			** PUBLIC DISCLOSURE COPY	**		
	Ω	00	Return of Organization Exempt Fro	m I	ncome Tax	OMB No. 1545-0047
For	n <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	le (exc	cept private foundatio	<sup>ns)</sup> 2017
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	may b	pe made public.	Open to Public
Interr	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the			Inspection
AF	or th	e 2017 calend	lar year, or tax year beginning $ m JUL1$ , $2017$ and endir	ng J	UN 30, 2018	
Bc	heck if	C Name of	forganization		D Employer identifie	cation number
	Addre chang		OL FOR ADVANCED RESEARCH			10040
H	_]chanı ⊐Initial	ge Doing bi	usiness as			125045
-	_returr  Final		and street (or P.O. box if mail is not delivered to street address) Room BOX 2188	n/suite	E Telephone number	, 954-7200
	lreturr termi	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,466,214.
	ated	nded CANT	A FE, NM 87504		H(a) Is this a group re	
	_returr ]Appli _tion		nd address of principal officer:MICHAEL F BROWN			? Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates in	
11	ax-ex	empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
٦V	Vebsi	ite: 🕨 WWW .	SARWEB.ORG		H(c) Group exemption	
				_ Year	of formation: 1942 N	State of legal domicile: NM
Pa	rt I	Summary				
ĕ	1		be the organization's mission or most significant activities:	IVE	RESEARCH A	ND PUBLIC
and		EDUCATI				
Activities & Governance	2		x      if the organization discontinued its operations or disposed o			
g	3		ting members of the governing body (Part VI, line 1a)			<u>21</u> 20
Š	4		dependent voting members of the governing body (Part VI, line 1b)		38	
ities	5		of individuals employed in calendar year 2017 (Part V, line 2a)			80
ž	6		of volunteers (estimate if necessary)			0.
Ă			business taxable income from Form 990-T, line 34			0.
		Net unrelated		<u> </u>	Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)		1,858,634.	2,125,041.
Revenue	9		ice revenue (Part VIII, line 2g)		187,166.	138,084.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,200,948.	3,542,502.
œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,364.	58,349.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,323,112.	5,863,976.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		274,150.	214,000.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,870,718.	1,951,640.
ens	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>315,675.</u>		0.	0.
Expenses	b	Total fundraisi	ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 313, 073.	-	1,391,842.	1,201,695.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,536,710.	3,367,335.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		786,402.	2,496,641.
es	19	nevenue less	expenses. Subtract line to nonnine 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		30,489,480.	30,877,545.
Ass 1 Bal	21	-	(Part X, line 26)		222,737.	284,309.
Punc	22		fund balances. Subtract line 21 from line 20		30,266,743.	30,593,236.
	rt II				-	-
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of my	/ knowledge and belief, it is
true,	corre	ct, and complete.	. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	

Sign Here	Signature of officer SHARON K. TISON, VICE Type or print name and title	PRESIDENT	Date	
Paid	Print/Type preparer's name STEPHEN E. LIVINGSTON, CP	Preparer's signature	Date Check PTIN	45
Preparer	Firm's name CLIFTONLARSONALL		Firm's EIN ► 41-074674	
Use Only	Firm's address 6501 AMERICAS PA		Phone no. (505) 842-82	290
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes	No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

_	90 (2017) SCHOOL FOR ADVANCED RESEARCH	85-0125045 Pa
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: SEE SCHEDULE O	
-	SEE SCHEDOLE 0	
-		
-		
2	Did the organization undertake any significant program services during the year which were not listed on th	ie
	prior Form 990 or 990 EZ?	
I	f "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	ces?Yes 🛛
I	f "Yes," describe these changes on Schedule O.	
1	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.
:	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and
	evenue, if any, for each program service reported.	
	Code: ) (Expenses \$ 886,046. including grants of \$ 145,000.) (F	
-	SCHOLAR PROGRAMS - THE ADVANCED SEMINAR PROGRAM PROVI	
	FOR SELECT GROUPS OF SCHOLARS IN ANTHROPOLOGY AND REL	
	TO MEET AND APPRAISE RESEARCH, SHARE IDEAS, SYNTHESIZ	
	DEVELOP NEW AND SIGNIFICANT PERSPECTIVES ON THE HUMAN	
	RESIDENT SCHOLAR PROGRAM PROMOTES OUTSTANDING SCHOLAR ANTHROPOLOGY AND RELATED DISCIPLINES BY PROVIDING SCH	
	RESIDENTIAL FELLOWSHIPS SO THAT THEY CAN PREPARE MANU	
	COMPLETE ORIGINAL RESEARCH ON TOPICS THAT FURTHER THE	
	THE HUMAN EXPERIENCE. THE STALEY PRIZE PROMOTES EXEMP	
	WRITING IN ANTHROPOLOGY BY HONORING THE AUTHORS OF LA	
	PUBLICATIONS THAT ADD NEW DIMENSIONS TO OUR UNDERSTAN	
	SPECIES.	
	Code: ) (Expenses \$ 902,285. including grants of \$ 69,000. ) (F	Bevenue \$ 25,12
	INDIAN ARTS RESEARCH CENTER (IARC) - THE INDIAN ARTS	
•	(IARC) WORKS TO BRIDGE THE DIVIDE BETWEEN CREATIVITY .	AND SCHOLARSHIP
	ADMINISTERING INITIATIVES CENTERED ON NATIVE AMERICAN	STUDIES, ART
	HISTORY, AND CREATIVE EXPRESSION THAT ILLUMINATE THE	
	THE SOCIAL SCIENCES, HUMANITIES, AND ARTS. THIS IS AC	
	OFFERING FELLOWSHIP AND INTERNSHIP OPPORTUNITIES FOR .	
	PROFESSIONALS TO ENGAGE WITH THE IARC COLLECTIONS, AN	
	DIALOGUE AMONG THEIR PEERS, SCHOLARS, AND COMMUNITY M	
	SUPPORTS COLLABORATION WITH NATIVE AMERICAN COMMUNITI	
	AN IMPORTANT COLLECTION OF SOUTHWEST NATIVE AMERICAN	
	PROMOTES PROGRAMS THAT ENCOURAGE ACCESS AND UNDERSTAN	DING OF THE
		Revenue \$ 115,94
	code:)(Expenses \$398,543 • including grants of \$)(F SAR'S PUBLIC PROGRAMS ENGAGE THE GREATER SANTA FE COM	
	RESIDENTS OUTSIDE OF SANTA FE BY BRINGING EXCITING AN	
	THINKERS TO THE SCHOOL WHOSE WORK ILLUMINATES TOPICS	
	CONCERN. MEMBERS OF THE PUBLIC AS WELL AS SAR MEMBERS	
	OPPORTUNITY TO PARTICIPATE IN PUBLIC LECTURES, SALONS	
	COLLOQUIA, ARTISTS' PRESENTATIONS, FIELD TRIPS, AND O	
	ON AND OFF THE SAR CAMPUS TO MAKE THE WORK OF SAR MOR	
Ī	GENERAL AUDIENCE.	
-		
-		
ld (	Other program services (Describe in Schedule O.)	37 930
	Expenses \$ 103,267. including grants of \$ ) (Revenue \$ ) Total program service expenses > 2,290,141.	37,839. <sub>)</sub>
	Fotal program service expenses   2,290,141.	- 000
le <sup>·</sup>		Form <b>990</b>

Form 990	(2017)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u> </u>
f				v
10	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		140		
D D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x

Form **990** (2017)

732003 11-28-17

-	~~~	(001)	
⊢orm	990	(2017)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
•	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) SCHOOL FOR ADVANCED RESEARCH 85-0125	045	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 84			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	14		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ud		
D		Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	x	
	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 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	- 23	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			x
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_ <u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	. 000	10017

Form **990** (2017)

85-0125045

Page 5

732005 11-28-17

Form 990 (	2017)
------------	-------

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

ec	Check if Schedule O contains a response or note to any line in this Part VI					
			Yes			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21					
	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 20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1				
	officer, director, trustee, or key employee?	2				
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				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4				
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5				
	Did the organization have members or stockholders?	6				
	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				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
~		7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	The governing body?	8a	х			
h	Each committee with authority to act on behalf of the governing body?	8b	X			
	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				
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_ 3				
			Yes			
0a	Did the organization have local chapters, branches, or affiliates?	10a				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.54				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
10		11a	х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	- 23			
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	_		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	_		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	x			
	in Schedule O how this was done	12c	A X			
	Did the organization have a written whistleblower policy?	13	X			
	Did the organization have a written document retention and destruction policy?	14	Λ			
5	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?		37			
	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b				
	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				
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?	16b				
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NM}$					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial			
	statements available to the public during the tax year.					
~	State the name, address, and telephone number of the person who possesses the organization's books and records:					
0	SHARON K. TISON - 505-954-7200					
0						
U	660 GARCIA ST., SANTA FE, NM 87505					

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l				npei	loui			(E)
(A)	(B)			(C Pos		n		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot pr/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			ensate		(W-2/1099-MISC)	,	organization
	organizations	l trus	ıal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) ANGELA GONZALES	1.00									
MEMBER		Х						0.	0.	0.
(2) BRIAN FOSTER	1.00									
MEMBER		Х						0.	0.	0.
(3) DON BRENNIS	1.00									
MEMBER		X						0.	0.	0.
(4) DON LAMM	1.00									
MEMBER		X						0.	0.	0.
(5) DOROTHY BRACEY	1.00									
MEMBER		x						0.	0.	0.
(6) DOUG NELSON	2.00									
TREASURER		x		X				0.	0.	0.
(7) ELIZABETH ROGHAIR	4.00									
VICE CHAIR		x		x				0.	0.	0.
(8) GREGG SMITH	1.00									
MEMBER		x						0.	0.	0.
(9) JERRY SABLOFF	1.00									
MEMBER		x						0.	0.	0.
(10) JIM ROBINS	1.00									
MEMBER		x						0.	0.	0.
(11) JOE COLVIN	1.00									
MEMBER		x						0.	0.	0.
(12) JOHN CAMP	1.00							• • •		
MEMBER		x						0.	0.	0.
(13) JULIE RIVERS	2.00							•••		
MEMBER	2000	x						0.	0.	0.
(14) LOUISE LAMPHERE	1.00									
MEMBER	1.00	x						0.	0.	0.
(15) LYNNE WITHEY	4.00	<u> </u>	-						•	
CHAIR		x		x				0.	0.	0.
(16) MARCUS RANDOLPH	1.00	1	-					0.	0.	•
MEMBER	1.00	x						0.	0.	0.
(17) MEG LAMME	1.00	<u>^</u>						0.	0.	0.
(17) MEG LAMME MEMBER	1.00	x						0.	0.	0.
MICHICE 5		I X						n	n –	

732007 11-28-17

	L FOR ADVA								85-01	L25	045	Р	age <b>8</b>
Part VII Section A. Officers, Director		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	verage Position (do not check more than one box, unless person is both an				than o is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	S	com fr org and	pensa rom th Janizat d relat anizati	ation ie tion ted
(18) MICHAEL BROWN	40.00	x		x				212 950		Ο.	2	57	50
PRESIDENT & CEO (19) NANCY BERN	1.00	^		^				212,859.		0.		5,7	54.
SECRETARY		x		x				0.		0.			0.
(20) NED BLACKHAWK	1.00	.,						0					
MEMBER (21) TIM EVANS	1.00	X						0.		0.			0.
MEMBER	1.00	x						0.		ο.			0.
(22) SHARON TISON	40.00												
VP AND ASST TREASURER				X				108,255.		0.		5,1	50.
1b Sub-total	I							321,114.		0.	3	0,9	02.
c Total from continuation sheets to								0.321,114.		0.	3	0,9	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (includir							► no r	-	.000 of reportabl	•••		0,9	02.
compensation from the organization	-					,			, i				2
2 Did the exception list on former	officer director or tru	to			-		<b>.</b>	highest semperated a	molovoo on	1		Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule					•	•		nignest compensated e			3		x
4 For any individual listed on line 1a, i and related organizations greater th		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	
5 Did any person listed on line 1a rec													
rendered to the organization? If "Ye	s," complete Schedul	e J f	or si	uch	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five hig	hest compensated in	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100.000 of com	pens	ation	from	
the organization. Report compensa	•	•								·			
(A) (B) Name and business address NONE Description of services							<b>(C)</b> Compensation			n			
2 Total number of independent contra \$100,000 of compensation from the		iot lii	mite	d to		se lis )	stec	d above) who received m	nore than		_	000	
											⊢orm	44LI (	2017)

732008 11-28-17

Form **990** (2017)

Form 990 (20	17)	SCHOOL				
Part VIII	Statement	of Revenue				

		Check if Schedule O conta	airis a response	e or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
1	а	Federated campaigns	1a					
		Membership dues		226,556.				
		Fundraising events		84,300.				
		Related organizations						
		Government grants (contributi		42,927.				
		All other contributions, gifts, grant		=2,527.				
		similar amounts not included abov		1,771,258.				
				90,796.				
	-	Noncash contributions included in lines			2,125,041.			
	n	Total. Add lines 1a-1f		Business Code	2,123,041.			
	_	FIELD TRIPS		611710	55,750.	55,750.		
		LECTURE/EVENT RECEIPTS		611710	43,940.	43,940.		
		TOURS		611710	,			
	•			611710	23,744.	23,744.		
	-	CLASS FEES		011/10	14,650.	14,650.		
	e							
		All other program service reve			120 004			
		Total. Add lines 2a-2f			138,084.			
3		Investment income (including			640 404			640.40
		other similar amounts)			640,494.			640,49
4		Income from investment of tax	1	' î h	14 033			14.03
5		Royalties			14,032.			14,03
			(i) Real	(ii) Personal				
		Gross rents	42,570					
		Less: rental expenses		•				
		Rental income or (loss)	42,570	-	40.550			40.55
		Net rental income or (loss)			42,570.			42,57
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,327,128	. 1,450.				
		Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····	2,902,008.			2,902,00
8		Gross income from fundraising						
		including \$ 84						
		contributions reported on line	,					
		Part IV, line 18	4	40,925.				
		Less: direct expenses		80,525.				
		Net income or (loss) from fund	-	····· ►	-39,600.			- 39,60
9	а	Gross income from gaming ac						
1		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· 🕨				
10	а	Gross sales of inventory, less						
		and allowances		132,982.				
		Less: cost of goods sold		95,143.				
	с	Net income or (loss) from sales	s of inventory		37,839.	37,839.		
		Miscellaneous Revenue	e	Business Code				
11 :	а	OTHER REVENUES		900099	3,508.	3,508.		
	b							
	с							
	d	All other revenue						
•	е	Total. Add lines 11a-11d		►	3,508.			
12		Total revenue. See instructions.		▶	5,863,976.	179,431.	0	3,559,50

Part IX Statement of Functional Expenses

SCHOOL FOR ADVANCED RESEARCH

<b>D</b> -	Check if Schedule O contains a respons	(A) se or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general enpenees	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	214,000.	214,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	264 050	70 170		27 110
	trustees, and key employees	364,050.	79,172.	247,766.	37,112
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,376,792.	952,617.		218,774
7	Other salaries and wages	1,370,792.	952,017.	205,401.	210,114
8	Pension plan accruals and contributions (include	49,649.	34,416.	7,284.	7 0/0
_	section 401(k) and 403(b) employer contributions)	49,849.	31,048.	6,372.	7,949 6,829 17,241
9	Other employee benefits	116,900.	69,145.	30,514.	0,045
0	Payroll taxes	110,900.	09,145.	50,514.	1/,241
1	Fees for services (non-employees):				
	Management	504.	221.	283.	
	Legal	25,543.	20,333.	4,730.	480
	Accounting	23,343.	20,333.	4,750.	400
	Lobbying				
	Professional fundraising services. See Part IV, line 17	48,180.	17,764.	30,416.	
f	Investment management fees	40,100.	17,7040	50,410.	
g	column (A) amount, list line 11g expenses on Sch O.)	226,840.	103,440.	107,114.	16,286
2	Advertising and promotion	19,814.	18,581.	536.	697
13	Office expenses	53,152.	27,701.	19,146.	6,305
14	Information technology	101,857.	58,498.	27,196.	16,163
5	Royalties	8,106.	8,106.		,
6	Occupancy	54,674.	54,674.		
17	Trougl	43,910.	33,965.	7,697.	2,248
8	Payments of travel or entertainment expenses		,		•
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,598.	5,563.	35.	
20	Interest	· ·	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	153,193.	139,109.	14,084.	
3	Insurance	36,907.	27,555.	5,896.	3,456
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 0.) DIRECT PROGRAM EXPENSES	289,025.	244,266.	12,112.	20 647
a	UTILITIES	68,994.	41,153.	25,628.	32,647 2,213
b	OTHER COST OF INVENTORY	51,694.	<u>41,153</u> . 51,694.	<u> </u>	4,413
c	REPAIRS AND MAINTENANCE	51,694.	40,846.	9,309.	
d		-36,451.	40,846. 16,274.	9,309.	-52,725
	· · · · · · · · · · · · · · · · · · ·	3,367,335.	2,290,141.	761,519.	315,675
5	Total functional expenses. Add lines 1 through 24e	5,507,555.	4,490,141.	101,019.	515,075
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

732010 11-28-17

Check here

Form 990 (2017)

if following SOP 98-2 (ASC 958-720)

10

Form 990 (2017)

Part X Balance Sheet

SCHOOL	FOR	ADVANCED	RESEARCH

85-0125045 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		204,450.	1	248,920.
	2	Savings and temporary cash investments		293,473.	2	826,666.
	3	Pledges and grants receivable, net	760,092.	3	530,712.	
	4	Accounts receivable, net		83,479.	4	65,028.
	5	Loans and other receivables from current and fo				
	-	trustees, key employees, and highest compensation				
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ş		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	F		7	
Ϋ́	8	Inventories for sale or use		258,079.	8	218,000.
	9	Prepaid expenses and deferred charges		66,801.	9	79,587.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 7,570,264.			
	b	Less: accumulated depreciation		1,252,348.	10c	1,111,966.
	11	Investments - publicly traded securities	19,479,437.	11	24,904,868.	
	12	Investments - other securities. See Part IV, line 1	6,145,577.	12	946,054.	
	13	Investments - program-related. See Part IV, line	1,945,744.	13	1,945,744.	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		30,489,480.	16	30,877,545.
	17	Accounts payable and accrued expenses	222,737.		247,084.	
	18	Grants payable			18	
	19	Deferred revenue			19	37,225.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former				
bilid		key employees, highest compensated employee				
Lia	00				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			23 24	
	24 25	Other liabilities (including federal income tax, pa	F		24	
	25	parties, and other liabilities not included on lines	-			
					25	
	26	Total liabilities. Add lines 17 through 25		222,737.	26	284,309.
	20	Organizations that follow SFAS 117 (ASC 958		/		
ŝ		complete lines 27 through 29, and lines 33 an				
nce	27	Unrestricted net assets		17,215,427.	27	17,313,524.
alai	28	Temporarily restricted net assets		2,034,159.	28	2,007,555.
d B	29			11,017,157.	29	11,272,157.
'n		Organizations that do not follow SFAS 117 (A				· · · · · · · · · · · · · · · · · · ·
P		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid in or capital surplus, or land, building, or ec			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
7			20 200 - 742		20 E02 22C	
~	33	Total net assets or fund balances		30,266,743. 30,489,480.	33	30,593,236. 30,877,545.

Form **990** (2017)

Form	1990 (2017) SCHOOL FOR ADVANCED RESEARCH	85-0	125045	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,976.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,335.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,260	5,743.
5	Net unrealized gains (losses) on investments	5	-2,170	),147.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	30,593	3,236.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
1		550		

# 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
1	2017
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

Part I         Reason for Public Charity Status (4) organizations must complete this part). See instructions.           The organization in cla privite foundation because it is (or fines 11 through 12, check only one box)           1         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).           2         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).           3         A hoginal or a cooperate hospital service organization described in section 170(b)(1)(A)(ii).           4         A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).           6         A toderal, state.         (Complete Part II)           7         An organization disconsitival part of its support from a governmental unit described in section 170(b)(1)(A)(v)(-).           8         A toderal, state.         In conjunction with a land grant college or university match in a computer to a section 170(b)(1)(A)(v)(-).           9         An againzation than omally necelves a substatial part of its support from agovernmental unit of some than 31 31 376 of its support from conjunction with a land grant college or university - mon-hand grant college or generate fluctors - substate insection 170(b)(1)(A)(ix)(complete Part II)           9         An againzation disconset fluctors - substate insection 170(b)(1)(A)(ix) complete Part II)           9         An againzation disconset (1) more than 31 376 of its support from contibutions, membership foes, and gross receipts fr				ANCED RESEAR					5-0125045	
1       A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         2       A school described in section 170(b)(1)(A)(ii). (Attach Schoolde in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state;         3       A norganization operated for conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state;         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a subtarial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).         8       A community trust described in section 170(b)(1)(A)(v).         9       An signatural research organization described in section 170(b)(1)(A)(v).         9       An arginalization that normally receives subtactions. Enter the name, city, and state of the college or university or non-itan 33 173% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to carrie oxelphone, and y 30, 1975. See section 509(a)(A).         10       An organization organized and operated exclusively to test for public safety. See section 509(a)(A).         11       An organization organized and operated exclusively for the benefit of is anglorally in generatin subjechore organization(A), by having organization	Part I	Reason for Public	Charity Status (A	All organizations must co	mplete this	s part.) Se	e instruction	З.		
2       A school described in section 170(b)(1)(A)(ii).         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         7       M An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         7       M An organization that normally necelves a substantial part of its support form a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)         9       An anginization that normally necelves: (1) more than 33 1/3% of its support form contributions, membanship fees, and gross necelpts from activities related to its exempt functions. Subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (loss socition 151 ka) from businesses acquired by the organization after June 30, 1975.         5       See section 500(a)(2). (Complete Part III.)       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organized and operated exclusively for the benefit (1, operform the functions) interport and and apart andin activate organization acon	The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only o	one box.)				
3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       A modulate research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, ethy, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II)         7       An organization that normally receives a substanial part of the support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II)         9       An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its sequent functions: subject to certae exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ses section 509(a)(2). Complete Part II)         10       An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in innes 12 a through 12 d hat describes the type of supporting organization and complete functions of the public sections 509(a)(3). Check the box in innes 12 a through 12 d hat described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in innes 12 a through 12 d hat describes the type orteride or aninporting organization (2) o	1	A church, convention of ch	urches, or associatio	on of churches described	d in <b>section</b>	170(b)(1	l)(A)(i).			
4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II.)         6       A feedra, state, or cload government or governmental unit described in section 170(b)(1)(A)(i). Complete Part II.)         7       X       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(i) (complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(ix) (compete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(ix) (compete Part II.)         9       An agricultural research organization that normally receives: (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 13% of its support from organization and unrelated business taxable income (less section 509(a)(2).         10       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more public/y supporting organization according the section 509(a)(2). See section 509(a)(3). Check the box in line 152 at through 124 that describes the regord supported organization(3) the presented, supporting organization operated, supporting organization (3), topicant organization acontrol or manage the suppo	2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
<ul> <li>city, and state:</li> <li>city, and state:</li></ul>	3	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170(k	b)(1)(A)(ii	i).			
<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its swampt functions. subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from buliensesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12 a through 12 dt had describes the type of supporting organization adomplet bears 12, 12, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(a)(b), typicing organization operated, supporting organization operated organization operated, supporting organization adminy of the directors or trustees of the supporting organization operated, supporting organization adminy of the directors or trustees of the supporting organization operated in connection with its supported organization(b), by alving control or management of the supporting organization operated in connection with and functionaly integrated with, its supported organization(b). You must comp</li></ul>	4	A medical research organiz	ation operated in co	njunction with a hospital	described i	in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
section 170(b)(1)(A)(A)(b) (Complete Part II)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that normally receives: (1) more than 33 1/3% of Its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to carrie nexeptions, and (2) no more than 33 1/3% of Its support from gross problem from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.         11       An organization organized and operated exclusively to test for public support for gross proceed of one or more publicly supported organization 60 (3) (2). Check the box in lines 12a through 12d that describes the type of supporting organization area (complete Ines 12e, 1/2, and 1/2).         12       An organization organization operated, supervised, or controlled In connection with its supported organization(s), type lill, supported organization (2) the support of grasnization(s), type lill (1).         11       An organization organization operated, supervised, or controlled In section 500(4)(1).         12       An organization is supported organization operated,		city, and state:								
6       A federal, state, or local government al unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agrinuttural research organization described in section 170(b)(1)(A) (v). (Complete Part II.)         9       An agrinuttural research organization described in section 170(b)(1)(A) operated in conjunction with a land-grant college or university: or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: a non-land-grant college of agriculture (see instructions). Enter the nama, city, and state of the college or university: a non-ganization durine state bin income (see section 501(a)) of the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organization doperated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)         12       An organization agrinutzion agrinutzion described in section 509(a)(4).         13       An organization organization operated exclusively to test for public safety. See section 509(a)(2). Charlete Part III.)         14       An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Charlete Part III.)         11       An organization organization operated exclusively for the benefit of to perform the functions 50(a)(2). Charlete Part III.) </th <th>5</th> <th>An organization operated for</th> <th>or the benefit of a co</th> <th>llege or university owned</th> <th>d or operate</th> <th>ed by a go</th> <th>overnmental u</th> <th>unit describ</th> <th>bed in</th>	5	An organization operated for	or the benefit of a co	llege or university owned	d or operate	ed by a go	overnmental u	unit describ	bed in	
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170b()1()A(V). (Complete Part II.)</li> <li>An agricultural research organization described in section 170b()1()A(V). (Complete Part II.)</li> <li>An agricultural research organization described in section 170b()1()A(V). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions = subject to carrial exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions = subject to carrial exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions = subject to carrial exceptions, and (2) no more than 33 1/3% of its support from contributions of not carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12e. 1/2, and 12g.</li> <li>Type I. A supporting organization apprated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization experised, or controlled in connection with its supported organization(s), typically organization experised or controlled in the same persons that control or manage the supporting organization experised in connection with its aupported organization(s). They experised or controlled in connection with its aupported organization(s) they furght apporting organization operated in connection with its a support dorganization(s) to unst complete Part IV. Sections A and C.</li> <li>Type II nort-inductionally integrated. A supporting organization operated in connection with its a support dorganization(s) they furght apport is organization operated in connec</li></ul>		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
section 170(b) (1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b) (1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b) (1)(A)(v). (Complete Part II.)         10       An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization section 509(a)(2). Check the box in lines 12 a through 120 that describes the type of supporting organization and complete Inso 1509(a)(2). Check the box in lines 12 a through 120 that describes the type of supporting organization organization operated, supervised, or controlled by its supported organization(s), bylically by giving the supporting organization supervised or controlled by its supported organization(s), by must complete Part IV, Sections A and B.         b       Type II, A supporting organization supervised or controlled in connection with its supported organization(s).         c organization(s), You must complete Part IV, Sections A and B.       Type III functionally integrated. A supporting organization operated in connection with a supported organization(s).         <		1 -	vernment or governn	nental unit described in s	section 170	)(b)(1)(A)	(v).			
A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.)     An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college     or university or a non-land-grant college of agriculture (see instructions). Enter the name, oity, and state of the college or     university:     university or a non-land-grant college of agriculture (see instructions). Enter the name, oity, and state of the college or     university:     university or a non-land-grant college of agriculture (see instructions). Enter the name, oity, and state of the college or     university:     university or a non-land-grant college of agriculture (see instructions). Enter the name, oity, and state of the college or     university or a non-land-grant college of agriculture (see instructions), and (2) no more than 33 1/3% of its support from gross investment     income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.     See section 509(a)(2), Complete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(4).     An organization organized and operated exclusively for the benefit of, to perform the functions or to carry out the purposes of one or     more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in     lines 12a through 12d that describes the type of supporting organization and complete Part IV. Sections A and B.     b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), the supporting organization vested in the same persons that control or manage the supported     organization(s). You must complete Part IV. Sections A and C.     Type III functionally integrated. A supporting organization operated in connection with its supported organization(s)     that is not functionally integrated. A suppor	7 X	An organization that norma	lly receives a substa	ntial part of its support f	rom a govei	rnmental	unit or from t	he general	public described in	
9       An agricultural research organization described in section 170(b)(1)(A)(k)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taable income (less section 501(a)(1) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12 a through 12 that describes the type of supporting organization and complete lines 12e, 12r, and 12g.         a       Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) that describes A and B.         b       Type I.A supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) that is notructoring. You must complete Part IV, Sections A and C.         c       Type II.A supporting organization operated in connection with its supported organization(s) that is notructoring integrated. A supporting organization operated in connection with an attentiveness receiptiment		1								
or university or a non-land grant college of agriculture (see Instructions). Enter the name, city, and state of the college or university:	8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)					
university:       university:         10       An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Clocing the Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), thylically by giving the supported organization(s), the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s).         t	9		-			-		-	-	
10       An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business stasse section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I A supporting organization operated, supervised, or contrulled by its supported organization(s), typically by giving the supporting organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization (s). Type III Anyporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization setsed in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the n	name, city	, and state of	f the colleg	e or	
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III Antonially integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization queraited in the staff advirbution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IBS that it is a Type I, Type III functionally integrated. The organization queraited supporting organization. f Enter the number of supported organizations		· · · · · · · · · · · · · · · · · · ·								
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 124 trivuigh 124 that describes the type of supporting organization and complete lines 12e, 127, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization (S). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Fart V. e Check this box if the organization received a writen determination from the IS that it is a Type II, Type III and the organizations. f Enter the number of supported organizations. f Enter the following information should the supported organization (s). (i) Name of supported organizations (ii) Name of supported organizations (iii) Name of supported organizations. f Enter the following information about the supported organization (s). (ii) Name of supported organizations (iii) Name of supported organization (iii) Name of supported (iii) IIII (iii) Type of organization	10									
See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised, or controlled by its supported organization(s), by having control or management of the supporting organization exeted in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type II. A supporting organization operated and complete loar IV, Sections A, D, and E.         d       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated supporting organization requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type Organization(s).         g       Provide the following information about the supported organization(s).         f       I										
11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support or granization operated, supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III not-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)         e       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)       Image: Supported organization(s)       Image: Supporti				(less section 511 tax) fro	om busines:	ses acqu	ired by the or	ganization	after June 30, 1975.	
12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)         d       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated with organization generality must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V.         e       Check this box if the organization receive		1	• •							
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 500(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) (See instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. The organization generatel in connection with its supported organization(s) that is not functionally integrated. The organization generately must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organizations g Provide the following information about the supported organization(s). f Enter the number of supported organizations g Provide the following information about the supported organization(s). f enter the number of supported organization (ii) Type of organization (iii) Type of organization (iii) Type of organization (iv) Amount of monetary (iv) Amount of other support (see instructions) f enter the number of supported organization organization (iv) Amount of support (see instructions) <b>i</b> the organization (iv) Amount of the ergen instructions)					•					
Ines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of management of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or manage the supporting organization supervised or controlled in connection with its supported organization(s), by having control or manage the supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III non-functionally integrated or Type III non-functionally integrated or Type III non-functionally integrated supporting organization [0] to the direct domains of the support (see instructions).         g       Provide the following information about the supported organization [0] to the direct domain document or (in Part Part Part Part Part Part Part Part	12 📖		-	•	-			-		
a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated organization(s).         g Provide the following information abut the supported organization(s).       If the reganization issue (ii) EIN         (i) Name of supported organization above (see instructions)       If the organization issue (iii) EIN         (ii) Name of supported organization above (see instructions)       If the organization issue (iv) Amount of other support (see instructions)         (i) Name of supported       (iii) EIN <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>neck the box in</th>									neck the box in	
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization ovested in the same persons that control or manage the support organization (s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III onor-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated. Supported organization(s). f Enter the number of supported organizations g Provide the following information about the supported organization(s) f end of supported (ii) EIN (iii) Type of organization	- [				-			-		
organization. You must complete Part IV, Sections À and B. b  ype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with, its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) integrated on lines 1:10	a∟									
b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III on-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (ii) ElN         (iii) Part organization       (iv) Interviewe III on above (see instructions)         above (see instructions))       Ves         variable       Interviewe III         (iv) Amount of there instructions)       Support (see instructions)         g       Interite instructions)       Interview				• • • •	а тпајопту от	i the alrea		es or the s	upporting	
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization (ii) File organization is a transmitter or supported organization (iii) File organization is the support of non-functionally integrated on lines 1-10	h [		-		tion with ito	aunnart	od organizatio	n(a) by ba	vina	
organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supported organization. f Enter the number of supported organization g Provide the following information about the supported organization (i) the organization in the support organization (ii) Elin (iii) Type of organization in the support (see instructions) voor diverse instructions) f Enter the number of supported (ii) Elin (iii) Type of organization in the support (see instructions) in the organization organization (ii) Elin (iii) Type of organization (iii) Elin (iii) Type of organization (iii) Elin (iii) Type of organization in the support (see instructions) is upport (see instructions) is upport (see instructions) f Enter the number of supported (iii) Elin (iii) Elin (iii) Type of organization (iii) Elin (iii)	D _		-				-		-	
c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization about the support (see instructions)       (ii) (iii) Type or organization is above (see instructions)       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         organization       (iii) EIN       (iii) Type organization is diversioned instructions)       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         g       Provide the following information about the support (see instructions)       Iiii (see instructions)       (vii) Amount of monetary support (see instruct		-			ame person			ige the sup	ported	
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Ethe organization document) (vi) Amount of other support (see instructions)) (vi) Amount of monetary support (see instructions)) (vi) Amount of other support (see instructions)) (vi) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)) (vi) Amount of monetary support (see instructions) (vi) Amount of mo	<b>c</b> [				in connectiv	on with a	and functiona	lly integrate	ed with	
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (iii) Type of organization(s).         (i) Name of supported organization       (iii) Type of organization(s).         (i) Name of supported organization about the supported organization(s).       (v) Amount of monetary support (see instructions)         (i) Name of supported       (iii) EIN       (iii) Type of organization (described on lines 1-10) above (see instructions)       (v) Amount of monetary support (see instructions)         (i) Name of supported       (iii) EIN       (iii) Type of organization (described on lines 1-10) above (see instructions)       (v) Amount of monetary support (see instructions)         (ii) EIN       (iii) EIN       (iii) EIN       (iii) EIN       (iii) EIN       (iii) EIN         (iii) Type (see instructions)       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	0 _							ny mograti	sa with,	
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) Name of supported organization about the supported organization (described on lines 1-10) above (see instructions)) Vers No (v) Amount of monetary support (see instructions)) (v) Amount of monetary support (see instructions) (v)	Ь							rted organi	zation(s)	
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(iii) Type of organization (decument?) (i) Name of supported (ii) EIN (iii) Type of organization (decument?) (i) Name of supported (iii) EIN (decument?) (i) EIN (decument?) (i) See instructions) (ii) EIN (decument?) (iv) Amount of monetary support (see instructions) (iv) Amount of other support (see instructions) (v) Amount of other support (see instructions) (vi) Amount of othe								-		
e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (iii) FIN         (iii) Vip of organization (described on lines 1-10)       (v) Amount of monetary support (see instructions)         yes       No         support (see instructions)       support (see instructions)         above (see instructions))       Image: support (see instructions)         result       Image: support (see instructions)         above (see instructions))       Image: support (see instructions)         Total       Image: support (see instructions)		-		• •	-		-			
functionally integrated, or Type III non-functionally integrated supporting organization.   f Enter the number of supported organizations   g Provide the following information about the supported organization (ii) Name of supported (ii) EIN   (iii) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions))   y y   y y   y y   no (iii) EIN   (iii) CIN (iii) EIN   (iii) CIN (iii) Sthe organization (described on lines 1-10 above (see instructions))   y y   y y   y y   no (iii) CIN   (iii) CIN (iii)	e	``	,	• •				II, Type III		
g       Provide the following information about the supported organization (s).         (i) Name of supported organization organization       (iii) Type of organization       (iv) Is the organization itsed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         0 organization       (iii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         1							<i></i>	, <b>,</b>		
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other         Ves       No       Ves       No       Support (see instructions)       support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)	f En	ter the number of supported of	organizations							
In your governing document?     (r) Historic of minoration     (r) Historic of minoration     (r) Historic of minoration       organization     in your governing document?     (r) Historic of minoration     support (see instructions)       word governing document?     Ves     No     support (see instructions)       version     version     version     version     support (see instructions)       version     version     version     version     version	<b>g</b> Pro	ovide the following information	n about the supporte	ed organization(s).						
Organization     Subport (see instructions))     Yes     No     Support (see instructions)     Support (see instructions)		.,	(ii) EIN		(iv) Is the organiz in your governing	zation listed document?	.,	,	. ,	
		organization			Yes	No	support (see in	istructions)	support (see instructions)	
	-									
	Total									
		Paperwork Reduction Act N	otice, see the Instr	uctions for Form 990 o	r 990-E7. 7	732021 10-	06-17 Scher	dule A (For	m 990 or 990-F7) 2017	

#### Schedule A (Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH Part II Support Schedule for Organizations Described in Sections 170(

85-0125045 Page 2

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,529,496.	1,640,170.	2,083,086.	1,858,634.	2,125,041.	9,236,427.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	1,529,496.	1,640,170.	2,083,086.	1,858,634.	2,125,041.	9,236,427.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,400,525.
6	Public support. Subtract line 5 from line 4.						4,835,902.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,529,496.	1,640,170.	2,083,086.	1,858,634.	2,125,041.	9,236,427.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	454,140.	501,147.	442,593.	568,444.	697,096.	2,663,420.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11,899,847.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 1	,371,327.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	o here					<b>&gt;</b>
Sec	ction C. Computation of Publ	IC Support Per	rcentage				10 61
	Public support percentage for 2017 (		-			14	40.64 %
	Public support percentage from 2016					15	38.38 %
16a	<b>33 1/3% support test - 2017.</b> If the o	-					
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2016.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2017

732022 10-06-17

14

Schedule A (Form 990 or 990-EZ) 2017 $  { m SC}$	HOOL FC	OR ADVAI	NCED RES	SEARCH
--	---------	----------	----------	--------

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	<u> </u>					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1			
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	<u> </u>					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>14 First five years.</b> If the Form 990 is for	the organization'	s first, second. thi	ird, fourth, or fifth	tax year as a section	on 501(c)(3) ora:	anization,
check this box and <b>stop here</b>						
Section C. Computation of Publ	ic Support Pe					
15 Public support percentage for 2017 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves	stment Incom	ne Percentage	)			
17 Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the					33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organiz	zation	
b 33 1/3% support tests - 2016. If the						%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
732023 10-06-17						990 or 990-EZ) 2017
			15			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 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).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

16

# Schedule A (Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	stion B. Type I Supporting Organizations	110		
			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 <b>Part VI</b> 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		
Sec	supervised, or controlled the supporting organization.	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NU
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>So</u>	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Jet			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		165	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 <b>Part VI</b> how	0		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	0		
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a L				
b		wetter		
c 2	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entity (see inst</i> Activities Test. <b>Answer (a) and (b) below.</b>	ructions	y. Yes	No
2			165	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	00		
h		2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	0h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
F	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
7000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			2017
13202	25 10-06-17 Schedule A (Form 9 17	50 01 95	/∪-⊑∠)	2017

## Schedule A (Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Ne	t Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capi	tal gain	1		
2 Recoveries of prior-	year distributions	2		
3 Other gross income	(see instructions)	3		
4 Add lines 1 through	3	4		
5 Depreciation and de	epletion	5		
6 Portion of operating	expenses paid or incurred for production or			
collection of gross i	ncome or for management, conservation, or			
maintenance of pro	perty held for production of income (see instructions)	6		
7 Other expenses (se	e instructions)	7		
· · · ·	me (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum As			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair mark	et value of all non-exempt-use assets (see			
instructions for sho	rt tax year or assets held for part of year):			
a Average monthly va	lue of securities	1a		
b Average monthly ca	ash balances	1b		
c Fair market value of	other non-exempt-use assets	1c		
d Total (add lines 1a,	1b, and 1c)	1d		
e Discount claimed f	or blockage or other			
factors (explain in d	etail in <b>Part VI</b> ):			
2 Acquisition indebte	dness applicable to non-exempt-use assets	2		
3 Subtract line 2 from	line 1d	3		
4 Cash deemed held	for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-ex	empt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .0		6		
7 Recoveries of prior-	year distributions	7		
8 Minimum Asset Ar	nount (add line 7 to line 6)	8		
Section C - Distributable	Amount			Current Year
1 Adjusted net incom	e for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amo	ount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line	2 or line 3	4		
5 Income tax imposed		5		
	unt. Subtract line 5 from line 4, unless subject to			
	ary reduction (see instructions)	6		
	the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

# Schedule A (Form 990 or 990 EZ) 2017 SCHOOL FOR ADVANCED RESEARCH

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		i	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (	Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH	85-0125045 <sub>Page</sub>
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete thi	IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
	7	Schedule A (Form 990 or 990-EZ) 20

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

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* 1
-----	--------	------------	------	-----

# Schedule of Contributors

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

OMB No. 1545-0047

# 2017

5

Employer identification number

85-012504

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

SCHOOL FOR ADVANCED RESEARCH

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

#### **General Rule**

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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.

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

85-0125045

#### SCHOOL FOR ADVANCED RESEARCH

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 123,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 506,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 257,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 164,640. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 110,798. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17

22

Part I

Employer identification number

#### SCHOOL FOR ADVANCED RESEARCH

85-0125045 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c) Tatal contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$52,500.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$46,600.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$46,500.	Person X 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
723452 11-0	1-17	\$ Schedule B (Form	Person Payroll Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)
	23		, ,, (2011)

Employer identification number

85-0125045

SCHOOL FOR ADVANCED RESEARCH

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	562 SHS GE AND 77 SHS KIMBERLY CLARK	-	
		\$20,779.	10/25/17
(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 noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(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 noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	

Name of orga	nization		Employer identification num	nber
SCHOOL	FOR ADVANCED RESEARCH	г	85-0125045	
Part III		tributions to organizations described i columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1, ing line entry. For organizations	,000 for
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	3 
 		(e) Transfer of gift		
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	k 
		(e) Transfer of gift		
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee	
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	k
- 				
	Transferee's name, address, a	(e) Transfer of gift Ind ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	ł
.   .				
-		(e) Transfer of gift		
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee	
723454 11-01-1	7	25	Schedule B (Form 990, 990-EZ, or 990-	-PF) (201

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.



Employer identification number

85-0125045

Name of the organization

#### SCHOOL FOR ADVANCED RESEARCH

Par	t I Organizations Maintaining Donor Advise	d Funds or Ot	ner Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		<b>(a)</b> Donor a	dvised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the ass	ets held in donor advise	ed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing th	at grant funds can be u	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or	for any other purpose of	conferring	
	impermissible private benefit?				Yes No
Par				Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	`			
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a histo	orically impo	rtant land area
	Protection of natural habitat		Preservation of a certif	fied historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation c	ontribution in the form o	of a conserv	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic stru	ucture included in (	a)	2c	
d	Number of conservation easements included in (c) acquired a			ire	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguishe	d, or terminated by the	organizatio	n during the tax
	year ►				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		spection, handling of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing cons	ervation ea	sements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, a	nd enforcing conservat	ion easeme	nts during the year
	►\$				
8	Does each conservation easement reported on line 2(d) abov				
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		•	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial state	ments that describes t	he organiza	ition's accounting for
De	conservation easements.	Art Historias	Tragging or Of	har Cimi	lar Acasta
Par	t III Organizations Maintaining Collections of			mer Sinn	iar Assels.
	Complete if the organization answered "Yes" on Form				
та	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public exh		or research in furtherar	ice of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri				
D	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or researc	in in furtherance of pub	blic service,	provide the following amounts
	relating to these items:			•	<b>^</b>
	(i) Revenue included on Form 990, Part VIII, line 1			🟲	\$
~					\$
2	If the organization received or held works of art, historical treater the following and the following			gain, provid	be
	the following amounts required to be reported under SFAS 1		-	⊾	<u>ሱ</u>
	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X		<u></u>	🕨	
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2017
73205	I 10-09-17				

Sche	dule D (Form 990) 2017 SCHOOL	FOR ADVANC	ED RESEARC	H	1	85-01	25045	D Pa	age <b>2</b>
Pa	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Historical Tr	easures, or Ot	her Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that are a	significant	use of its	collectior	n item	s
	(check all that apply):								
а	Public exhibition	d	X Loan or exc	hange programs					
b	X Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	kempt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	X	No
Pa	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	on Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other assets n	ot included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account lia	bility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Pa	<b>t V Endowment Funds.</b> Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three y	ears back	(e) Four		
	Beginning of year balance	23,618,186.	23,886,887.	25,122,920	. 25,9	01,663.	24,	522,	175.
b	Contributions	255,000.	96,000.	236,878				4,	920.
с	Net investment earnings, gains, and losses	1,275,379.	1,263,912.	-238,001	. 6	34,147.	2,	753,	256.
d	Grants or scholarships	104,000.	137,100.	120,000	. 1	92,581.		302,	092.
е	Other expenditures for facilities								
	and programs	1,058,115.	1,382,177.	980,000	. 1,1	42,731.		987,	515.
f	Administrative expenses	44,141.	109,336.			77,578.		89,	081.
g	End of year balance	23,942,309.	23,618,186.	23,886,887	. 25,1	22,920.	25,	901,	663.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	53.00	_%						
b	Permanent endowment  47.00	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered for	r the organiz	ation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of			Accumulate	d	(d) Book	value	Э
		basis (investr	,	· /	lepreciation				
1a	Land			6,331.					31.
	Buildings				,687,4			5,4	
с	Leasehold improvements				,793,8			3,3	
d	Equipment		1,04	4,402.	976,9	/0.		7,4	
	Other			3,475.				3,4'	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10c.)			1,111		
					;	Schedule	D (Form	990)	2017

732052 10-09-17

27

	Schedule D (Form 990) 2017 SCHOOL FOR ADV	VANCED RESEARCH
--	---	-----------------

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, I (b) Book value	ine 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	and of year market value
			end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	1		
(A) (B)	1		
(C)	1		
(D)			
(E)	1		
(F)	<u> </u>		
(G)	<u> </u>		
(H)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dart IV	ing 11g, Sog Form 000, Dart V, ling 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1) LAND HELD FOR FUTURE USE	1,945,74		
(-)	1,515,71		
(2)	1		
<u>(3)</u>	1		
<u>(4)</u>	1		
(5)(6)	1		
<u>(6)</u>	1		
<u>(7)</u>	1		
<u>(8)</u>	1		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,945,74	1	
	on Form 990, Part IV, I Description	ine 11d. See Form 990, Part X, line 15.	(b) Book value
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9) Tetel (Column (b) must accual form 000 Dart X act (D) (in			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.)</u>		
Complete if the organization answered "Yes"	on Form 000 Dart IV	ing 11g or 11f Sog Form 000 Part V ling	25
	on Form 990, Part IV, I	(b) Book value	23.
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	· · · · · · · · · · · · · · · · · · ·		
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck here if the text of the footnote has be	en provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 SCHOOL FOR ADVANCED RESEAR				0125045	Page <b>4</b>		
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.						
1	Total revenue, gains, and other support per audited financial statements			1	3,873	,341.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments		-2,170,147.					
b	Donated services and use of facilities		3,845.					
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	-2,166			
3	Subtract line 2e from line 1			3	6,039	,643.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)	4b	-175,667.					
С	Add lines <b>4a</b> and <b>4b</b>			4c		,667.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,863	<u>,976.</u>		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		lith Expenses per	Retu	ırn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 546	010		
1	Total expenses and losses per audited financial statements			1	3,546	,040.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	2 0/5					
а	Donated services and use of facilities		3,845.	-				
b	Prior year adjustments							
С	Other losses		175 660					
d	Other (Describe in Part XIII.)		175,668.		170	F12		
е	Add lines 2a through 2d			2e		<u>,513.</u>		
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,367	,335.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)	. <b>4</b> b				•		
С	Add lines 4a and 4b			4c		0.		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )			5	3,367	,335.		
Pa	rt XIII Supplemental Information.							

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS
SINCE THE SCHOOL'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE
STATEMENTS OF FINANCIAL POSITION. THE SCHOOL ADHERES TO THE POLICIES OF
THE AMERICAN ASSOCIATION OF MUSEUMS, WHICH DISCOURAGES THE ASSIGNMENT OF
DOLLAR VALUES TO COLLECTIONS NOT INTENDED FOR SALE IN THE MARKETPLACE.
PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED
NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS DECREASES IN
TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS
ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED
ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS ARE REFLECTED AS
INCREASES IN THE APPROPRIATE NET ASSET CLASSES AND ARE DESIGNATED FOR
732054 10-09-17 Schedule D (Form 990) 2017 29
7371120 099347 069-00110200 2017.05000 SCHOOL FOR ADVANCED RESEARC 069-0JK1

COLLECTION ACQUISITION AND CARE.

PART III, LINE 4:

THE COLLECTION IS COMPOSED OF OVER 12,000 ITEMS INCLUDING CERAMICS, TEXTILES, WORKS ON PAPER AND PAINTINGS, BASKETRY, JEWELRY, CARVED FIGURES KNOWN AS KACHINAS, AND A VARIETY OF OTHER ITEMS OF MATERIAL CULTURE. THE GOAL IS TO BRIDGE THE DIVIDE BETWEEN CREATIVITY AND SCHOLARSHIP BY SUPPORTING INITIATIVES AND PROJECTS IN NATIVE STUDIES, ART HISTORY, AND CREATIVE EXPRESSION THAT ILLUMINATE THE INTERSECTIONS OF THE SOCIAL SCIENCES, HUMANITIES, AND ARTS. THIS IS ACCOMPLISHED BY FOSTERING DIALOGUE AMONG ARTISTS, RESEARCHERS, SCHOLARS, AND COMMUNITY MEMBERS THROUGH COLLECTIONS-BASED SEMINARS, SYMPOSIA, INTERNSHIPS, AND OBJECT LOANS TO OTHER INSTITUTIONS.

PART V, LINE 4:

THE ENDOWMENT PROVIDES ON-GOING SUPPORT FOR BOTH SPECIFIC PROGRAMS AND FOR GENERAL OPERATION NEEDS. THE ENDOWMENT IS INVESTED IN A MANNER TO FIRST PRESERVE CAPITAL AND THEN TO PROVIDE SUPPORT FOR THE SCHOOL.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF SALES RECLASSIFICATION	-95,143.
FUNDRAISING EVENT EXP RECLASSIFICATION	-80,525.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-175,667.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF SALES RECLASSIFICATION	95,143.
FUNDRAISING EVENT EXP RECLASSIFICATION	80,525.
	Schedule D (Form 990) 2017

732055 10-09-17

30

Schedule D (Form 990) 2017	SCHOOL FOR	ADVANCED RESEARCH	85-0125045 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	ormation (continued)		
TOTAL TO SCHEDULE	ο ράρψ χττ	LINE 2D	175,668.
	<i>,</i> ,		
732055 10-09-17			Schedule D (Form 990) 2017
		31	

SCHEDULE G	Suppleme	ntal Information Reg	arding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	•	e organization answered " organization entered more					or 19,	or if the	2017
Department of the Treasury Internal Revenue Service	-	<ul> <li>Attach to F</li> <li>Go to www.irs.gov/Fo</li> </ul>	orm 990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		FOR ADVANCED F						Employeri 85-012	dentification number
Part I Fundrais		Complete if the organization				n Form 990, Part IV,	line 1		
required to	complete this par								
a Mail solicitat	-			-		overnment grants			
	email solicitations				-	nment grants			
c Phone solici d In-person so		g 📖	Special	fundra	aising	events			
		or oral agreement with any ir							
	highest paid indiv	art VII) or entity in connection viduals or entities (fundraise				•			o be
				(;;;)	Did		60	Amount paid	
(i) Name and addres or entity (fund		<b>(ii)</b> Activity		(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	
				Yes	No	-			
									_
									_
Total									
		on is registered or licensed t			oution	s or has been notified	d it is	exempt fron	n registration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions fo	or Form 9	990 or	990-	EZ. S	Schee	dule G (Forn	n 990 or 990-EZ) 2017

732081 09-13-17

32

## Schedule G (Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH

85-0125045 Page 2

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

		of fundraising event contributions and gr				ipis greater than \$5,000.
			(a) Event #1 AUCTION	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			DINNER			col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	125,225.			125,225.
	2	Less: Contributions	84,300.			84,300.
	3	Gross income (line 1 minus line 2)	40,925.			40,925.
	4	Cash prizes	0.			
6	5	Noncash prizes	0.			
pense	6	Rent/facility costs	19,201.			19,201.
<b>Direct Expenses</b>	7	Food and beverages	22,682.			22,682.
Ō	8	Entertainment	694.			694.
	9	Other direct expenses	27 040			37,948.
	10	Direct expense summary. Add lines 4 throug			▶	80,525.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		►	-39,600.
Pa	rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			i
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
-	1	Gross revenue				
se	2	Cash prizes				
xpenses	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_ Yes \_\_\_\_ b If "No," explain: \_\_\_\_\_

%

Yes

No

Yes

No

732082 09-13-17

Direct Ex

4

5 Other direct expenses

6 Volunteer labor

Schedule G (Form 990 or 990-EZ) 2017

No

%

Yes

No

%

Sch	edule G (Form 990 or 990-EZ) 2017 SCHOOL FOR ADVANCED RESEARCH 85-	012504	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	🗌 Ye	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗌 Ye	s 🗌 No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility	. 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Ye	s 🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Address 🕨		
16	Gaming manager information:		
	Name 🕨		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Director/officer		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗀 Ye	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Ра	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9, 9b	10b, 15b,
_			
7320	83 09-13-17 Schedule G (Fo	rm 990 or 9	90-EZ) 2017
~	34		• • • • • •

		Schedule G (Form 990 or 990-E2
2084 04-01-17		
71120 099347 069-0011020	35 0 2017.05000 SCHOOL FOR ADV	ANCED RESEARC 069-0.781

SCHEDU (Form 99									
	of the Treasury enue Service		-	Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection	
Name of the organization     Employer identification       SCHOOL FOR ADVANCED RESEARCH     85-01									
Part I	General Information on Grants	and Assistance							
crit	es the organization maintain records eria used to award the grants or ass	istance?				, ,			
	cribe in Part IV the organization's p								
Part II	Grants and Other Assistance to					anization answered "	res" on Form 990, Par	t IV, line 21, for any	
	recipient that received more than					(f) Method of	1		
1 (a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
<b>2</b> Ent	er total number of section 501(c)(3)	and government or	ganizations listed in th	ne line 1 table					
3 Ent	er total number of other organization	ns listed in the line	1 table	·····					
LHA Fo	r Paperwork Reduction Act Notic	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)	

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TIPENDS	9	214,000.	0.	;	
Part IV Supplemental Information. Provide the information	n required in Part I. lin	ne 2: Part III. column	(b): and any other a	dditional information.	
PART I, LINE 2:		,, e.e., eelann	, 2 a j c.i.o u		
HE FELLOWSHIP RECIPIENTS AND TH	HE MONIES P	ROVIDED AR	E MONITORE	D THROUGH THE	

RESIDENT SCHOLAR DIVISION. THE DIVISION REQUIRES YEARLY INTERIM REPORTS

DETAILING EXPENDITURES AS WELL AS A FINAL REPORT. IN ADDITION, THERE ARE

SPECIFIC REQUIREMENTS THAT NEED TO BE MET. SCHOLARS MUST ATTEND THE WEEKLY

COLLOQUIA AND POST-COLLOQUIUM LUNCHES, PRESENT AT THE COLLOQUIA, AND SUBMIT

A FINAL REPORT DETAILING ACCOMPLISHMENTS.

#### STIPENDS ARE PAID DURING THE SCHOLARS' RESIDENCE ON CAMPUS.

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	17	,
•	-	Compensated Employees		20		
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		•	ction	
Nan	e of the organizatio		Employer			mber
_		SCHOOL FOR ADVANCED RESEARCH	85-0	012504	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
<b>1</b> a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as, maid, chauffe	eur, chef)			
Ŀ						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		416		
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
Z	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
5						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Independent compensation consultant Compensation survey or study					
	Independent compensation consultant       Compensation survey or study         Image: Strain Stra					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а		e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				Х
с		ceive payment from, an equity-based compensation arrangement?				Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		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 compensati	on			
	contingent on the r	net earnings of:				
а	a The organization?					X
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990	) 2017

Schedule J (Form 990) 2017

85-0125045

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 aren't 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MICHAEL BROWN	(i)	177,851.	0.	35,008.	8,514.	17,238.	238,611.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

#### 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.

#### PART I, LINE 3:

THE BOARD OF DIRECTORS NEGOTIATE THE PRESIDENT'S SALARY AND CONTRACT BASED

#### ON SIMILIAR DATA FROM SIMILIAR ORGANIZATIONS.

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047 2017

Department of the Treasury	
Internal Revenue Service	

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

Open To Public Inspection

Employer identification number 85-0125045

Name	of the	organization

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

### SCHOOL FOR ADVANCED RESEARCH

Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu		•	s
1	Art - Works of art	Х	30		<b>U</b>	N/A			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	6	62	,996.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
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	Other ► (AUCTION ITEMS)	Х	27	27	,800.	FMV			
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828				29			0	
								Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	ported in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't requir	ed to be u	ised for			
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandar	rd contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sel	I noncash				37
	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which columr	n (a) is che	cked,			
	describe in Part II.					Sabadula M			
1 1 1 1	Lor Department Reduction Act Nation and	the Instruc	tione tor Earm 00			Nobodulo M			

Schedule M (Form 990) 2017

732141 09-07-17

Schedule M (Form 990) 2017 SCHOOL FOR ADVANCED RESEARCH

**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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS IS LISTED.

SCHEDULE M, LINE 33:

THE SCHOOL ADHERES TO THE POLICIES OF THE AMERICAN ASSOCIATION OF

MUSEUMS WHICH DISCOURAGES THE ASSIGNMENT OF DOLLAR VALUES TO

COLLECTIONS NOT INTENDED FOR SALE IN THE MARKETPLACE.

Schedule M (Form 990) 2017

85-0125045

Page **2** 

732142 09-07-17

42

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL FOR ADVANCED RESEARCH

Employer identification number 85 - 0125045

OMB No 1545-0047

Open to Public

Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SCHOOL FOR ADVANCED RESEARCH (SAR) SUPPORTS INNOVATIVE RESEARCH AND

PUBLIC EDUCATION THROUGH SEMINARS, LECTURES, AND RESIDENTIAL

FELLOWSHIPS FOCUSED ON THE COMPARATIVE STUDY OF HUMAN SOCIETIES;

PROMOTES INDIFENOUS CREATIVITY THROUGH ARTIST RESIDENCIES; AND STEWARDS

ONE OF THE WORLD'S FINEST RESEARCH COLLECTIONS OF SOUTHWEST NATIVE

AMERICAN ART.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SAR PRESS - THE MISSION OF SAR PRESS IS TO FOSTER RESEARCH ON HUMAN

CULTURE, EVOLUTION, HISTORY, AND CREATIVE EXPRESSION THROUGH SUPPORT OF

THE ADVANCED SEMINAR, RESIDENT SCHOLAR, AND NATIVE ARTIST FELLOW

PROGRAMS AND PUBLICATION OF THE RESULTS OF THOSE PROGRAMS TO A WIDE

ARRAY OF SCHOLARLY AND PUBLIC AUDIENCES. THE PRESS ALSO PUBLISHES BOOKS

BY OUTSIDE AUTHORS IN TOPICS OF IMPORTANCE TO THE SAR MISSION. IN

FY2016 SAR ENTERED INTO AN AGREEMENT WITH THE UNIVERSITY OF NEW MEXICO

PRESS (UNM PRESS) TO DISTRIBUTE SAR PRESS' CURRENT TITLES AND TO

CO-PUBLISH FUTURE TITLES. THE MOVE PROVIDES SIGNIFICANT FINANCIAL

SAVINGS WHILE MAINTAINING THE INTENT OF THE SAR PRESS MISSION.

EXPENSES \$ 103,267. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,839.

 FORM 990, PART VI, SECTION B, LINE 11B:

 THE FIRST DRAFT OF THE 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE.

 AFTER QUESTIONS ARE ANSWERED AND NECESSARY CHANGES ARE MADE, THE FINAL

 DRAFT 990 IS PROVIDED TO THE FULL BOARD BEFORE THE RETURN IS FILED.

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

 Y32211 09-07-17

Name of the organization

Employer identification number 85 - 0125045

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

EFFECTIVE NOVEMBER OF 2013, THE BOARD ADOPTED A MORE FORMAL POLICY THAT NOW

REQUIRES BOARD MEMBERS TO BE ASKED TO REVIEW THE CONFLICT OF INTEREST

POLICY ANNUALLY AND SIGN A STATEMENT THAT THEY ARE NOT IN CONFLICT WITH THE POLICY EACH YEAR.

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

THE BOARD OF DIRECTORS NEGOTIATES THE PRESIDENT'S SALARY AND CONTRACT BASED ON DATA FROM SIMILAR ORGANIZATIONS ALONG WITH THE COMPENSATION OF ANY OTHER OFFICERS OR KEY EMPLOYEES. CONTEMPORANEOUS SUBSTANTIATION IS MAINTAINED OF THE DELIBERATION AND DECISION.

THE PRESIDENT DETERMINES THE COMPENSATION OF ALL OTHER STAFF AFTER CONSULTATION WITH SAR'S HR DEPARTMENT, THE RESULTS OF A SALARY SURVEY AND CONSIDERATION OF AVAILABLE FUNDS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ANNUAL REPORT.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DONATED GOODS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

732212 09-07-17

16,274.

27,800.

44,074.

0.

44

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2
SCHOOL FOR ADVANCED RESEARCH	85-0125045
LESS: FUNDRAISING EXPENSE TO PG 9:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	-80,525.
TOTAL EXPENSES	-80,525.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A -36,451.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTI	ON PROCESS
DURING THE TAX YEAR.	
732212 09-07-17 Sche	dule O (Form 990 or 990-EZ) (2017)
45 371120 099347 069-00110200 2017.05000 SCHOOL FOR ADVANCE	

07371120 099347 069-00110200 20 SCHOOL F OR ADVANCED RESEARC