHT A MCBRIDE	40.0	Х		х				0	0	0
PRESIDENT		^		^				0	U	U
(3) ELLIOT STEIN	1.0	X		х				0	0	0
VICE CHAIR		^		^				0	U	U
(4) FRANCI J BLASSBERG	1.0	Х		Х				0	0	0
VICE CHAIR		^		^				0	U	O
(5) JOSEPH R GROMEK	1.0	×		х				0	0	0
TRUSTEE CHAIR partial year		^		^				0	U	O
(6) SUSAN L FOOTE	1.0	X		х				0	0	0
VICE CHAIR		^		^				0	U	O
(7) ALEXANDER JUTKOWITZ	1.0	Х						0	0	0
TRUSTEE		^						0	U	U
(8) ANTHONY J MANNARINO	1.0	Х						0	0	0
TRUSTEE		_ ^						0	0	
(9) ARNOLD H ARONSON	1.0								0	0
TRUSTEE		X						0	0	0
(10) BETH RUDIN DEWOODY	1.0									
TRUSTEE		X						0	0	0
(11) BEVIS LONGSTRETH	1.0									

(,		Х	1 1		ĺ	l	0
TRUSTEE		X			O		Ŭ
(12) CHARLES R PERRIN	1.0	Х			0	0	0
TRUSTEE		^			O	0	
(13) CHRISTOPHER J CASTANO	1.0						
TRUSTEE		Х			U	0	0
(14) CRAIG BERNECKER	1.0						
TRUSTEE		Х			0	0	0
(15) DANIEL T MOTULSKY	1.0	Х				0	0
TRUSTEE		X			0	0	U
(16) DAVID E MCCLEAN	1.0						0
TRUSTEE		Х			0	0	0
(17) DOMINIQUE BLUHDORN	1.0	V				0	0
TRUSTEE		Х			0		0

——— Page 8 —

Form 990 (2019)

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, u n off or/t	che Inles	s pers	son	(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
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(18) DOUGLAS D DURST TRUSTEE	1.0	хх						0	0	0
(19) FRED A DUST TRUSTEE	1.0	×						0	0	0
(20) JANE DEFLORIO TRUSTEE	1.0	×						0	0	0
(21) JEFFREY GURAL TRUSTEE	1.0	×						0	0	0
(22) JOSHUA SAPAN TRUSTEE	1.0	×						0	0	0
(23) KAY UNGER TRUSTEE	1.0	x						0	0	0
(24) LILIAN SHIAO-YEN WU TRUSTEE	1.0	x						0	0	0
(25) LINDA E RAPPAPORT CHAIR	1.0	x						0	0	0
(26) MALCOLM B SMITH TRUSTEE	1.0	x						0	0	0
(27) MICHAEL E GELLERT TRUSTEE	1.0	×						0	0	0
(28) MICHAEL J JOHNSTON TRUSTEE	1.0	×						0	0	0
(29) NANCYE GREEN TRUSTEE	1.0	×						0	0	0
(30) ROBERT F HOERLE	1.0	x						0	n	0

TRUSTEE					<u> </u>			
31) ROBERT H MUNDHEIM	1.0	Х				0	0	0
RUSTEE 32) SHEILA C JOHNSON								
•	1.0	X				0	0	0
RUSTEE 33) STANLEY P SILVERSTEIN	1.0							
RUSTEE	1.0	X				0	0	0
34) STEVEN H BLOOM	1.0					_		
RUSTEE		X				0	0	0
35) SUSAN U HALPERN	1.0	Х				0	0	0
RUSTEE		^`				,		
36) Ted GoldThorpe	1.0	Х				0	0	0
RUSTEE 37) TIMOTHY L PORTER								
	1.0	X				0	0	0
RUSTEE 38) WILLIAM D ZABEL	1.0							
RUSTEE	1.0	X				0	0	0
39) WILLIAM E HAVEMEYER	1.0	.,						
RUSTEE		X				0	0	0
40) ANNE ADRIANCE	40.0		x			387,287	0	73,613
CHIEF MARKETING OFFICER						33.723.		
41) BRYNA MARY SANGER	40.0		х			327,930	0	68,880
VP, ACADEMIC AFFAIRS 42) DONALD RESNICK								
ORMER CHIEF ENROLLMENT AND SUCCESS	40.0		х			389,180	0	54,127
PFFICER								
43) JENNIFER HOBBS	40.0		х			0	0	0
VP, ADMINISTRATION & CHIEF of STAFF 44) JERRY CUTLER								
,	40.0		Х			327,482	0	64,582
CHIEF LEGAL AND HUMAN RESOURCE OFFICER 45) LIA GARTNER	40.0							
P, DESIGN, CONSTRUCTION AND FACILITIES	40.0		Х			279,525	0	61,039
46) LIN ZHOU	40.0		.,			200 420		40.022
OVP AND CHIEF INFORMATION OFFICER			Х			300,130	0	49,032
47) MARK GIBBEL	40.0		х			404,790	0	72,052
CHIEF DEVELOPMENT OFFICER						,		,
48) MAYA WILEY	40.0		х			214,028	0	34,994
VP, SOCIAL JUSTICE partial year 49) MELANIE HART								
P. INSTITUTIONAL STRATEGY FOR SOCIAL	40.0		х			27,769	0	25,582
USTICE								
50) MICHELLE RELYEA	40.0		х			260,366	0	60,988
SVP, STUDENT SUCCESS 51) OLATOKUMBO SHOBOWALE								
,	40.0		х			429,337	0	41,496
CHIEF OPERATING OFFICER 52) ROY MOSKOWITZ	40.0							
ORMER CHIEF LEGAL OFFICER	40.0		Х			106,508	0	47,136
53) STEVE STABILE	40.0		.,			202 700		44.270
P, FINANCE & BUSINESS AND TREASURER			Х			282,780	0	41,279
54) TIM MARSHALL	40.0		Х			592,181	0	71,066
ROVOST	1.0					332/101	,	7 17000
55) HELEN WUSSOW	40.0			х		305,282	0	41,493
EAN 56) JOEL TOWERS					\vdash			
ORMER DEAN	40.0			Χ		360,994	0	61,689
57) MARY WATSON	40.0				t			
DEAN	40.0			Χ		311,046	0	33,298
58) RACHEL SCHREIBER	40.0			Х		200 122	0	A A74
DEAN				^	1	200,123	U	4,474

(59) RICHARD KESSLER	40.0	Ī	Ī	I ., I		I	222.22	.1	اء		
DEAN				Х			329,987		0		64,547
(60) STEPHANIE BROWNER	40.0			х			264 540		0		42.060
DEAN				^			364,549		U		42,969
(61) WILLIAM MILBERG	40.0			Х			291,647	,	0		60,211
DEAN				^			291,047				00,211
(62) ANNE STOLER	40.0				x		304,509		0		25,886
PROFESSOR					^		304,303		U		23,000
(63) BENJAMIN LEE	40.0				х		337,586		0		61,719
PROFESSOR					^		337,300				01,713
(64) CAROL KIM	40.0				х		287,382		0		53,323
VP, STRATEGIC ENROLLMENT MANAGEMENT					^		207,000				33,323
(65) DEBORAH GIBB	40.0				х		312,664	1	0		26,648
VP, CORPORATE PARTNERSHIPS							,				
(66) T ALEXANDER ALEINIKOFF	40.0				х		254,189		0		54,345
PROFESSOR							25 1,720				3 .,3 .3
1b Sub-Total					•						
c Total from continuation sheets to P	•		•		<u>.</u>		0.045.605		0		1,921,767
d Total (add lines 1b and 1c)					•		8,845,695		U		1,921,767
2 Total number of individuals (including of reportable compensation from the		ose list	ted at	oove)	who r	eceived m	nore than \$1	00,000			
or reportable compensation from the	organizacion P 331										
										Yes	No
3 Did the organization list any former	•	,	•	nploy	ee, or	highest c	ompensated	employee on			
line 1a? If "Yes," complete Schedule .	for such individual	•	•	•	•				3		No
4 For any individual listed on line 1a, is								n the			
organization and related organization individual	s greater than \$150,0		res	, со	mpiete 	Scriedule			١,	V	
			- 	· 					4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization	·			•		_			_		
Services remacrea to the organization	.ii res, complete s	cricaar	C 3 10	,, 500	in pers	<i></i>		<u> </u>	5		No
Section B. Independent Contract											
1 Complete this table for your five high from the organization. Report compet									npens	sation	
nom the organization. Report compet	(A)	ui yeu	r cira	ing v	VICIT 01	Within the	, organizatio	(B)		(0	:)
	and business address							cription of services		Comper	nsation
Compass Group USA Inc							CONTRACTI	JAL SERVICES		4	,708,329
PO Box 91337 Chicago, IL 606931337											
Qwest Contracting Corp							CONTRACTI	JAL SERVICES		2	,462,053
- '											, . ,
153 W 27th Street Suite 502											
New York, NY 100016257 East End Advisors LLC							CONTRACT	JAL SERVICES			040 601
Edst Elid Advisors LLC							CONTRACT	JAL SERVICES		1	,849,601
East End Advisors LLC 610 Fifth Avenue-Suite 506											
New York, NY 10020											
Arthur J Gallagher Risk Management Services Inc							CONTRACT	JAL SERVICES		1	,623,240
500 Victory Road											
Quincy, MA 02171 Knotel Inc							CONTRACTI	JAL SERVICES	\dashv	1	,597,531
							SSITINGET			1	,557,551
29 West 35th Street Floor 2 New York, NM 10001											
2 Total number of independent contractor		mited	to the	ose li	sted at	ove) who	received m	ore than \$100,00	00 of		
compensation from the organization	158									Ганна 00	o (2010)
										Form 99	U (2019)
			Dagg	0							
			Page	3							
Form 990 (2019)											Page 9
Part VIII Statement of Revenue											- 50
Check if Schedule O contains	s a response or note t	o anv	line ir	n this	Part V	III					
				(A)		T .	(B)	(C)	丁	(D))
			Tota		enue/		lated or	Unrelated business		Rever	nue
							xempt inction	revenue	l ta	excluded ax under	
							venue	1	1 "	512 -	

erated campaigns		<u> </u>					
mbership dues draising events 1,253,129 ated organizations 0 ernment grants (con 9,034,775 ther contributions, g		1b					
draising events		1c					
draising events 1,253,129 ated organizations							
ated organizations	5	1d					
ernment grants (con	tributions)	1e					
9,034,775							
anu similar amounts not		s, 1f					
above							
21,578,545 Noncash contributions in	cluded in	I					
lines 1a - 1f:\$		1g					
3,416,291							
Total. Add lines 1a-1	f		31,866,449				
2a TUITION & FEES			Business Code	473,625,844	473,625,844		
<u>I</u>			611310				
AUX ENTERPRISE RE	EV		611310	31,048,264	31,048,264		
AUX ENTERPRISE RECOMMERCIAL CONT	RACTS		611310	149,899	149,899		
SVC OF EDUCATION	DEPT			3,294,955	3,294,955		
J SVC OI LDOCKITOR	DLI I		611310				
	. comvice	rovonuo		0	0	0	
f All other program			508 118 962	0	0	0	
f All other program 9 Total. Add lines 3 Investment income	2a-2f e (includi		508,118,962 erest, and other		0	1	
f All other program g Total. Add lines 3 Investment incomsimilar amounts)	2a-2f e (includi	ng dividends, int	erest, and other	1,008,931 283,992	0	8,937	
f All other program 9 Total. Add lines 3 Investment income	2a-2f e (includi	ng dividends, int tax-exempt bon	erest, and other	1,008,931	0	1	
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from investing the second se	2a-2f e (includi	ng dividends, int tax-exempt bon	d proceeds	1,008,931	0	1	
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from investing the second se	2a-2f e (includi	ng dividends, int	d proceeds	1,008,931	0	1	
f All other program g Total. Add lines 3 Investment income similar amounts) 4 Income from inves 5 Royalties . 6a Gross rents b Less: rental	2a-2fe (includi	ng dividends, int tax-exempt bon (i) Real	d proceeds	1,008,931	0	1	
f All other program g Total. Add lines 3 Investment income similar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income	2a-2fe (includi	ng dividends, int	d proceeds	1,008,931	0	1	
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss)	2a-2f. e (includi	ng dividends, int 	d proceeds (ii) Personal	1,008,931	0	1	28
f All other program g Total. Add lines 3 Investment income similar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income	2a-2f. de (includi de control de	ng dividends, int 	d proceeds	1,008,931 283,992	0	1	28
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income 7a Gross amount from sales of assets other	2a-2f. de (includi de control de	ng dividends, int tax-exempt bon (i) Real 15,106,445	d proceeds (ii) Personal	1,008,931 283,992		1	28
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from investing from the second from the	2a-2f. de (includi de constant) de constant of constan	ng dividends, int	d proceeds (ii) Personal	1,008,931 283,992		1	28
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and	2a-2fe (includi	ng dividends, into	d proceeds (ii) Personal	1,008,931 283,992		1	28
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inves 5 Royalties C Rental income or (loss) d Net rental income Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss)	2a-2fe (includi	ng dividends, into tax-exempt bon (i) Real 15,106,445 15,106,445 (i) Securities 201,047,017 200,499,502 547,515	erest, and other d proceeds iii) Personal (ii) Other	1,008,931 283,992		1	15,10
f All other program 9 Total. Add lines 3 Investment incomesimilar amounts) 4 Income from investing from the service of the	2a-2f e (includi ctment of 6a 6b 6c e or (loss 7a 7b 7c)	ng dividends, into tax-exempt bon (i) Real 15,106,445 15,106,445 s) (i) Securities 201,047,017 200,499,502 547,515 events ,129 of	erest, and other d proceeds iii) Personal (ii) Other	1,008,931 283,992 15,106,445		1	15,10
f All other program 9 Total. Add lines 3 Investment incomesimilar amounts) 4 Income from investing from the service of the	2a-2f. e (includi c ctment of 6a 6b 6c e or (loss 7a 7b 7c)	ng dividends, into tax-exempt bon (i) Real 15,106,445 15,106,445 s) (i) Securities 201,047,017 200,499,502 547,515 events ,129 of	erest, and other d proceeds iii) Personal (ii) Other	1,008,931 283,992 15,106,445		1	999 28. 15,100
f All other program 9 Total. Add lines 3 Investment incomesimilar amounts) 4 Income from investable from services 5 Royalties C Rental income or (loss) d Net rental income or (loss) d Net rental income 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gross income from from the food including \$ contributions reported.	2a-2f. e (includi ctment of 6a 6b 6c e or (loss 7a 7b 7c)	ng dividends, into	erest, and other d proceeds (ii) Personal (iii) Other (iii) Other (iii) Other (iii) Other (iiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1,008,931 283,992 15,106,445		1	15,10

See Part IV, line 19 9a	.1	Ī	İ	İ	
b Less: direct expenses 9b					
c Net income or (loss) from gaming activi	ties				
10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10l c Net income or (loss) from sales of inver					
Miscellaneous Revenue	Business Code				
11a JOURNAL/CONFERENCE FEE	611310	618,949	618,949		
b INDIRECT COST RECOVERY	611310	19,688	19,688		
c COMISSIONS	611310	1,142,074	1,142,074		
d All other revenue	1	466,559	466,559	0	0
e Total. Add lines 11a-11d		2,247,270			
12 Total revenue. See instructions		558,997,855	510,366,232	8,937	16,756,237

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Form 990 (2019) Page **10**

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	•	_	•	
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	y line in this Part IX (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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	150,179,720	150,179,720		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	7,491,833	3,246,242	3,858,760	386,831
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	173,554	173,554		
7 Other salaries and wages	189,015,128	161,978,751	24,688,750	2,347,627
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,770,034	14,963,384	2,558,310	248,340
9 Other employee benefits	39,624,039	39,851,931	-678,655	450,763
10 Payroll taxes	14,040,917	11,823,254	2,021,438	196,225
11 Fees for services (non-employees):				
a Management				
b Legal	743,694	279,817	463,877	
c Accounting	186,000		186,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,377,363		6,377,363	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,397,042	11,450,540	4,558,550	387,952
12 Advertising and promotion	3,766,117	875,686	2,868,236	22,195
13 Office expenses	38,451,499	31,616,815	6,805,083	29,601
14 Information technology	5,730,365	2,132,670	3,560,575	37,120
15 Royalties	291,764	114,342	177,256	166

6 Occupancy	12,876,278	9,769,165	2,972,662	134,451
7 Travel	3,008,344	2,670,579	305,617	32,148
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	686,596	528,044	159,481	-929
0 Interest	23,523,060	21,365,745	2,157,315	
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	26,733,139	21,903,300	4,829,839	
3 Insurance	1,321,376	-2,327	1,323,703	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contract Service Fee	7,688,433	7,688,433		
b Bad debt expense	3,662,803		3,662,803	
c Food service & catering	4,446,364	4,140,603	177,164	128,597
d Library	1,802,521	1,759,458	30,796	12,267
e All other expenses	3,323,756	2,047,472	1,274,084	2,200
5 Total functional expenses. Add lines 1 through 24e	579,311,739	500,557,178	74,339,007	4,415,554
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2019) Page **11** Part X Balance Sheet

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,581,468	1	5,663,093
	2	Savings and temporary cash investments .		[890,866	2	500,614
	3	Pledges and grants receivable, net			35,254,616	3	33,233,329
	4	Accounts receivable, net			15,091,097	4	21,295,777
	5	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$			0	6	0
93	7	Notes and loans receivable, net	eceivable, net				507,630
ssets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	es		13,146,361	9	12,991,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	979,419,778			
	b	Less: accumulated depreciation	10b	246,170,413	744,361,225	10c	733,249,365
	11	Investments—publicly traded securities .			227,868,646	11	213,165,868
	12	Investments—other securities. See Part IV, line	11 .		197,788,457	12	216,930,386
	13	Investments—program-related. See Part IV, line	e 11 .	. [2,570,910	13	2,349,483
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[22,945,683	15	23,190,197
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	1,261,758,123	16	1,263,076,833
	17	Accounts payable and accrued expenses			73,247,495	17	71,868,371
	18	Grants payable				18	
	19	Deferred revenue			12,921,885	19	9,401,895
	20	Tax-exempt bond liabilities			595,443,377	20	615,904,803
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
.Φ	۱			Г			<u> </u>

Liabilit	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	0	22			0
Ë	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,601,360	25		1	,289,953
	26	Total liabilities. Add lines 17 through 25	683,214,117	26		698	,465,022
S		Organizations that follow FASB ASC 958, check here					
Balances		complete lines 27, 28, 32, and 33.		ļ			
ala	27	Net assets without donor restrictions	361,841,558	27		350	,615,091
9	28	Net assets with donor restrictions	216,702,448	28		213.	,996,720
Fund		Organizations that do not follow FASB ASC 958, check here $ ightharpoonup$ and					
or F	29	complete lines 29 through 33. Capital stock or trust principal, or current funds	l	29			
	30	Paid-in or capital surplus, or land, building or equipment fund		30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31			
	32	Total net assets or fund balances	578,544,006	32		564	,611,811
Net	33	Total liabilities and net assets/fund balances	1,261,758,123	33			,076,833
~	33	total liabilities and fiet assets/fullu balances	1,201,700,120	33			0 (2019)
					Г	01111 33	U (2019)
		Page 12 ————					
		(2019)					Page 12
Pa	art XI	Reconcilliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI		· ·	<u> </u>	<u> </u>	✓
	Take	al revenue (revet equal Det VIII ealures (A) line 12)				FF0	007.055
1		al revenue (must equal Part IV, column (A), line 12)		1			,997,855
2		al expenses (must equal Part IX, column (A), line 25)		2			,311,739
3		renue less expenses. Subtract line 2 from line 1		3			,313,884
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5			,544,006 ,878,289
5		unrealized gains (losses) on investments		6		0,	,070,205
6 7		estment expenses		7			
8		or period adjustments		8			
9		er changes in net assets or fund balances (explain in Schedule O)		9		-2	,496,600
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part)					,611,811
	art XII	Financial Statements and Reporting	x, line 32, column (B))	10		304	,011,611
Г	ai t Aii	• •					
		Check if Schedule O contains a response or note to any line in this Part XII		• • •		Yes	No
						163	110
1		ounting method used to prepare the Form 990: $\ \square$ Cash $\ ec{oldsymbol{arphi}}$ Accrual $\ \square$ (he organization changed its method of accounting from a prior year or checked "Othe	Other				
		edule O.	н, ехріані ні				
2a	a Wer	re the organization's financial statements compiled or reviewed by an independent ac	countant?		2a		No
		'es,' check a box below to indicate whether the financial statements for the year were	e compiled or reviewed	on a			
	sep	arate basis, consolidated basis, or both:					
		\square Separate basis \square Consolidated basis \square Both consolidated and se	parate basis				
b	Wer	re the organization's financial statements audited by an independent accountant?			2b	Yes	
	If 'Y	'es,' check a box below to indicate whether the financial statements for the year were solidated basis, or both:	e audited on a separate	basis,			
		Separate basis Consolidated basis Both consolidated and se	parate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes respons he audit, review, or compilation of its financial statements and selection of an indepe			2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the t	ax year, explain in Sche	dule O.			1
2-	Δε	a result of a federal award, was the organization required to undergo an audit or aud	its as set forth in the Si	nale			1
36		it Act and OMB Circular A-133?	its as sectional in the Si	iigie	За	Yes	<u> </u>
b	If "	Yes," did the organization undergo the required audit or audits? If the organization di it or audits, explain why in Schedule O and describe any steps taken to undergo sucl	id not undergo the requ	ired	3 h	Voc	

Additional Data Return to Form

TIN: 13-3297197

SCHEDULE A

(Form 990 or 990EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

	e of ti ew Scho	ne organization					Employer identific	ation number
							13-3297197	
	rt I	Reason for Public ation is not a private fou					See instructions.	
_	organiz	·		•	,	, ,	,,.	
1		A church, convention of	•					
2	\checkmark	A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital or a coopera	tive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organizer, city, and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in secti	on 170(b)(1)(A	()(v).	
7		An organization that no section 170(b)(1)(A)	(vi). (Complete	Part II.)			init or from the genera	al public described in
8		A community trust desc	cribed in section	170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organization organiz	zed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organizemore publicly supported in lines 12a through 12	d organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting o organization(s) the pow complete Part IV, See	rganization oper ver to regularly a	ated, supervised, or composite or elect a major	ontrolled by its s	supported organi	zation(s), typically by	
b		Type II. A supporting management of the sup must complete Part I	porting organization	ation vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the or integrated, or Type III				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u> </u>	_
g		Provide the following in						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		panization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 1128	<u> </u> 5F :	l Schedule A (Form 9	90 or 990-EZ) 2019
		or 990-EZ.						,
				Pa	ge 2 ———			
Sche	dule A	(Form 990 or 990-EZ) 2	019					Page 2
Pa	rt II	(Complete only if	you checked th	ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qua	
	-4!-		tailed to qual	ify under the tests l	isted below, p	lease complete	e Part III.)	
Se	ction	A. Public Support						

(or	fiscal year beginning in)	\-,	·-/	\ - ,	\ - ,	\ - ,	,
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	38,686,211	39,162,868	36,697,218	36,684,403	31,866,449	183,097,149
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	38,686,211	39,162,868	36,697,218	36,684,403	31,866,449	183,097,149
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	35/355/222	33,722,000	56,657,7210	56,561,7.65	52,600,1.5	8,233,979
6	Public support. Subtract line 5 from line 4.						174,863,170
	ection B. Total Support						
	endar year fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	38,686,211	39,162,868	36,697,218	36,684,403	31,866,449	183,097,149
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,777,980	15,402,627	20,657,602	19,128,408	16,390,431	85,357,048
9	Net income from unrelated business activities, whether or not the business is regularly carried on	23,799	16,520	361,026	110,528	0	511,873
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	155,250	157,460	137,880	99,030	82,547	632,167
11	Total support. Add lines 7 through						269,598,237
12	10 Gross receipts from related activities,	etc. (see instructi	ons)			12	2,357,111,561
13	First five years. If the Form 990 is for	or the organization	n's first, second, tl	nird, fourth, or fiftl	n tax vear as a sec		
	check this box and stop here	_			-		
S	ection C. Computation of Publi	c Support Per	centage				
	ection C. Computation of Publi Public support percentage for 2019 (li			column (f))		14	64.86 %
14	ection C. Computation of Publi Public support percentage for 2019 (li Public support percentage for 2018 So	ne 6, column (f) o	divided by line 11,			14	64.86 %
14 15	Public support percentage for 2019 (li	ne 6, column (f) c chedule A, Part II,	divided by line 11, line 14			15	
14 15 16a	Public support percentage for 2019 (li Public support percentage for 2018 So 33 1/3% support test—2019. If the and stop here. The organization qual 33 1/3% support test—2018. If the	ne 6, column (f) of the dule A, Part II, organization did lifies as a publicly e organization did	livided by line 11, line 14	on line 13, and line ation	 e 14 is 33 1/3% or and line 15 is 33 1/	more, check this	box • ✓ k this
14 15 16a b	Public support percentage for 2019 (li Public support percentage for 2018 So 33 1/3% support test—2019. If the and stop here. The organization qual	ne 6, column (f) of the dule A, Part II, organization did lifes as a publicly e organization did n qualifies as a puint—2019. If the organization meets the "fact	livided by line 11, line 14	on line 13, and line ation	e 14 is 33 1/3% or and line 15 is 33 1, ne 13, 16a, or 16b is box and stop he	more, check this	box • ✓ k this
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14 15 16a b 17a b 18 School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] School [] S	Public support percentage for 2019 (li Public support percentage for 2018 Sc 33 1/3% support test—2019. If the and stop here. The organization qual 33 1/3% support test—2018. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets organization	ne 6, column (f) of chedule A, Part II, organization did lifies as a publicly e organization did nequalifies as a publict—2019. If the organization did neets the "facts the "facts and cin meets the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the "facts at the	divided by line 11, line 14	on line 13, and line ration	e 14 is 33 1/3% or	more, check this	box
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3	Gross receipts from activities that are	I	İ	1	I	I	Ī		
	not an unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b					<u> </u>	+		
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	1	1			1			
	fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) To	otal	
9	Amounts from line 6						-		
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on.						<u> </u>		
12	Other income. Do not include gain or loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						+		
	11, and 12.) First five years. If the Form 990 is for	the examination	la first second t	hind fourth or fift	h tay year as a s	action F01(a)(2)	ranniza	ation	
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If you che d 12c of Part I, con ed by name in the ations are designationship, explain. mat does not have rganization deterications of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	column (f))	I, complete Section, D, and E. 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	and passes support tooks assess section to starter, and sections and are all and section and section and and	1		ı
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
	provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	Ju		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2019
	Page 5			
. .	LL 4 (5 000 000 57) 2040			_
	dule A (Form 990 or 990-EZ) 2019		F	Page 5
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	.40
	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.			
,		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	organization.			I

Section C. Type II Supporting Organizations

					Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	ı contr	ol or management of the	1				
Se	ection D. All Type III Supporting Organizations		,			<u> </u>		
					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durir Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).							
3	By reason of the relationship described in (2), did the organization's supported organicorganization's investment policies and in directing the use of the organization's income year? If "Yes," describe in Part VI the role the organization's supported organizations	e or as	sets at all times during the tax					
Se	ction E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):				
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. Complete	e line :	3 below.					
c	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)			
,	Activities Test. Answer (a) and (b) below.							
2	· · · · · · · · · · · · · · · · · · ·				Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part V	/I identify those supported how the organization was	2-				
ь	Did the activities described in (a) constitute activities that, but for the organization's in	nvolve	ment one or more of the	2a				
	organization's supported organization(s) would have been engaged in? If "Yes," explaid organization's position that its supported organization(s) would have engaged in these involvement.	in in P	art VI the reasons for the	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.			20				
	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? <i>Provide details in Part VI</i> .	icers, o	directors, or trustees of each of	3a				
b	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b				
			Schedule A (Form 99	0 or 99)0-EZ)	2019		
	Page 6 ———							
Scho	dule A (Form 990 or 990-EZ) 2019							
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations			Page 6		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.	st on I	Nov. 20, 1970 (explain in Part V	I). See)			
	Section A - Adjusted Net Income	10115 1		(B) Curi	rent Yea	ır		
	Section A Adjusted Net Income	T		(optio	onal)			
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	3						
<u>3</u>	Other gross income (see instructions) Add lines 1 through 3	4						
	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7		7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			-			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curr (optio	rent Yea onal)	r		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						

a	Iotal (add lines 1a, 1b, and 1c)		10		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use	e assets	2		
3	Subtract line 2 from line 1d		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of lininstructions).	ne 3 (for greater amount, see	4		
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5		
6	Multiply line 5 by .035		6		
7	Recoveries of prior-year distributions		7		
8	Minimum Asset Amount (add line 7 to line 6)		8		
	Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, lir	ne 8 Column A)	1		
2	Enter 85% of line 1	ic o, column , ,	2		
3	Minimum asset amount for prior year (from Section B,	line 8 Column A)	3		
4		ille o, coluilli A)	4		
	Enter greater of line 2 or line 3				
5	Income tax imposed in prior year		5		
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6		
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	integrat		
				Schedule A ((Form 990 or 990-EZ) 2019
		Page 7			
Sche	dule A (Form 990 or 990-EZ) 2019				Page 7
Pa	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organ	izations (continued	d)
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	
	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval require	d)			
6	Other distributions (describe in Part VI). See instruction	ns			
7 1	Total annual distributions. Add lines 1 through 6.				
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (pro	ovide	
9	Distributable amount for 2019 from Section C, line 6				
10 l	ine 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
1 [Distributable amount for 2019 from Section C, line 6				
(Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in Part VI). iee instructions.				
	excess distributions carryover, if any, to 2019:				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
i (Carryover from 2014 not applied (see instructions)				
	emainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Di	stributions for 2019 from Section D, line 7:				
-					•

a Applied to underdistributions of prior years	<u></u>	<u></u>	
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. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. 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			
	Page 8 ———	Schedule A (F	(Form 990 or 990-EZ) (2019)
Schedule A (Form 990 or 990-EZ) 2019			Page 8
Part VI Supplemental Information. Provide the expl. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Par on E, lines 1c, 2a, 2b, 3a and 3	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Secti	2; Part IV, Section C, line 1; tion B, line 1e; Part V
Fa	acts And Circumstances Tes	of	
	ICIS AIIG OII GUIII GUIII GUI	<u>,,, </u>	

Return Reference Explanation

Schedule A, Part II, Line 10 Other Income

DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 155250.0, COLUMN B - 157460.0, COLUMN C - 137880.0, COLUMN D - 99030.0, COLUMN E - 82547.0, COLUMN F - 632167.0;

Schedule A (Form 990 or 990-EZ) 2019

Additional Data Return to Form

Software ID: 19010655 **Software Version:** 2019v5.0 efile Public Visual Render

ObjectId: 202101349349301830 - Submission: 2021-05-14

TIN: 13-3297197 OMB No. 1545-0047

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. 2019 Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** The New School 13-3297197 Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)() (enter number) organization □ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation. 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2019) for Form 990, 990-EZ, or 990-PF. Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2019)
Schedule B Name of org The New Sci	(Form 990, 990-EZ, or 990-PF) (2019) lanization	Employer identification	Page 3
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	13-3297197	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$\$	-
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	Description of noncast		(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2019) Page 4
Name of or The New S	rganization			ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) the e total of exclusively religious, ch estructions.) ► \$	rough (e) and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	_ (c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 F	Relationship of transferor	to transferee
(a)	(h) Durnoss of sife	(a) Has of sife	/d\ Dagas	vintion of how gift is hold

Part I	(b) Purpose of glit		(c) use of gift	(a) Description of now grit is need
. <u> =</u>	Transferee's name, address, and		e) Transfer of gift Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
· <u>=</u>	Transferee's name, address, and		e) Transfer of gift Relationshi	p of transferor to transferee
			Schedu	le B (Form 990, 990-EZ, or 990-PF) (2019)

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

TIN: 13-3297197 OMB No. 1545-0047

Open to Public Inspection

	of the organization w School	Employer identification number
ine ive	. 50,100,	13-3297197
Part	Organizations Maintaining Donor Advised Funds or Other Similar Funds of Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	r Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
To	tal number at end of year	
Ag	gregate value of contributions to (during year)	
Ag	gregate value of grants from (during year)	
Ag	gregate value at end of year	
	id the organization inform all donors and donor advisors in writing that the assets held in donor adviganization's property, subject to the organization's exclusive legal control?	
cl	id the organization inform all grantees, donors, and donor advisors in writing that grant funds can l naritable purposes and not for the benefit of the donor or donor advisor, or for any other purpose corivate benefit?	
art 1	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
Pı	urpose(s) of conservation easements held by the organization (check all that apply).	
ſ		historically important land area
(, ,
(ertified historic structure
L	☐ Preservation of open space	
e	omplete lines 2a through 2d if the organization held a qualified conservation contribution in the for asement on the last day of the tax year.	m of a conservation Held at the End of the Year
To	tal number of conservation easements	2a
	tal acreage restricted by conservation easements	2b
Nι	umber of conservation easements on a certified historic structure included in (a)	2c
	umber of conservation easements included in (c) acquired after 7/25/06, and not on a historic ructure listed in the National Register	2d
	umber of conservation easements modified, transferred, released, extinguished, or terminated by t ax year •	he organization during the
N	umber of states where property subject to conservation easement is located >	
	oes the organization have a written policy regarding the periodic monitoring, inspection, handling condenses and enforcement of the conservation easements it holds?	of violations,
S	taff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserves.	vation easements during the year
D	oes each conservation easement reported on line 2(d) above satisfy the requirements of section 17 on section 170(h)(4)(B)(ii)?	70(h)(4)(B)(i)
b	n Part XIII, describe how the organization reports conservation easements in its revenue and expen alance sheet, and include, if applicable, the text of the footnote to the organization's financial state he organization's accounting for conservation easements.	se statement, and
rt I	II Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
hi	the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement istorical treasures, or other similar assets held for public exhibition, education, or research in further art XIII, the text of the footnote to its financial statements that describes these items.	
hi	the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and istorical treasures, or other similar assets held for public exhibition, education, or research in further sillowing amounts relating to these items:	
(i) F	Revenue included on Form 990, Part VIII, line 1	▶\$
	ssets included in Form 990, Part X	
If	the organization received or held works of art, historical treasures, or other similar assets for finar ollowing amounts required to be reported under FASB ASC 958 relating to these items:	
	evenue included on Form 990, Part VIII, line 1	> \$
	ssets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· ————————————————————————————————————
~	oocoo maaaca iii totiii ooga tare A	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2019 Page **2**

Par	t III	Organizations Maintaining C	Collections of Art,	Historical Tr	easures, o	r Other S	Similar Asse	e ts (continu	ıed)
3		the organization's acquisition, access (check all that apply):	sion, and other record	s, check any of t	the following	that are a	significant use	of its collec	tion
а	\checkmark	Public exhibition		d 🗌	Loan or exch	ange prog	rams		
b	✓	Scholarly research		e 🗸	Other Educa	ition			
C		Preservation for future generations							
4	Provide Part >	de a description of the organization's KIII.	collections and explair	n how they furth	er the organi	zation's ex	empt purpose	in	
5		g the year, did the organization solici s to be sold to raise funds rather thar						Yes	☑ No
Pa	rt IV	Escrow and Custodial Arran- Complete if the organization ar line 21.		orm 990, Part	IV, line 9, o	r reported	d an amount	on Form 9	90, Part X,
1a		e organization an agent, trustee, custo ded on Form 990, Part X?					not 	Yes	□ No
ь	If "Ye	es," explain the arrangement in Part X	III and complete the f	following table:			Amo	ount	
c		ning balance	·	_		1c			
d	_	_				1d			
e		ions during the year				1e			
		butions during the year				1f			
f	Endin	g balance				11			
2a	Did th	ne organization include an amount on	Form 990, Part X, line	e 21, for escrow	or custodial a	account lia	bility? [Yes	□ No
b	If "Ye	s," explain the arrangement in Part X	III. Check here if the	explanation has	been provide	d in Part X	ш С		
Pa	rt V	Endowment Funds.							
		Complete if the organization ar							
	D	to a constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant to the constant	(a) Current year	(b) Prior year			(d) Three years		ur years back
	-	ing of year balance	399,256,394	· ·		68,027,801	322,316		346,851,500
		outions	6,440,704	1		10,849,658	10,068	-	1,459,200
С	Net inv	estment earnings, gains, and losses	4,006,730			28,772,777	50,726	5,974	-10,875,270
d	Grants	or scholarships	12,570,801	12,391	,043	12,261,195	11,399	€,069	10,716,760
е		expenditures for facilities ograms	3,655,993	3,833	,389	3,257,980	3,684	4,386	4,402,549
f	Admini	strative expenses							
g	End of	year balance	393,477,034	399,256	,394 3	92,131,061	368,027	7,801	322,316,121
2 a		de the estimated percentage of the cu I designated or quasi-endowment ►	irrent year end baland 61.98 %	e (line 1g, colur	nn (a)) held a	as:			
b	Perm	anent endowment ► 24.25 %							
		endowment 13.77 %							
С		percentages on lines 2a, 2b, and 2c sh	ould equal 100%						
За	Are th	nere endowment funds not in the positization by:	•	ation that are he	eld and admin	istered for	the	[-	Yes No
	_	nrelated organizations						3a(i)	No
	(ii) R	elated organizations						3a(ii)	No
b	If "Ye	s" on 3a(ii), are the related organizat	ions listed as required	on Schedule R?	·			3b	
4	Descr	ibe in Part XIII the intended uses of t	he organization's end	owment funds.					
Pa	rt VI	Land, Buildings, and Equipm							
		Complete if the organization ar							_
	Descri		other basis (b) Costment)	st or other basis (o	ther) (c) Aco	cumulated d	epreciation	(d) Boo	k value
1a	Land			81,10	7,431				81,107,431
b	Buildin	gs		771,95	6,622	1	182,042,774		589,913,848
		old improvements		79,14	1,554		44,184,317		34,957,237
		nent		39,68			19,943,322		19,746,030
					4,819		- //		7,524,819
		ines 1a through 1e. (Column (d) mus	st equal Form 990. Pa	<u> </u>	-		•		7,324,819
				.,(D)	, = = = (=) •)	-	-		, 55,245,505

Schedule D (Form 990) 2019

(1) Federal income taxes

Juliedale D (101111 220) 2012 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INVESTMENTS - HEDGE FUNDS 157,007,816 F (B) INVESTMENTS - PRIVATE EQUITY 29,690,955 F (C) INVESTMENTS - REAL ASSETS F 30,231,615 (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 216,930,386 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 (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (2) (3) (4) (5) (6) (7) (8) (9) (10) **Total.** (Column (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. **Part IX** 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 (2) (3) (4) (5) (6) (7) (8) (9) (10)**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Part X Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1.

72)		1
3)		
4)		
5)		
6)		
7)		
7)		
(8)		
9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.		1,289,953
	de the text of the footnote to the organization's financial s	
organization's liability for uncertain tax positions under I	FIN 48 (ASC 740). Check here if the text of the footnote ha	as been provided in Part XIII 💟
		Schedule D (Form 990) 2019
	D 4	
	Page 4 ———————————————————————————————————	
Schedule D (Form 990) 2019		Page 4
	dited Financial Statements With Revenue per	Return.
Complete if the organization answers Total revenue, gains, and other support per audite	ed 'Yes' on Form 990, Part IV, line 12a.	1
2 Amounts included on line 1 but not on Form 990,		_
a Net unrealized gains (losses) on investments .	·	
b Donated services and use of facilities	 	
c Recoveries of prior year grants		_
d Other (Describe in Part XIII.)	— 1	
e Add lines 2a through 2d		
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12,	but not on line 1:	
a Investment expenses not included on Form 990, F	i i	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 12.)	5
	udited Financial Statements With Expenses pe	r Return.
·	ed 'Yes' on Form 990, Part IV, line 12a.	1
'		1
Amounts included on line 1 but not on Form 990,	1 1	
a Donated services and use of facilities	2a 2b	_
b Prior year adjustments		_
d Other (Describe in Part XIII.)		_
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, b		3
a Investment expenses not included on Form 990, F		
b Other (Describe in Part XIII.)	·	_
c Add lines 4a and 4b		_{4c}
	ual Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	•	1
•	and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also con		
Return Reference	Explanation	ı
schedule D, Part III, Line 1a Collections of art - financia tatement footnote	The university's art collection consists of works of art, in sculptures that are held for the purposes of public exhib items is cataloged, preserved, and cared for, and activiti their condition are performed by the university's curator through purchases and contributions since the university the consolidated balance sheets. Purchases of collection contributed collection items are not reported as contribu	ition, education, and research. Each of t es verifying their existence and assessin s. The art collection, which was acquirec 's inception, is not recognized as an ass items are recorded as expenses and
	increases in net assets without donor restrictions.	nions. Proceeds from sales die reflected
Schedule D, Part III, Line 4 Collections of art - lescription of collections	The mission of The New School art collection, in recognit	
SACTIPUIDIT OF COHECUOTS	vehicle for sociopolitical change, is to advance the impor	tance or art as an agent for personal an

collective transformation. As a curricular resource for all areas of study, the role of the collection is to conserve, interpret, and present works of art to the students, faculty, and greater community. New acquisitions support the vision of the university as an environment for innovative thinking and artistic experimentation. HISTORY OF THE COLLECTION The university's legacy of supporting the freedom of artistic expression began in 1931 with the commissioning of two historically significant mural cycles: Jose Clemente Orozco's A Call for Revolution and Universal Brotherhood, and Thomas Hart Benton's epic America Today. Over the years, the university has hosted a roster of accomplished artists, writers, dancers, designers, historians, social scientists, and philosophers, creating a flourishing laboratory for experimentation and innovation. As an institution that embraced such diverse figures as poet Robert Frost, anthropologist Margaret Meade, art historian Meyer Schapiro, and composer/conceptual artist John Cage, The New School has always stood at the forefront of self-discovery and visionary social, intellectual, and aesthetic experimentation. The New School art collection was established in 1960 with a grant from the Albert A. List Foundation. The collection, grown to approximately 2,081 postwar and contemporary works of art, includes examples in almost all media by some of the most innovative and creative artists of our time. Installed throughout the university campus and transforming the public spaces into lively forums for examining contemporary art, the collection offers students and faculty a rare opportunity to engage with art on a daily basis, making it a distinctive component of their educational experience. The collection has continued its tradition of incorporating site-specific works into its public spaces.

Schedule D, Part V, Line 4 Intended uses of endowment

The university's endowment is composed of approximately 332 individual funds established for a variety of purposes, including scholarships, professorships, faculty development, lectures, and research programs. The endowment consists of both donor restricted endowment funds and funds designated by the board of trustees to function as endowments. Net assets associated with endowment funds, including funds functioning as endowments, are classified and reported based on the existence or absence of donor imposed restrictions. THE UNIVERSITY'S INDIVIDUAL ENDOWMENT FUNDS ARE POOLED FOR INVESTMENT PURPOSES. THE INVESTMENT PORTFOLIO IS MANAGED TO ACHIEVE A PRUDENT LONG TERM RETURN. THE UNIVERSITY RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE UNIVERSITY TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY BASED INVESTMENTS TO ACHIEVE ITS LONG TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. THE ENDOWMENT ASSETS ARE INVESTED TO PROVIDE A REAL TOTAL RETURN THAT PRESERVES THE PURCHASING POWER OF THE ENDOWMENT, WHILE GENERATING AN INCOME STREAM TO SUPPORT THE ACADEMIC ACTIVITIES OF THE UNIVERSITY. ACTUAL RETURNS MAY VARY FROM THIS GOAL IN ANY GIVEN YEAR. The university's endowment spending policy is designed to provide a sustainable and predictable flow of funds to support annual operations. The spending policy is intended to balance current spending needs and to preserve the endowment's future purchasing power. The university applies a board specified spending rate to a moving average of endowment investment funds. The purpose of using a moving average is to smooth out any wide fluctuations in the market value. Endowment earnings in excess of the spending rate are added back to the principal of the endowment investments. Prior to fiscal year 2012, the board specified spending rate was 5%. Beginning with fiscal year 2012, the spending rate was reduced to 4% using a "soft landing" approach. The fiscal year 2011 appropriation will be used as the annual appropriation until the investment portfolio increases sufficiently over time to result in an effective 4% spending rate. Thereafter, the 4% spending rate would be applied against the average of the previous 16 quarters' fair value of the endowment portfolio.

Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote

The university is exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, except for any unrelated business income activities. The university recognizes the effects of income tax positions only if those positions are more likely than not of being sustained. The university evaluates, on an annual basis, the effects of any uncertain tax positions on its consolidated financial statements. As of June 30, 2020 and 2019, the university has not identified or provided for any such positions.

Schedule D (Form 990) 2019

Additional Data Return to Form

Software ID: 19010655 **Software Version:** 2019v5.0 efile Public Visual Render

ObjectId: 202101349349301830 - Submission: 2021-05-14

TIN: 13-3297197 OMB No. 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

2019

► Go to www.irs.gov/Form990EZ for the latest information.

Open to Public Inspection

Name of the organization
The New School

Part I

Employer identification number

13-3297197

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No,"			
	please explain. If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

Cat. No. 50085D

Schedule E (Form 990 or 990-EZ) (2019)

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

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	A general statement of non-discrimination is included in all advertisement and other printed media relating to the recruitment of students and employees.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The university receives various forms of financial aid from the government to support financial assistance provided to the students. The types of government assistance the university receives includes the following: -Federal Pell Grant - Federal Supplemental Educational Opportunity Grant (SEOG) -Federal Direct Loan Program -Federal Work Study Program The university receives government funding to support its organized research programs. These governmental grants help to further the university's mission by supporting organized research efforts in the areas of education, training, and public services. The public agencies that support the university's research activities are: -National Science Foundation - Department of Health and Human Services -United States Department of Education -United States Department of Energy -United States Department of Defense -Department of Veterans Affairs -The National Endowment for the Arts - The National Endowment for the Humanities

Schedule E (Form 990 or 990-EZ) (2019)

Additional Data Return to Form

Software ID: 19010655 **Software Version:** 2019v5.0

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TIN: 13-3297197 OMB No. 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

2019

Open to Public Inspection

Department of the Treasury Name of the organization

Employer identification number

The New Sch		13-3297197
Part I	General Information on Activities Outside the United States. Complete if the Form 990, Part IV, line 14b.	e organization answered "Yes" on

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used ☐ Yes ☐ No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Investments		142,474,890
Central America and the Caribbean	0	8	Program Services	RECRUITING, RESEARCH	45,920
Europe (Including Iceland and Greenland)	0	92	Program Services	RECRUITING, RESEARCH	836,527
Middle East and North Africa	0	2	Program Services	RECRUITING, RESEARCH	12,763
North America (Canada & Mexico only)	0	39	Program Services	RECRUITING, RESEARCH	621,572
South America	0	17	Program Services	RECRUITING, RESEARCH	181,276
South Asia	0	14	Program Services	RECRUITING, RESEARCH	75,572
Sub-Saharan Africa	0	5	Program Services	RECRUITING, RESEARCH	31,406
East Asia and the Pacific	0	125	Program Services	RECRUITING, RESEARCH	806,627
3a Sub-total	0	302			145,086,553
b Total from continuation sheets to Part I	0	0			(
c Totals (add lines 3a and 3b)	0	302			145,086,553

	—— Page 2 ————	

Schedule F (Form 990) 2019 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

		, ·			•	'		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	İ	İ	i	İ	İ		

ĺ				I	1			Ī
Enter total number of re	ciniont organization	us listed above th	at are recognized a	s charities by the foreign	country rocog	nizod ac t	tay.	
exempt by the IRS, or fo	or which the grante	e or counsel has	provided a section 5	501(c)(3) equivalency lett				
Enter total number of ot	her organizations o	r entities					Sche	dule F (Form 990) 201
				— Page 3 ————				
hedule F (Form 990) 2019	4b A	A . Y divide a la	O. 4 - 1 d - 4 b - 1 l - 14		Al			Page
Part III can be	duplicated if addi	tional space is n	eeded.	ed States. Complete if			1	
a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount noncash assistance		(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							Sched	ule F (Form 990) 2019
				— Page 4 ————				
chedule F (Form 990) 2019 Part IV Foreign Forms						Page 4		
Was the organization a U organization may be requ				k year? If "Yes," the o a Foreign Corporation (see				
Instructions for Form 926	5)				Yes	□No		
2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)								
3 Did the organization have may be required to file Fo (see Instructions for Forn	n Return of U.S. Per	n ✓ Yes	□No					
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .						□No		
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)								
6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).						✓ No		
				Schedu	le F (Form 990) 2019	_	
				— Page 5 ————				
						_		

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
	Schedule F (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

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ObjectId: 202101349349301830 - Submission: 2021-05-14

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, lines 17, 18, or 19, or if the

TIN: 13-3297197 OMB No. 1545-0047

2019

lepartment of the Treasury internal Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, li 990 or Form 990-EZ. instructions and the latest in			Open to Public Inspection
lame of the organization he New School	•						Employer ide	entification number
Tie New School							13-3297197	
Part I Fundraisin	g Activit	ies. Complete if	the orga	nization	answered "Yes" on Fo	orm 990, I	Part IV, line 1	17.
Form 990-E	Z filers a	re not required t	o comple	ete this	part.			
Indicate whether th	e organizat	ion raised funds th	rough an	y of the f	ollowing activities. Check	all that app	oly.	
a Mail solicitations	;			•	Solicitation of non	-governmei	nt grants	
b Internet and em	ail solicitat	ions		1	Solicitation of gov	ernment gr	ants	
c Phone solicitatio	ns			g	Special fundraising	g events		
d In-person solicit	ations							
					vidual (including officers, on with professional fundi		icoc2	es 🗆 No
b If "Yes," list the 10 to be compensated				draisers)	pursuant to agreements	under whic	h the fundraise	er is
i) Name and address of or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	or ret fundrais	ount paid to ained by) er listed in I. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
otal								
List all states in which licensing.	the organ	ization is registered	d or licens	sed to sol	icit contributions or has t	een notified	d it is exempt	from registration or
:========								
or Paperwork Reduction A	act Notice, s	ee the Instructions	for Form	990 or 99	O-EZ. Cat. No.	50083H	Schedule G	(Form 990 or 990-EZ) 201
				— Ра	age 2 ————			
chedule G (Form 990 or	000-E7) 20	110						Page

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Parsons Benefit	Drama NS Weekend		col. (c))
		(event type)	(event type)	(total number)	
ue					
Revenue					
R					
		1 201 176	44 500		4 225 676
	1 Gross receipts	1,291,176			1,335,676
	2 Less: Contributions	1,210,879	42,250		1,253,129
	line 2)	80,297	2,250	C	82,547
	4 Cash prizes				
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
xbe	7 Food and beverages	581			581
ш ы	8 Entertainment		14,428		14,428
Öire	9 Other direct expenses	207,964	41,283		249,247
-	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			264,256
	11 Net income summary. Subtract line 10	from line 3, column (d)			-181,709
Par	t III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	
11210	on Form 990-EZ, line 6a.				T
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve			5ge, p. eg. ess. e 5ge		(a) amough com(c)/
	1 Gross revenue				
enses	2 Cash prizes				
xbe	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
Ë					
	5 Other direct expenses				
	S Valuntaan lahan	☐ Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	☐ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activ	ties:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
					I
10a					
b	If "Yes," explain:				
	·				

sche	dule G (Form 990 or 990-EZ) 2019					F	Page 3
11	Does the organization conduct gaming	activities with nonmembers	?		· 🗌 Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		Yes	_	
13	Indicate the percentage of gaming acti	ivity conducted in:				_ 110	
а	The organization's facility			. 13	а		%
b	An outside facility			. 13	b		%
14	Enter the name and address of the per	son who prepares the organ	ization's gaming/special events books a	nd record	s:		
	Name 🕨						
	Address						
15a	Does the organization have a contract revenue?		n the organization receives gaming		· 🗌 Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by	evenue received by the orga	nization 🕨 \$ ar				
C	If "Yes," enter name and address of the	e third party:					
	Name						
	Address						
16	Name ►						
	Gaming manager compensation ► \$.				
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required under state retain the state gaming license? .	e law to make charitable dis	tributions from the gaming proceeds to		· 🗌 Yes	□No	
b	Enter the amount of distributions requi	ired under state law distribut	ed to other exempt organizations or spe	ent	∪ res	U NO	
	in the organization's own exempt activ						
Par			ons required by Part I, line 2b, colu cable. Also provide any additional i				s
	Return Reference		Explanation				
			So	hedule G	(Form 990 or	990-EZ)	2019

Software ID: 19010655 **Software Version:** 2019v5.0

Return to Form

Additional Data

(Form 990)

TIN: 13-3297197

efile Public Visual Render ObjectId: 202101349349301830 - Submission: 2021-05-14

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			Complete if the	_		n to Form	990.					Open to Public Inspection	
Name of the organization The New School										-	loyer identifica	tion number	
Part I General	Informati	ion on Gra	nts and Assist	ance						15-5	1237137		
			substantiate the a						for the grants or assistance	e, and			
		-	edures for monitor									Yes	□ No
			Domestic Organia				ents. Complete	if the or	rganization answered "Yes"	on Form 990	Part IV, line 2	21, for any recipi	ent
(a) Name and addr organization or governmen	ress of	(b) EIN	(c) IRC s (if applic	ection	(d) Amount gran	of cash	(e) Amount of cash assistant		(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of or assistance	f grant
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
2 Enter total number	er of section	501(c)(3) aı	nd government org	anizations	listed in the lin	e 1 table						•	
											<u> </u>		
For Paperwork Reduction	n Act Notice, s	see the Instr	uctions for Form 99).			Cat. N	lo. 50055	5P		Sche	dule I (Form 990	2019
				— Page	2								
Schedule I (Form 990)												F	age 2
			Domestic Individ nal space is needed		nplete if the org	anization	answered "Yes"	on Forr	m 990, Part IV, line 22.				
(a) Type of gran	t or assistand	ce	(b) Number of recipients	of	(c) Amou cash gra		(d) Amoun		(e) Method of valuation (FMV, appraisal, other		Description o	f noncash assista	ance
(1) SCHOLARSHIPS A	ND AWARDS	•	13127		150,179,720)				•			
(1)													
(2)								<u> </u>					
(3)								L					
(4)								L					
(5)								<u> </u>					
(6)													
(7)						<u> </u>		L,_					
	lemental I			nformatio	on required in	Part I, lii	ne 2; Part III,	colum	nn (b); and any other ac	dditional info	rmation.		
Return Reference		Explanati											
Schedule I, Part I, Line Procedures for monitori grant funds.		academic a services is population or economi governmer Program -F the univers research ac	chievement, finance responsible for reg of student financia ic status. The unive it assistance the unive dederal Work Study itty's mission by su ctivities are: -Natio	cial need a ulatory co I aid appli ersity rece liversity re Program pporting on al Science	and other simila ompliance. Stude cants and provietives various for ecceives include the university rorganized researce Foundation - Lector of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context of the context o	r standard ent financi des service ms of final the followi eceives go ch efforts Departmer	s. Student finar al services ensu es that do not d ncial aid from th ng: -Federal Pe overnment fund in the areas of at of Health and	ncial ser ures equ discrimir ne gover Il Grant ing to si educati I Human	ial aid. Student financial air vircies continuously monitor uity by applying all need an aate on the basis of race, g rmment to support financial -Federal Supplemental Ed upport its organized resear ion, training, and public sen Services -United States D onal Endowment for the Ar	rs student elig nalysis formula ender ethnicit I assistance pr ucational Opporch rch programs. rvices. The pula epartment of	ibility for thes is consistently y, sexual orier ovided to the ortunity Grant These governi blic agencies t Education -Un	e awards. Studer across the instit ttation, religion, students. The ty (SEOG) -Federal mental grants he hat support the uited States Depa	nt financial ution's disability, age pes of Direct Loan lp to further university's rtment of
		Lineigy -OF	med States Depart	ment of D	етепъе -перапп	nent of Ve	ceran Alldits -1	ne Natio	onal Endowment for the Ar	is Tille Nation		e I (Form 990)	

TIN: 13-3297197 OMB No. 1545-0047

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

Name of the organization

Open to Public Employer identification number

	13-3	3297197			
Pa	Part I Questions Regarding Compensation				
			•	Yes	No
1a					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite	:ms.			
	First-class or charter travel Housing allowance or residence for person	onal use			
	☐ Travel for companions ☐ Payments for business use of personal re				
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fee				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur,	chef)			
b					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Ŀ	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	I	2	Yes	
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a	?	-+		
_	7-3:				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods				
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Par	t III.			
	✓ Compensation committee				
	- Compensation committee				
	independent compensation constitute				
	Form 990 of other organizations Approval by the board or compensation of	committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or related organization:	organization or a			
а	Receive a severance payment or change-of-control payment?	l .	4a		No
ь				Yes	
c			4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
а	a The organization?	l ,	5a		No
ь		—	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
			_		
а		├	6a		No
b	,	· <u> </u>	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		_	.,	
_			7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describ	ne l			
	in Part III				N.
			8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regu 53.4958-6(c)?		_		
			9		2012
or I	r Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053	3T Schedule J (F	orm 9	990)	2019

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Schedule J (Form 990) 2019 Page 2

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1DAVID VAN ZANDT	(i)	728,800	100,000	27,644	325,000	300,299	1,481,743	0
PRESIDENT partial year	(ii)	0	- 0	- 0	- 0	- 0	0	- 0
2TIM MARSHALL	(i)	587,719	0	4,462	59,154	11,912	663,247	0
PROVOST	(ii)	- 0	- 0	- 0	- 0	- 0	0	- 0
3MARK GIBBEL	(i)	351,605	0	53,185	38,218	33,834	476,842	0
CHIEF DEVELOPMENT OFFICER	(ii)	- 0	- 0	- 0	- 0	- 0		- 0
4OLATOKUMBO SHOBOWALE	(i)	393,216	0	36,121	39,264	2,232	470,833	0
CHIEF OPERATING OFFICER	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
5ANNE ADRIANCE	(i)	372,671	0	14,616	38,418	35,195	460,900	10,418
CHIEF MARKETING OFFICER	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
6DONALD RESNICK	(i)	365,476	0	23,704	39,064	15,063	443,307	0

	1 1							
FORMER CHIEF ENROLLMENT AND SUCCESS OFFICER	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
7 BRYNA MARY SANGER	(i)	297,467	0	30,463	28,000	40,880	396,810	5,594
SVP, ACADEMIC AFFAIRS	(ii)	<u> </u>	- 0	- 0	- 0	- 0	 0	- 0
8JERRY CUTLER	(i)	323,910	0	3,572	33,250	31,332	392,064	0
CHIEF LEGAL AND HUMAN RESOURCE OFFICER	(ii)	- 0	-		-	-		-
9LIN ZHOU	(i)	278,837	10,000	0 11,293	0 19,000	0 30,032	0 349,162	0
SVP AND CHIEF INFORMATION OFFICER			-		-	-		-
10LIA GARTNER	(i)	0 256,427	0	23,098	0 28,560	0 32,479	0 340,564	0 560
VP, DESIGN, CONSTRUCTION AND FACILITIES	(ii)	-		-	-	-		-
11STEVE STABILE	(i)	278,390	0	0 4,390	0 28,275	0 13,004	0 324,059	0 275
VP, FINANCE & BUSINESS AND	(ii)					-		-
TREASURER 12MICHELLE RELYEA	(i)	259,383	0	0 983	0 27,170	0 33,818	0 321,354	0
SVP, STUDENT SUCCESS	(ii)			-	-		321,334	
13MAYA WILEY	\bot	212,688	0	0	0	0	0	0
SVP, SOCIAL JUSTICE partial year	(i)		0	1,340	21,373	13,621	249,022	0
	(ii)	0	0	0	0	0	0	0
14ROY MOSKOWITZ FORMER CHIEF LEGAL OFFICER	(i)	102,357	0	4,151	11,505	35,631	153,644	692
FORMER CHIEF LEGAL OFFICER	(ii)	0	0	0	0	0	0	0
15JOEL TOWERS	(i)	329,793	0	31,201	28,000	33,689	422,683	0
FORMER DEAN	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
16STEPHANIE BROWNER	(i)	293,382	0	71,167	31,365	11,604	407,518	0
DEAN	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
17RICHARD KESSLER	(i)	311,161	0	18,826	32,190	32,357	394,534	0
DEAN	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
18WILLIAM MILBERG	(i)	267,716	0	23,931	27,945	32,266	351,858	0
DEAN	(ii)	- 0						<i>-</i>
19HELEN WUSSOW	(i)	264,565	0	0 40,717	0 27,000	0 14,493	0 346,775	0
DEAN	(ii)		-		-	-		-
20MARY WATSON	(i)	259,092	0	0 51,954	0 28,205	0 5,093	0 344,344	0
DEAN	(ii)	-				-		-
21RACHEL SCHREIBER	-	164,577	0 35,000	0 546	0	0 4,474	0 204,597	0
DEAN	(i) (ii)	-	33,000	340			204,397	
22BENJAMIN LEE	-	248,458	0	0	0	0	0	0
PROFESSOR	(i)	240,430	0	89,128	26,269	35,450	399,305	0
	(ii)	0	0	- 0	0	0	0	0
23CAROL KIM	(i)	286,662	0	720	17,308	36,015	340,705	0
VP, STRATEGIC ENROLLMENT MANAGEMENT	(ii)	0	0	0	0	0	0	0
24DEBORAH GIBB	(i)	255,762	50,000	6,902	10,933	15,715	339,312	0
VP, CORPORATE PARTNERSHIPS	(ii)	0	- 0	- 0	- 0	- 0	 0	<u> </u>
25ANNE STOLER	(i)	240,856	0	63,653	22,889	2,997	330,395	0
PROFESSOR	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
26T ALEXANDER ALEINIKOFF	(i)	227,796	0	26,393	21,210	33,135	308,534	0
PROFESSOR	(ii)	- 0			-			-
		U	0	0	0	0	0	0

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 Page 3

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information Return Reference Explanation Schedule J, Part I, Line 1a First-class or charter travel The President was provided with first class travel for travel made for the benefit of the university that exceeded a certain length. This was not treated as taxable compensation. Campus housing was provided to David Van Zandt as a condition of employment for the convenience of the university, e.g. hosting faculty, staff, trustee, and fundraising events. Mr. Van Zandt's compensation includes \$296,624 for housing and personal services (such as utilities and property upkeep). This amount is included in Part II, Column D as a nontaxable benefit. Per contractual agreement, the following individuals received a taxable housing allowance as reported on Part II, Column b(iii): -Mark Gibbel \$1,923 -Timothy Marshall \$4,462 -Roy Moskowitz \$1,923 -Donald Resnick \$1923 -Stephanie Browner \$50,000 -Richard Kessler \$10,385 -William Milberg \$20,000 -Joel Towers \$30,000 -Mary Watson \$30,000 -Benjamin Lee \$85,000 -Ann Stoler \$60,000 -Helen Wussow \$30,000 -T. Alexander Aleinkoff \$24,000 Schedule J, Part I, Line 1a Housing allowance or residence for personal use Schedule J, Part I, Line 1a Personal The President received personal services provided at the residence (such as utilities and property upkeep). This amount is included in Part II, Column D as a nontaxable benefit.

Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan

The following employees listed on the Form 990, Part VII-A and Schedule J, Part II participated in a supplemental non-qualified retirement plan 457 (f) and received deferred compensation/contributions to the supplemental non-qualified retirement plan: -David Van Zandt \$297,000 -Mark Gibbel \$10,218 -Olatokumbo Shobowale \$11,264 -Tim Marshall \$31,154 -Donald Resnick \$11,064 -Stephanie Browner \$3,365 -Richard Kessler \$4,189 -Mary Watson \$205 -Jerry Cutler \$5,250 The following employees received 457(f) payouts as reported on Form 990, Part VII-A and Schedule J, Part II, Columns (B)(iii) and (F): -Anne Adriance \$10.418 -Lia

Schedule J, Part I, Line 7 Non-fixed payments

Gartner \$560 - Bryna Mary Sanger \$5,594 - Steve Stabile \$275

Non-fixed performance bonus payments were provided to the following individuals as reported on Form 990, Part VII-A and Schedule J, Part II, Column(B)(ii): - David Van Zandt \$100,000 - Deborah Gibb \$50,000 - Rachel Schreiber \$35,000 - Lin Zhou \$10,000 - Melanie Hart \$27,491

Schedule J (Form 990) 2019

Additional Data Return to Form

TIN: 13-3297197

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Supplemental information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization The New School

13-3297197

Par	t Bond Issues					•						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499055W2	12-08-2010	295,923,149	UNIVERSITY CENTER CONSTRUCTION	Х			Х		Х
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906LJ1	10-20-2011	37,140,274	REF. ISSUES 10/06/01 & 03/15/99		Х		Х		Х
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990BDW0	05-01-2015	140,166,569	see part VI		х		Х		Х
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990CJH5	11-17-2016	350,211,770	see part vi		Х		Х		Х

			A		В	-	С		D
1	Amount of bonds retired		15,780,000		9,930,000		6,460,000		
2	Amount of bonds legally defeased		280,952,000						
3	Total proceeds of issue		298,140,632		37,140,274		140,166,569		350,211,77
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds		42,299,370						
6	Proceeds in refunding escrows						37,952,951		249,182,05
7	Issuance costs from proceeds		3,120,919		664,824		1,055,942		1,640,72
8	Credit enhancement from proceeds		1,240,074						
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		251,480,269						67,118,18
11	Other spent proceeds				36,475,450		101,157,677		32,270,81
12	Other unspent proceeds								
13	Year of substantial completion	20	014	20	011	20)15	21	016
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		x	Х		Х			Х
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		х		х	Х		Х	
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	
L7	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х	

Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		-	4	ı	В		С	D	
financed by tax-exempt bonds?		Yes	No	Yes	No	Yes	No	Yes	No
	1		Х				Х		Х
	2		X			X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019

— Page 2 —

Schedule K (Form 990) 2019 Page 2

Pa	rt Private Business Use (Continued)		-		-	·	-	·	·
			A		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use of bond-financed property?		Х				х		Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х				Х		Х
i	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government		0 %				0 %		(
	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		0 %				0 %		(
	Total of lines 4 and 5		0 %		0 %		0 %		(
	Does the bond issue meet the private security or payment test?		Х				Х		Х
а	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		х				х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-27.	Х				Х		Х	

			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		х
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х		Х		Х	Х	
b	Exception to rebate?		Х	Х			Х		Х
С	No rebate due?	Χ			Х	Х			Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х		Х		х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?							İ	1

Schedule K (Form 990) 2019

– Page 3 *–* Schedule K (Form 990) 2019 Page 3 Part IV Arbitrage (Continued) No No No Yes Yes Yes No Yes Were gross proceeds invested in a guaranteed investment contract (GIC)? 5a h Term of GIC. Was the regulatory safe harbor for establishing the fair market value of the GIC d satisfied? Were any gross proceeds invested beyond an available temporary period? 6 Х Х Х Х Has the organization established written procedures to monitor the requirement of section 148? Х Х Χ Χ **Procedures To Undertake Corrective Action** Part V Yes No Yes No Yes No Yes No Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the Х Х Х Х voluntary closing agreement program if self-remediation is not available under applicable regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions). Schedule K, Part I, Column (f) PART I, The 2016 issue financed the acquisition of 34-42 West 14th Street and advanced refunded the series 2010 issue dated 12/08/2010. BOND D, COLUMN F
Schedule K, Part II, Line 4 PART II, The difference between the total proceeds and the issue price is the investment earnings for the issue. LINE 4, BOND A Schedule K, Part II, Line 11 PART II, LINE 11, BOND B The other spent proceeds are the refunding proceeds of the issue (36,179,900) and the NYS issuance fee (295,550). Schedule K, Part II, Line 11 PART II, LINE 11, BOND C The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow (100,000,624) and the NYS issuance fee (302,005). Schedule K, Part II, Line 11 PART II, The other spent proceeds are the refunding proceeds that are no longer in escrow. LINE 11, BOND D Schedule K, Part III, Line 4 PART III, LINE 4, BOND D A portion of the 2016A issue financed the acquisition of 34-42 West 14th Street NY, NY. At the time of the property acquisition there were hold-over tenants that will occupy the building prior to conversion to use of the entire building solely by the taxypayer for its tax-exempt purposes and that will eliminate all private use. Thus, during the reporting period covered by this filing, private business use of a portion of the 2016 bonds proceeds arises from such hold-over tenants and is reflected on Part III Lines 4 and 6. Importantly, bond counsel determined and advised that there are no private security or payments attributable to the 2016A bond issue, as reflected on Part III, Line 7. Schedule K. Part I. Column (f) PART I. The 2015 issue refunded issues dated 12/09/10, 11/21/2006, 6/16/2005, 10/16/2001, 5/20/1999 BOND C. COLUMN F Schedule K, Part IV, Line 2c COLUMN A Issuer name: DORMITORY AUTHORITY OF THE STATE OF NEW YORK The calculation for computing no rebate due was performed on 05/02/2015 Schedule K, Part IV, Line 2c COLUMN C Issuer name: DORMITORY AUTHORITY OF THE STATE OF NEW YORK The calculation for computing no rebate due was performed on 11/02/2016

Schedule K (Form 990) 2019

Additional Data Return to Form

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ObjectId: 202101349349301830 - Submission: 2021-05-14

TIN: 13-3297197

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the The New Scho		ion							E	mplo	yer ide	entifica	ation r	numbe	r							
THE NEW SCHO	01								13	3-329	7197											
							n 501(c)(4), and t IV, line 25a or).									
1	(a) Nam	e of disqu	alified pe	erson	(b)	Relationship	between disqua	lified person a	nd		escrip			I) Corre	ected?							
							organization			tr	ansacti	Y	es	No								
													\mp									
									+				+									
							isqualified perso		year (under	sectio	n \$ ——										
Part II	Complete	if the org	anization	answ		n Form 990-E	Z, Part V, line 3	8a, or Form 99	90, Pai	rt IV,	line 26	; or if t	he org	anizati	on							
(a) Name interested pe			of (b) Relation		e of (b) Relatio		reported an amo of (b) Relation rson with organiz		ip (c) P		(d) Loan	to or from the nization?	e (e) Original principal amount	(f) Balance due) In ault?	Appro boa	h) ved by rd or		(i) Writter agreement		
					То	From	_		Yes	No	Yes	No	Yes	1	No							
										-												
Total	<u></u>		· · <u> </u>		<u> </u>	<u> </u>	▶ \$															
						ested Pers es" on Form	ons. 990, Part IV,	line 27.														
(a) Name of	interested		intereste		p between on and the tion	(c) Amoun	t of assistance	(d) Type	of ass	istano	ce	(e) Pu	rpose	of assis	tance							
														-								
For Paperworl	Reduction	Act Notice	e, see the	Instru	ıctions for Fo	rm 990 or 990)-EZ. Ca	at. No. 50056A		Sc	hedule	L (Form	1 990 o	r 990-E	Z) 201							
															-							
						Pa	ge 2 ———															
Schedule L (F															Page 2							
						rested Per	sons. 990, Part IV,	line 28a 28	h or	28c												
	lame of int			1011 41	(b) Rela	tionship	(c) Amour	nt of (on of t	ransact	ion		haring of							
					person a	and the	transacti	OII						organi	zation's							
					organi				_					Yes	nues? No							
(1) LISA HUE	STIS			Į.	FAMILY MEMI DAVID VAN Z CURRENT PR	ZANDT,		173,554 EMP	LOYME	NT	_				No							
						J-2																

TTOVIAC additional informa	tion for responses to questions on selecture E (see instructions).
Return Reference	Explanation
	Schedule L (Form 990 or 990-EZ) 2019

Additional Data Return to Form

TIN: 13-3297197

SCHEDULE M (Form 990)

Noncash Contributions

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization
The New School

Department of the Treasury

Employer identification number 13-3297197

Pa	art 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 de noncash contrib	etermin		s
1	Art—Works of art	X	1		Selling cost			
2	Art—Historical treasures .			4,100	Jennig Cost			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	-		4 090	Selling cost			
3	goods	Х		4,050	Sening Cost			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	24	3,340,541	Selling cost			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Steinway Grand Pianos/ Staff Members Fee (Centennial Other ► (Celebration)	X	2	67,500	Selling cost			
26	Other ▶ ()							
27	Other ▶ ()	<u> </u>						
	Other ▶ ()							
29	Number of Forms 8283 received by t for which the organization completed	ne organiza i Form 8281	ation during the tax year for 3. Part IV. Donee Acknowledd	rement	29			3
			., ,			1	Yes	No
302	During the year, did the organization	n receive hi	, contribution any property r	enorted in Part I lines 1 thre	ough 28 that it must		163	140
500	hold for at least three years from the purposes for the entire holding periods.	e date of th	ne initial contribution, and wh	nich isn't required to be used		30a		No
b	If "Yes," describe the arrangement i	n Part II.				Jua		No
31	Does the organization have a gift ac	cceptance p	olicy that requires the review	v of any nonstandard contrib	utions?	31	Yes	
32a	Does the organization hire or use the contributions?		or related organizations to so	olicit, process, or sell noncas	h 	32a		No
b	If "Yes," describe in Part II.						Ī	_
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is	checked,			
	describe in Part II							

raye z

Schedule M (Form 990) (2019)

Page 2

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.

complete this part for any	daditional information.
Return Reference	Explanation
,	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN SCHEDULE M, PART I, COLUMN (B).

Schedule M (Form 990) (2019)

Additional Data

Return to Form

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ObjectId: 202101349349301830 - Submission: 2021-05-14

TIN: 13-3297197 OMB No. 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization The New School

Employer identification number

13-3297197

Return Reference	Explanation
Form 990, Part III, Line 1 MISSION STATEMENT, CONTINUED	*CREATIVITY, INNOVATION, AND CHALLENGING THE STATUS QUO, BOTH IN TERMS OF WHAT AND HOW WE TEACH, AND IN THE INTELLECTUAL AMBITIONS OF THE SCHOOL ITSELF; *SOCIAL ENGAGEMENT, ORIENTING STUDENTS' ACADEMIC EXPERIENCE TO HELP THEM BECOME CRITICALLY ENGAGED CITIZENS DEVOTED TO SOLVING PROBLEMS AND CONTRIBUTING TO THE PUBLIC GOOD. NOW AS THEN, THE NEW SCHOOL MUST EMBRACE THESE PRINCIPLES AND INNOVATE TO ADDRESS SHIFTS IN THE GLOBAL ECONOMY, SOCIETY, AND ENVIRONMENT. THESE SHIFTS REQUIRE THAT INDIVIDUALS GRAPPLE WITH COMPLEX PROBLEMS, LEAD MORE FLUID AND FLEXIBLE CAREERS, AND COLLABORATIVELY CREATE CHANGE. MISSION STATEMENT: WE WILL PREPARE OUR STUDENTS TO UNDERSTAND, CONTRIBUTE TO, AND SUCCEED IN A RAPIDLY CHANGING SOCIETY, AND THUS MAKE THE WORLD A BETTER AND MORE JUST PLACE. WE WILL ENSURE THAT OUR STUDENTS HAVE NOT ONLY THE ABILITIES THAT A SOUND LIBERAL ARTS EDUCATION PROVIDES, BUT ALSO THE CREATIVE COMPETENCIES ESSENTIAL FOR SUCCESS AND LEADERSHIP IN THE EMERGING CREATIVE SOCIETY AND ECONOMY. WE WILL ALSO LEAD IN GENERATING PRACTICAL AND THEORETICAL KNOWLEDGE THAT SEEKS TO UNDERSTAND OUR WORLD AND IMPROVE BOTH GLOBAL AND LOCAL SOCIETY AND THE PEOPLE WHO LIVE WITHIN. VISION WE ARE AND WILL BE A UNIVERSITY WHERE DESIGN AND SOCIAL RESEARCH DRIVE APPROACHES TO STUDYING THE ISSUES OF OUR TIME, SUCH AS DEMOCRACY, URBANIZATION, TECHNOLOGY, ECONOMIC EMPOWERMENT, SUSTAINABILITY, MIGRATION, AND GLOBALIZATION. WE WILL BE THE INTELLECTUAL AND CREATIVE CENTER FOR EFFECTIVE ENGAGEMENT IN A WORLD THAT INCREASINGLY DEMANDS BETTER-DESIGNED OBJECTS, COMMUNICATION, SYSTEMS, AND ORGANIZATIONS TO MEET SOCIAL AND HUMAN NEEDS. OUR VISION CORRESPONDS WITH SHIFTS IN THE GLOBAL ECONOMY, SOCIETY, AND ENVIRONMENT, WHICH AND THAT INCREASINGLY DEMANDS BETTER-DESIGNED OBJECTS, COMMUNICATIONS, SYSTEMS, AND ORGANIZATIONS TO MEET SOCIAL AND HUMAN DEDIGONING BETTER SYSTEMS AND ENVIRONMENTS TO IMPROVE THE IMPORTANCE OF HUMANITY AND CULTURE IN DESIGNING BETTER SYSTEMS AND ENVIRONMENTS TO IMPROVE THE IMPORTANCE OF HUMANITY AND CULTURE IN DESIGNING BE
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 43,803,162 including grants of \$ 0)(Revenue \$ 33,295,533) AUXILIARY REVENUE FOR DORMITORIES, DINING SERVICES, AND HEALTH SERVICES.
Form 990, Part VI, Line 1a Delegate broad authority to a committee	There is an executive committee which between meetings can transact all such business and take all such action on behalf of The New School which the Board of Trustees could transact or take under law except to grant degrees or to make removals from office. The executive committee reviews and approves compensation of the President of the University and any other employees as determined by the board of trustees provided that no person who will benefit from a compensation decision may be present at or otherwise participate in the deliberation or vote of the executive committee. The executive committee members include the chair and vice chairs of the board, the president of the university and the chairs of the various board of governor committees and other trustees. All members of the executive committee are also on the board of trustees.
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Audit and Risk Committee of the Board of Trustees has been delegated responsibility for reviewing the annual Form 990. Following the Audit and Risk Committee review, the 990 is distributed to the full Board of Trustees prior to its submission.
Form 990, Part VI, Line 12c Conflict of interest policy	The New School's policy on conflicts of interest applies to all Board of Trustee members, the senior management, as well as certain designated staff and faculty. The policy recognizes that members of the university's Board of Trustees and senior management may, from time to time, be associated, either directly or indirectly, with companies doing business with the university. The policy prohibits members of the Board of Trustees or its committees, and senior managers of the university from participating in any decisions in which he or she (or an immediate family member) has a material financial interest. For members of the Board of Trustees and senior management, the university requires an annual disclosure of significant financial interest in, or employment or consulting relationships with, entities doing business with the university. When such relationships exist, measures are taken to address the actual or perceived conflict to protect the best interest of the university and ensure compliance with relevant conflict of interest laws. The policy also requires designated administrative and academic staff, and faculty to review the policy every year and provide to the Office of Human Resources a written certification that he/she is in compliance with the policy and discloses any relationships that may represent a conflict of interest as defined by the letter or spirit of the university policy on conflicts of interest. In addition, the annual certification requires disclosure of any activities, including outside employment and professional relationships and/or transactions which might appear or Actually involve a conflict of interest with one's fiduciary, employment, or other relationship with the university. Upon review of the circumstances surrounding the conflict or potential conflict of interest involving a Trustee, Officer, Dean or Designated head of a School or program, Key Employee, Member of the Board of Governors or similar

	Trustees and the President of the University as to whether the Chairman and the President should (i) determine the conflict situation or potential conflict situation to be inconsequential and approve the situation; (ii) determine the conflict situation or potential conflict situation to be consequential and avoid the situation; or (iii) refer the conflict of interest situation to a subcommittee of the Executive Committee of the Board of Trustees.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Compensation Committee of the Board of Trustees is comprised of members of the Executive Committee selected by the Chairman of the Board, and reviews and approves salaries and contracts for all deans and other officers prior to hire and for renewals and promotions. The foregoing shall include additional compensation and benefits for these deans, and officers annually, such as housing allowances, bonuses, severance packages, or any proposed new benefits. The Committee is charged with assuring compliance with intermediate sanction procedures and requirements to the extent applicable to any compensation. The Committee also recommends the compensation (including salary, benefits, and other remuneration) of the President of the university to the Executive Committee for review and approval. Further, the Committee is charged with developing salary and benefits for incoming presidents and renewal of contracts for incumbent presidents for submission to the Executive Committee for approval. Additional duties of the Compensation Committee include reviewing compensation for comparable positions benchmarked against peer groups and hiring an executive compensation consultant on a regular basis. The Committee also reviews internal candidates proposed to serve as interim deans if needed, and annually reviews the list of university employees whose salaries categorize them as highly compensated individuals under IRS pension provisions. Additional authority and duties are conferred upon the Compensation Committee in accordance with the needs and initiatives of the Board. Contemporaneous notes are taken to document the process.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	As noted above, the Compensation Committee annually reviews the list of university officers and key employees whose salaries categorize them as highly compensated individuals under IRS pension provisions. The Compensation Committee conducted a review and approval of compensation as outlined above during tax year 2019.
Form 990, Part VI, Line 19 Required documents available to the public	The university makes its governing documents, conflict of interest policy, Form 990 and financial statements available to the public upon request. Also, Federal Form 990, which includes financial and other disclosures, is available on Guidestar.
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	INSURANCE RECOVERY - Total Revenue: 466559, Related or Exempt Function Revenue: 466559, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF SPLIT INTEREST20170; CHANGE IN POSTRETIREMENT BENEFITS423348; Loss on uncollectible pledges2053082;

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Additional Data Return to Form

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TIN: 13-3297197

OMB No. 1545-0047

2019

(Form 990)

SCHEDULE R

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/	Form9	90 for in	structio	ns an	id the la	test info	ormation.					Open to Inspe		С
Name of the organization The New School											Emplo	oyer id	entifica	tion numb	er		
		ted Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it handstands during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it handstands during the tax year.															
Part I Identification		ies. Complete if	the organ	nizatio		red "Yes	s" on		90, Part	,							
Name, address, a	(a) nd EIN (if applicable) of disregard	ed entity		Pr		vity		al domicile						s	(f) Direct contentit	trolling	
Part II Identification	of Related Tax-Exemp	ot Organization	ns. Compl	ete if t	he orgai	nization	answ	vered "Y	'es" on	Form 990), Part IV	, line 3	4 beca	use it had	one or r	nore	
	empt organizations during (a) de EIN of related organization	the tax year.	Prima		ity		omicile				Public cl	harity sta		(f) Direct cont entity		Section (13) co	512(b) ntrolled
(1)FREUNDE UND FORDERER VO	N THE NEW SCHOOL		FACILITATE (CONTRIB	BUTIONS		GM		501(c)(3)		2		TI	HE NEW SCHO	OL	Yes Yes	No
(2)TNS PARSONS			EDUCATION	AND RES	SEARCH		FR						TI	HE NEW SCHO	OL	Yes	
(3)ANATOL SHULKIN MEMORIAL C/O THE NEW SCHOOL 79 FIFTH AVENUE 16TH FLOOR NEW YORK, NY 10003	SCHOLARSHIP					NY 501(c)(3)				PF		TH	HE NEW SCHO	OL	Yes		
13-3010477																	
For Paperwork Reduction	Act Notice, see the Instru	tions for Form 9	90.			Ca	t No	50135Y						Schedule R	(Form (990) 20	119
															,	,	
Schedule R (Form 990) 2019																Pag	e 2
						ete if th	e org	janizatio	n answ	ered "Yes	" on For	n 990,	Part I	V, line 34,	because	it had	
	(a)	eu as a partifers	(b)	(c)			(e)		(f)	(g)	(h)	(i)	(j)		(k)
,	Name, address, and EIN of related organization		Prir act	mary civity	domicile (state or foreign	controllin	ng e	income(re unrelat excluded fr under sed	elated, t ed, rom tax ctions	Share of otal income	end-of-yea		ortionate ations?	code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner	g own	entage ership
												Yes	No		Yes No	0	
										tion ansv	vered "Ye	s" on I	orm 9	90, Part IV	, line 34		
(a) Name, address, an related organiz		(b) Primary activity		do (state	Legal omicile or foreign		Direct (controlling	(C corp,	f entity S S corp,	hare of tota		e of end- year	of- Perce	h) ntage ership	ent	512(b) ntrolled ity?
					17				1					1		Yes	No

Sch			
			┖
			L
Page 3	edule R (Form	990) 20	019
edule R (Form 990) 2019		Pag	ı.
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		1 49	-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a		No
Gift, grant, or capital contribution to related organization(s)	. 1b		No No
Gift, grant, or capital contribution from related organization(s)	. 1d		N
Loans or loan guarantees by related organization(s)	1e	+	N
f Dividends from related organization(s)	1f		N
g Sale of assets to related organization(s)	1g 1h		N
h Purchase of assets from related organization(s)	1i		N
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	+	N
k Lease of facilities, equipment, or other assets from related organization(s)	1k		N
n Performance of services or membership or fundraising solicitations by related organization(s)	· · ·	1 Yes	_
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	N
• Sharing of paid employees with related organization(s)	10	Yes	
	1	+	No
p Reimbursement paid to related organization(s) for expenses	. 1p		No
1		+	_
r Other transfer of cash or property to related organization(s)	. 1r		No
s Other transfer of cash or property from related organization(s)		$\perp \perp \perp$	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold (a) (b) (c)	(d)		_
Name of related organization Transaction Amount involved Method of de type (a-s)	etermining amount i	involved	
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Additional Data Return to Form