723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

-134,160. Form **990-T** (2017)

-134,160.

1,000.

32

33

line 32

Form 990-T (23-13	52256	Page 2
Rártill				Inn. Inn. I	
35	Organizations Taxable as Corporations. See instructions for tax computation.				
(Controlled group members (sections 1561 and 1563) check here 🕨 📖 See instructions an	ıd.		340	
a 8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r).			
((1) \$ (2) \$ (3) \$	1			
b f	Enter organization's share of. (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000) \$				
c	ncome tax on the amount on line 34		>	35c	0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 34 fro	m̄;————	-	
[Tax rate schedule or Schedule D (Form 1041)		•	36	
37	Proxy tax. See instructions		•	37	
	Alternative minimum tax	38	 		
	Tax on Non-Compliant Facility Income See instructions			39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
	Tax and Payments			1 40	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		200.00	
		41b		-	
	Other credits (see instructions)	_			
	General business credit. Attach Form 3800	41c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			•
	Total credits Add lines 41a through 41d			41e	
	Subtract line 41e from line 40			42	0.
	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	166 Oth	er (attach schedule)	43	
	Total tax Add lines 42 and 43	1 1		44	0.
45 a f	Payments A 2016 overpayment credited to 2017	45a			
	2017 estimated tax payments	45b			
c 1	Fax deposited with Form 8868	45c			
d F	oreign organizations. Tax paid or withheld at source (see instructions)	45d			
e E	Backup withholding (see instructions)	45e			
f (Credit for small employer health insurance <u>prem</u> iums (Attach Form 8941)	45f			
g (Other credits and payments Form 2439				
	Form 4136 Other Total	45g			
46	Total payments Add lines 45a through 45g			46	
47 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			47	
48	Fax due If line 46 is less than the total of lines 44 and 47, enter amount owed		>	48	0.
49 (Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		>	49	0.
50 E	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50	
Part V	Statements Regarding Certain Activities and Other Information	on (see inst	ructions)		
	At any time during the 2017 calendar year, did the organization have an interest in or a signature	•			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		•		436 9450
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign counti	rv		
ł	nere >		•		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tri	ansferor to, a	foreian trust?		-
	f YES, see instructions for other forms the organization may have to file.		TOTOIGH TOTO		2000
	inter the amount of tax-exempt interest received or accrued during the tax year >\$				
		statements, and	to the best of my kn	owledge and be	elief, it is true,
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and complete Declaration of Areparer (offer than taxpayer) is based on all information of which prepare	rer has any knov	vledge		
Here	Hamed K. Program 5/14/19 \ PRESIDE	ENT & C	100	•	cuss this return with
	Signature of officer Date Title	3141 GC C		· · · _	wn below (see No No
-	Print/Tuna propagatia nama	to.	, <u> </u>		AN 190 190
	Print/Type preparer's name Preparer's signature Dai	ıc	1	i	
Paid	CODA CV CITI I PAN Scallen OF	: /1 // /1 ^	self- employed		07/200
Prepar	C MATH WELLED C DAVED LID	5/14/19	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		974308
Use Or	nly Firm's name ► TAIT, WELLER & BAKER LLP	COD C	Firm's EIN		1144520
	TWO LIBERTY PL, 50 S. 16TH ST,	STE 2		015 05	0 0000
	Firm's address ▶ PHILADELPHIA, PA 19102-2529		Phone no	<u> </u>	9.8800

Schedule A - Cost of Goods	Sold. Enter	method of inver	itory v	valuation > COS	T				
1 Inventory at beginning of year	1	117,190	6	Inventory at end of yea			6	183,05	<u>0.</u>
2 Purchases	2	252,909		7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7	187,04	<u>9.</u>
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			1
-5- Total-Add lines 1 through 4b-	-[-5-]-	370,099		the organization?					<u>X_</u>
Schedule C - Rent Income (From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Pro	perty	/)	
(see instructions)									—
1 Description of property									
(1)									
(2)									
(3)									
(4)						ī			
		ed or accrued				3(a) Deductions directly	v connec	ted with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	` of rent for p	ersonal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) a	nd 2(b) (a	attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	ınstru	rctions)		1			<u> </u>
	<u>-</u>	<u> </u>	Γ	Gross income from		3 Deductions directly cor to debt-finance			
1. Description of debt-fin.	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)		••	—						
(3)									
(4)									_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(«	8 Allocable deductions column 6 x total of colum 3(a) and 3(b))	
(1)				%		·			
(2)			<u> </u>	%					
(3)				%					
(4)		···	<u> </u>	%					
						nter here and on page 1, art I, line 7, column (A)		nter here and on page 1 Part I, line 7, column (8)	,
Totals				▶		0			<u>o.</u>
Total dividends-received deductions inc	luded in column	8					•		<u>o.</u>
								Form 000-T (2)	1171

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Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)			*				
(4)							
Totals from Part I	▶	0.	0.			THE TANK THE PROPERTY OF THE P	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THE ACADEMY OPERATES A POST-SECONDARY EDUCATIONAL PROGRAM IN FINE ARTS AS WELL AS A GALLERY COLLECTION OF AMERICAN ART. IN ADDITION, THE ACADEMY SPONSORS FINE ARTS CLASSES FOR ALL AGES AND FREE ART PROGRAMS. UNRELATED BUSINESS ACTIVITY RELATES TO CERTAIN SALES OF THE MUSEUM SHOP.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
UTILITIES CREDIT CARD FEES SUPPLIES ADVERTISING, MAINTENANCE AND OTHER SHIPPING	8,696. 11,069. 25,864. 36,651. 1,728.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	84,008.

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	664.	0.	664.	664.
06/30/01	42,566.	0.	42,566.	42,566.
06/30/02	34,915.	0.	34,915.	34,915.
06/30/03	23,930.	0.	23,930.	23,930.
06/30/04	45,474.	0.	45,474.	45,474.
06/30/05	42,753.	0.	42,753.	42,753.
06/30/06	60,396.	0.	60,396.	60,396.
06/30/07	85,473.	0.	85,473.	85,473.
06/30/08	82,678.	0.	82,678.	82,678.
06/30/09	109,559.	0.	109,559.	109,559.
06/30/10	74,384.	0.	74,384.	74,384.
06/30/11	72,010.	0.	72,010.	72,010.
06/30/12	37,885.	0.	37,885.	37,885.
06/30/13	53,848.	0.	53,848.	53,848.
06/30/14	200,338.	0.	200,338.	200,338.
06/30/15	74,386.	0.	74,386.	74,386.
06/30/16	66,010.	0.	66,010.	66,010.
06/30/17	57,034.	0.	57,034.	57,034.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,164,303.	1,164,303.