Form **99**(

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 **Open to Public** Inspection

Depa Interi	rtment o nal Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
AF	or th	e 2022 calend	ar year, or tax year beginning $_{ m JUL}$ 1, 2022 and e	ending J	UN 30, 2023	
B a	Check if pplicab	le: C Name of	forganization		D Employer identificat	tion number
	Addre	ss school	FOR ADVANCED RESEARCH			
	Name		usiness as		85-0125045	
	Initial			Room/suite	E Telephone number	
	 Final return		OX 2188		505-954-7200	
	termir ated	)-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,673,411.
	Amen return	ded SANTA	FE, NM 87504		H(a) Is this a group retu	rn
	Applic tion	F Name a	nd address of principal officer: MICHAEL F. BROWN		for subordinates?	
	pendi	na	C ABOVE		<b>H(b)</b> Are all subordinates include	
11	Fax-ex	empt status:	x 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	r 📃 527		
٦١	Nebsi	te: WWW.SA	RWEB.ORG		H(c) Group exemption r	lumber
ĸ	orm o	f organization:	X Corporation Trust Association Other	L Year		tate of legal domicile: №
Pa	art I	Summary				
-	1	Briefly describ	e the organization's mission or most significant activities: SEE SCH	IEDULE O		
nce						
Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net asset	3.
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	28
Ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			26
es 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	40
vitie	6	Total number	of volunteers (estimate if necessary)		6	50
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		4,283,206.	1,895,672.
Revenue	9	•	ce revenue (Part VIII, line 2g)		44,992.	108,776.
Sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)		827,731.	429,523.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,150.	110,143.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,150,779.	2,544,114.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		250,298.	180,000.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,162,128.	2,378,250.
sue	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 912, 4	37.	4 535 949	0 404 544
ш	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,537,848.	2,194,714.
	1		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,950,274.	4,752,964.
	19	Revenue less	expenses. Subtract line 18 from line 12		1,200,505.	-2,208,850.
S OL					ginning of Current Year	End of Year
Net Assets or	20	Total assets (F			31,763,679.	31,851,144.
et A.	21		(Part X, line 26)		261,107.	319,430.
		Net assets or Signature	fund balances. Subtract line 21 from line 20		31,502,572.	31,531,714.
	art II				and and to the base of a large	and a share and to the first state
			I declare that I have examined this return, including accompanying schedules			iowiedge and belief, it is
true	, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of whi	icii preparer	nas any knowledge.	

Sign	Signature of offi	icer			Date			
Here	MICHAEL F.	BROWN, PRESIDENT						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	PTIN	
Paid	STEPHEN LIV	INGSTON	STEPHEN LIVINGSTON	02/28/24	1	if self-employed	₽00317845	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's	sEIN 41-	0746749	
Use Only	Firm's address	6501 AMERICAS PARKWAY NE,	SUITE 500					
		ALBUQUERQUE, NM 87110			Phone	e no.505-84	2-8290	
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
							_ 0	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Ι

	990 (2022) SCHOOL FOR ADVANCED RESEARCH t III Statement of Program Service Accomplishments	85-0125045	Page 2
Par			X
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔺
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 329, 816. including grants of \$180,000. ) (Revenue	\$	24,980.
	SCHOLAR PROGRAMS - THE ADVANCED SEMINAR PROGRAM PROVIDES OPPORTUNITIES		
	FOR SELECT GROUPS OF SCHOLARS IN ANTHROPOLOGY AND RELATED DISCIPLINES		
	TO MEET ON THE SAR CAMPUS AND APPRAISE RESEARCH, SHARE IDEAS,		
	SYNTHESIZE RESULTS, AND DEVELOP NEW AND SIGNIFICANT PERSPECTIVES ON THE		
	HUMAN EXPERIENCE. THE RESIDENT SCHOLAR PROGRAM PROMOTES OUTSTANDING		
	SCHOLARSHIP IN ANTHROPOLOGY AND RELATED DISCIPLINES BY PROVIDING		
	SCHOLARS WITH RESIDENTIAL FELLOWSHIPS SO THAT THEY CAN PREPARE		
	MANUSCRIPTS OR COMPLETE ORIGINAL RESEARCH ON TOPICS THAT FURTHER THE		
	UNDERSTANDING OF THE HUMAN EXPERIENCE. THE STALEY PRIZE PROMOTES		
	EXEMPLARY RESEARCH AND WRITING IN ANTHROPOLOGY BY HONORING THE AUTHORS		
	OF LANDMARK PUBLICATIONS THAT ADD NEW DIMENSIONS TO OUR UNDERSTANDING		
	OF THE HUMAN SPECIES.		
4b		\$	3,899.
	INDIAN ARTS RESEARCH CENTER (IARC) - THE IARC WORKS TO BRIDGE THE		
	DIVIDE BETWEEN CREATIVITY AND SCHOLARSHIP BY ADMINISTERING INITIATIVES		
	CENTERED ON NATIVE AMERICAN STUDIES, ART HISTORY, AND CREATIVE		
	EXPRESSION THAT ILLUMINATE THE INTERSECTIONS OF THE SOCIAL SCIENCES,		
	HUMANITIES, AND ARTS. THIS LOFTY GOAL IS ACCOMPLISHED BY PROVIDING		
	FELLOWSHIP AND INTERNSHIP OPPORTUNITIES FOR ARTISTS AND MUSEUM		
	PROFESSIONALS TO ENGAGE IN UNINTERRUPTED CREATIVITY; FOSTERING DIALOGUE		
	AMONG ARTISTS, SCHOLARS, RESEARCHERS AND COMMUNITY MEMBERS THROUGH		
	SEMINARS AND SYMPOSIA; NURTURING FUTURE ARTS AND MUSEUM PROFESSIONALS		
	THROUGH EXPERIENTIAL TRAINING; AND PROMOTING STUDY AND EXPLORATION OF		
	THE IARC COLLECTION OF NATIVE AMERICAN ARTS.		
4c		\$	99,513.
	PUBLIC PROGRAMS - SEE SCHEDULE O.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$     189,974. including grants of \$     0.) (Revenue \$       Total program service expenses     3,132,776.	41,515.)	
	Total program service expenses 3,132,776.		

Form	Part IV Checklist of Required Schedules		Р	age <b>3</b>
Pa	TIV 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? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 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 donor-restricted endowments			
	or in 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,		х	
	Part VI	11a	Δ	
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			
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
		14a		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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>		
.5	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			
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			Ψ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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85-0125045

Form **990** (2022)

Form	990 (2022) SCHOOL FOR ADVANCED RESEARCH 85-01250	15	Р	<sub>age</sub> 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
_	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes, " complete Schedule L, Part IV	28a	Х	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		x
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			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24		- 55		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
<i></i>	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 203		_	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	х	
00000				l (2022)
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	990 (2022) SCHOOL FOR ADVANCED RESEARCH		85-012504	5	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[			
	filed for the calendar year ending with or within the year covered by this return	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	 ns?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•		4a		х
h	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FF				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x
				50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	ed to the payor?	7a		
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D		126				
-	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand			44-		x
				14a		-
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	0000	
232005	i 12-13-22			Form	990	(2022)

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		~ <b></b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	5	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	0		
7a		7.		x
Ŀ.	more members of the governing body?	<u>7a</u>		
b		71.		x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	0.	х	
a		<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b		110		
12a		12a	х	
b			х	
c		12.5		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.2		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\{ m NM}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JORGE FONSECA - (505)954-7226			
	660 GARCIA STREET, SANTA FE, NM 87505		990	

Form 990 (2022)	SCHOOL FOR ADVANCED RESEARCH	85-0125045	Page 7
Part VII Compen	nsation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if So	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Emp	oloyees	
•	e for all persons required to be listed. Report compensation for the calend anization's <b>current</b> officers, directors, trustees (whether individuals or or	, ,	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title	Average hours per week (list any hours for related	box	not cl , unles cer an	Pos heck ss per	more rson i	than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for	box offi	, unles	ss pei	rson i	s both	n an	·	compensation	amount of
	(list any hours for		cer an	dad	Irecto	r/trus	tee)			
	hours for	recto					,	from	from related	other
								the	organizations	compensation
	related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor	-	1000 NEO		organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MICHAEL BROWN	40.00	_	_				-			
PRESIDENT, DIRECTOR		х		х				229,518.	Ο.	10,124.
(2) ALEX KALANGIS	40.00									
VP FIN. AND ADMIN				х				52,587.	0.	5,908.
(3) ESTEVAN RAEL-GALVEZ	1.00	D						100		
DIRECTOR		Х						0.	0.	0.
(4) KEN COLE	2.00									
CHAIR		Х		х				0.	0.	0.
(5) ELIZABETH GLASSMAN	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(6) JOE BRACEWELL	1.00									
TREASURER		Х		х				0.	0.	0.
(7) JOHN ARROYO	1.00									
SECRETARY		Х		х				0.	0.	0.
(8) ALEX BARKER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) NANCY BERN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) NED BLACKHAWK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DOROTHY BRACEY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DON BRENNIS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BRENDA CHILD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LARRY COLTON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JOE COLVIN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) THOMAS CONNER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SUSAN FOOTE	1.00									
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2022)

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Form 990 (2022)

10500228 131839 A369234

Form 990 (2022) SCHOOL FOR AL	VANCED RES	EAR	CH						85-0125	045	5	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	<i>.</i> .		Pos	ition			Reportable	Reportable		E٤	stimate	ed
	hours per		not ch , unles					compensation	compensation			nount	
	week	offic	cer and	d a d	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	ipensa	ition
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	′		rom th	
	related organizations	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	below	ual tru	ional		ploye	t com ee		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	0115
(18) ED GALE	1.00	-	<u> </u>	0	Ŷ	Ξē	Ē			+			
DIRECTOR		x						0.		٥.			Ο.
(19) DONALD LAMM	1.00												
DIRECTOR		x						0.		۱.٥			0.
(20) LOUISE LAMPHERE	1.00												
DIRECTOR	1.00	x						0.		٥.			0.
(21) JUNE LORENZO	1.00												<u>.</u>
DIRECTOR	1.00	x						0.		٥.			0.
(22) ANN MORTON	1.00	<u>л</u>						· · ·		<u>+</u>			<u> </u>
DEVELOPMENT CHAIR	1.00	x						0.		٥.			0.
(23) JOHN NIETO-PHILLIPS	1.00	л						· · · ·					<u> </u>
AAA CHAIR	1.00	x						0.		٥.			Ο.
(24) JULIE RIVERS	1.00												<u>.</u>
DIRECTOR	1.00	x						0.		٥.			٥.
(25) STEVE ROBINSON	1.00												<u>.</u>
DIRECTOR		x						0.		٥.			0.
(26) JERRY SABLOFF	1.00									-			
DIRECTOR		x						0.		۱.٥			0.
1b Subtotal								282,105.		0.		16	032.
c Total from continuation sheets to Part VII								0.		0.		/	0.
d Total (add lines 1b and 1c)								282,105.		0.		16	032.
2 Total number of individuals (including but no								,	000 of reportable			,	-
compensation from the organization		000	notot	u un		,	010						1
compensation nom the organization												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	ev e	mpl	ove	e. or	hio	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for su										- 1	3		х
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>										i h			
and related organizations greater than \$150										- 1	4	х	
5 Did any person listed on line 1a receive or a										: h			
rendered to the organization? <i>If "Yes," com</i>										- 1	5		х
Section B. Independent Contractors	Diete Genedan	<u>,                                    </u>	51 30		00/3					لمست			
1 Complete this table for your five highest cor	npensated inc	lepe	nden	nt co	ontra	actor	rs th	hat received more than \$	100.000 of comper	isat	ion fro	om	
the organization. Report compensation for t													
(A)				0				(B)			(0	C)	
Name and business	address							Description of s	ervices	C		nsatio	n
DR. ESTEVAN RAEL-GALVEZ													
P.O. BOX 32628, SANTA FE, NM 87594								ADMINISTER RESEARC	H GRANT			151,	500.
BARBARA FELIX, 343 WEST MANHATTAN AVE	ENUE,												
SANTA FE, NM 87501								ARCHITECTURAL SERV	ICES			107,	399.
PERFORMANT SOFTWARE													
P.O. BOX 2644, CHARLOTTESVILLE, VA 22	2902							DATABASE MANAGEMEN	T SERVICES			100,	783.
				_									
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation					3							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								1	Form	<b>990</b> (	2022)

232008 12-13-22

Form 990 SCHOOL FOR AI Part VII Section A. Officers, Directors, Tru	stops Kov En	nnlo	Nee	e 0'	nd L	liah	aet 4	Compensated Employ	85-01250	
(A)	(B)		yee		C)	iigiii	551 1	(D)	(E)	(F)
(A) Name and title	(b) Average				<b>ition</b>			(D) Reportable	( <b>ב</b> ) Reportable	Estimated
Name and the	hours	(c)	heck				lv)	compensation	compensation	amount of
	per		Ι			upp I	·y)	from	from related	other
	week					/ee		the	organizations	compensatior
	(list any	ector				i old m		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted el		(W-2/1099-MISC)		organization
	related	stee c	ruste		0	oen sa				and related
	organizations	al tru	onal t		ploye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Inc	<u>n</u>	0f	Ke	Ĩ	Fо			
(27) DON SIEGEL	1.00									
DIRECTOR		Х						0.	0.	(
(28) GREG SMITH	1.00									
GOVERNANCE CHAIR		Х						0.	0.	(
(29) DIANE VENNEMA	1.00									
DIRECTOR		х						٥.	0.	
(30) KATHLEEN WALL	1.00									
DIRECTOR		х						0.	0.	
(31) SCOTT WAUGH	1.00									
DIRECTOR		х						0.	0.	
(32) LYNNE WITHEY	1.00									
AUDIT CHAIR		х						0.	0.	
(33) DAVID YOUNG	1.00									
DIRECTOR		x						0.	0.	
(34) JORGE FONSECA	40.00									
VP FIN. AND ADMIN	10,00			x				0.	0.	
								· ·	••	
					<u> </u>					
		1								
		1								
		1								
		1								
	1		1		1	1	1	!		

232201 04-01-22

	990 (2 t VII					RESEARCH			85-012504	5 Page
		Check if Schedule O o			onse (	or note to any line	in this Part VIII	<u></u>	<u></u>	
				·			<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1a						
un		Membership dues				351,413.				
Ĕ	с	Fundraising events		1c						
ar F		Related organizations								
Ē	е	Government grants (contri	ibutio	ns) <b>1e</b>		111,403.				
and Other Similar Amounts	f	All other contributions, gifts,	grants	, and						
the		similar amounts not included	above	<b>1</b> f		1,432,856.				
D D	-	Noncash contributions included in	lines 1a	-1f <b>1g</b>	\$	233,980.				
ar	h	Total. Add lines 1a-1f					1,895,672.			
						Business Code	=4 405	54.405		
		FIELD TRIPS				611710	71,405.	71,405.		
P	b	LECTURES/EVENTS				611710	19,023.	19,023.		
/eni	c	TOURS				611710	9,748.	9,748.		
Hevenue	ŭ	CLASS FEES				611710	8,600.	8,600.		
	e									
		All other program service					108,776.			
╈	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ					100,770.			
	3		-				731,535.			731,5
	4	Income from investment of				roceeds	,,			,,,,,
	5	Royalties				Г	17,478.	17,238.		2
	U	noyunoo		(i) Rea		(ii) Personal	,	, -		
	6 a	Gross rents	6a		430.					
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	44,	430.					
		Net rental income or (loss)					44,430.	15,855.		28,5
		Gross amount from sales of	Í	(i) Secur	ties	(ii) Other				
		assets other than inventory	7a	786,	060.					
	b	Less: cost or other basis								
		and sales expenses	7b	1,088,	072.					
	с	Gain or (loss)	7c	-302,	012.					
		Net gain or (loss)			··· <u>····</u>		-302,012.			-302,03
	8 a	Gross income from fundraising	•							
		including \$								
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from				·····				
	9 a	Gross income from gamin								
	<b>h</b>	Part IV, line 19 Less: direct expenses			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory, I			·					
	10 a	and allowances			10a	65,026.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from					23,801.	23,801.		
T	-					Business Code	,			
	11 a	OTHER REVENUES				900099	24,434.	4,237.		20,19
nue	b									
evenue	с									
ř	d	All other revenue								
		Total. Add lines 11a-11d					24,434.			
-	12	Total revenue. See instruction					2,544,114.	169,907.	0.	478,53

Do no 7b, 8 1	n 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons of include amounts reported on lines 6b,			nplete column (A).	
Do no 7b, 8 1	Check if Schedule O contains a respons of include amounts reported on lines 6b,				
7b, 8 1	ot include amounts reported on lines 6b,		this Part IX		X
7b, 8 1		(A)	(B)	(C)	(D)
i	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
i	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	180,000.	180,000.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	298,137.	89,196.	134,124.	74,817.
	Compensation not included above to disqualified	,	,	,	·,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,875,118.	1,256,553.	245,490.	373,075.
	Pension plan accruals and contributions (include	, , ,	. , .	, ,	, ,
	section 401(k) and 403(b) employer contributions)	51,936.	33,670.	6,639.	11,627.
	Other employee benefits	122,858.	73,481.	20,865.	11,627. 28,512.
	Payroll taxes	30,201.	17,582.	5,739.	6,880.
	Fees for services (nonemployees):	,	,	, , , , , , , , , , , , , , , , , , , ,	·,
	Management				
	Legal				
	Accounting	30,213.		30,213.	
	Lobbying	,		, , , , , , , , , , , , , , , , , , , ,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	48,638.		48,638.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	977,794.	699,671.	72,105.	206,018.
	Advertising and promotion	54,881.	4,695.	43,736.	6,450.
	Office expenses	69,791.	20,048.	29,988.	19,755.
	Information technology	168,829.	87,690.	16,856.	64,283.
	Royalties	6,387.	6,387.		
	Occupancy	83,266.	52,280.	26,480.	4,506.
	Travel	43,420.	41,171.	790.	1,459.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	87,571.	76,059.	4,869.	6,643.
		69,778.	55,430.	12,849.	1,499.
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	DIRECT PROGRAM EXPENSES	232,928.	232,928.		
b	SPECIAL EVENTS AND PROJ	145,031.	112,286.	3,475.	29,270.
с	FEILD TRIP EXPENSE	75,296.			75,296.
d	REPAIRS AND MAINTENANCE	54,620.	47,419.	4,854.	2,347.
е	All other expensesSEE_SCH_O	46,271.	46,230.	41.	
	Total functional expenses. Add lines 1 through 24e	4,752,964.	3,132,776.	707,751.	912,437.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

232010 12-13-22

Form 990 (2022)

#### 10500228 131839 A369234

	990 (2 <b>t X</b>	2022) SCHOOL FOR ADVANCED 1 Balance Sheet	KESEARCH			85-01	25045 Page <b>1</b>
		Check if Schedule O contains a response or not	e to anv line	e in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			271,871.	1	126,35
	2	Savings and temporary cash investments	1,518,799.	2	1,273,183		
	3	Pledges and grants receivable, net			1,069,816.	3	310,00
	4	Accounts receivable, net			2,900.	4	1,25
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disquali					
	-	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
ž	8	Inventories for sale or use			44,233.	8	37,80
C1200L	9				72,575.	9	, 106,95
		Land, buildings, and equipment: cost or other					
	ieu	basis. Complete Part VI of Schedule D	10a	7,766,170.			
	b	Less: accumulated depreciation		6,925,356.	838,326.	10c	840,81
	11	Investments - publicly traded securities			25,999,415.	11	27,187,06
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			1,945,744.	13	1,945,74
			1,515,711.		1,910,71		
	14 15	Intangible assets	0.	14	21,97		
	15	Other assets. See Part IV, line 11		31,763,679.	15	31,851,14	
-	16	Total assets. Add lines 1 through 15 (must equ			213,077.	16	195,33
	17	Accounts payable and accrued expenses			213,077.	17	195,55
	18	Grants payable			48,030.	18	101,94
	19 00	Deferred revenue			40,030.	19	101,94
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
3	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst		butor, or 35%			
		controlled entity or family member of any of the		22			
'	23	Secured mortgages and notes payable to unrela		·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	i 17-24). Coi	mplete Part X	_		
		of Schedule D		·····  -	0.	25	22,15
	26	Total liabilities. Add lines 17 through 25			261,107.	26	319,43
		Organizations that follow FASB ASC 958, che	ck here	X			
Ś		and complete lines 27, 28, 32, and 33.					
	27			·····  -	15,901,570.	27	17,299,22
	28	Net assets with donor restrictions			15,601,002.	28	14,232,49
		Organizations that do not follow FASB ASC 9	58, check h	ere			
É		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ec	luipment fui	nd		30	
	31	Retained earnings, endowment, accumulated in	come, or otl	ner funds		31	
	32	Total net assets or fund balances			31,502,572.	32	31,531,71
-	33	Total liabilities and net assets/fund balances			31,763,679.	33	31,851,144

Form 990 (2022)

Form	990 (2022) SCHOOL FOR ADVANCED RESEARCH	85-012504	5	Pa	<sub>ge</sub> 12
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	2	,544,	114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,752,	964.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,208,	850.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	,502,	572.
5	Net unrealized gains (losses) on investments	5	2	,230,	213.
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 on Schedule O)	9		7,	779.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31	,531,	714.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		r		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 on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?	r	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on 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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE A (Form 990) Department of the Treasury			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.						OMB No. 1545-0047	
		nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Nan	ne of t	the organization	on							identification number
Da	rt I	Boscond		FOR ADVANCED R						85-0125045
	rt I				(All organizations must c			ee instruction	S.	
	organ		•		For lines 1 through 12, c		,			
1					n of churches described		n 170(b)(1	)(A)(i).		
2					Attach Schedule E (Forn			•		
3		-	-		anization described in so			-		the been it all a manage
4			-	ation operated in cor	njunction with a hospital	uescribeu	III Sectio	A)(1)(d)011 N	(III). Enter	the hospital's hame,
5		city, and state	-	or the benefit of a col	lege or university owned	l or operati	ed by a do	vernmentalu	nit describe	ad in
5				Complete Part II.)	lege of university owned		cu by a go			
6	$\square$	-			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	ntial part of its support fr				ne general r	oublic described in
		-		omplete Part II.)		0			0	
8		A community	trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	itter June 30, 1975.
44				mplete Part III.)	volute test for public es	Total Coo	nontion E(	O(a)(A)		
11 12	$\square$				vely to test for public sa vely for the benefit of, to				rny out the	nurnesses of one or
12		-			d in section 509(a)(1) o					
				-	f supporting organization					DIECK THE BOX ON
а		7	-		upervised, or controlled				-	aivina
				-	gularly appoint or elect a	• • • •	-			
		organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c					g organization operated				ly integrate	ed with,
	_		0	()()	). You must complete I					
Ċ		••	-	• •	orting organization oper				•	
					ation generally must sat				an attentiv	/eness
е		7			nplete Part IV, Sections written determination fro					
			•		nally integrated supporti			турет, туре	п, туре п	
f	Ente	er the number of								
				about the supporte						
		<ol> <li>Name of support</li> </ol>	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990) 2022	SCHOOL FOR ADVAN	NCED RESEARCH			85-01250	45 Page <b>2</b>
Part II Support Schedule for	-					)
(Complete only if you check			•	failed to qualify ur	nder Part III. If the	organization
fails to qualify under the tes	ts listed below, pleas	e complete Part III	.)			
Section A. Public Support				I		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	2,361,847.	2,445,353.	3,494,942.	4,283,206.	1,895,672.	14,481,020.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>3</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	2,361,847.	2,445,353.	3,494,942.	4,283,206.	1,895,672.	14,481,020.
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)						5,525,766.
6 Public support. Subtract line 5 from line 4						8,955,254.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7 Amounts from line 4	2,361,847.	2,445,353.	3,494,942.	4,283,206.	1,895,672.	14,481,020.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,		D				
and income from similar sources $\dots$	656,754.	625,177.	537,515.	592,963.	760,350.	3,172,759.
9 Net income from unrelated business	6					
activities, whether or not the						
business is regularly carried on						
<b>10</b> Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					20,197.	20,197.
11 Total support. Add lines 7 through 10						17,673,976.
12 Gross receipts from related activities	s, etc. (see instructio	ns)			12	905,677.
<b>13 First 5 years.</b> If the Form 990 is for	the organization's firs			•	)1(c)(3)	
organization, check this box and <b>st</b>	op here		······	<u></u>	<u></u>	
Section C. Computation of Pub		centage				
14 Public support percentage for 2022	(line 6, column (f), div	vided by line 11, co	olumn (f))		14	50.67 %

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

stop here. The organization qualifies as a publicly supported organization

15 Public support percentage from 2021 Schedule A, Part II, line 14

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2022

49.16

%

X

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15

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Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

SCHOOL FOR ADVANCED RESEARCH

(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.)

Sec	tion A. Public Support		_				-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
0	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					, , ,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	, Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization	·
20	Private foundation. If the organization	n did not check a	u box on line 14, 19	a, or 19b, check t	his box and see in		
23202	3 12-09-22					Schedule	A (Form 990) 2022

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1

Yes No

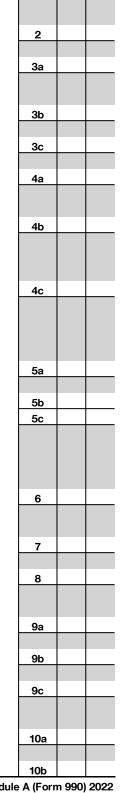
## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

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Sche	dule A (Form 990) 2022 SCHOOL FOR ADVANCED RESEARCH	85-0125045	Pa	age <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
U		11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations			
000			V.	
	<b>_</b>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	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 supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			V.	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	uotiono,i		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tu loop instanti	20)	
		iy (see instruction	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		res	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
2320.24		Schedule A (Fori	n 900)	2022
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<sup>18</sup> 2022.05060 SCHOOL FOR ADVANCED RESEA A3692341

Schedule A	(Form 990) 2022 SCHOOL FOR ADVANCED RESEARCH			85-0125045 Pag
Part V	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 ( <i>explain i</i>	in Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
ection A -	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
maint	tenance of property held for production of income (see instructions)	6		
7 Other	r expenses (see instructions)	7		
8 Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b		
<b>c</b> Fair n	narket value of other non-exempt-use assets	1c		
d Total	l (add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other factors			
(expla	ain in detail in <b>Part VI</b> ):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multi	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	num Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
emer	gency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

Part V         Type III Non-F-Unctionally Integrated Solv[3] (3) Supporting Organizations (continued)         Current Year           1         Amounts paid to apported organizations to accomplish exempt purposes         1         1           2         Amounts paid to apported organizations to accomplish exempt purposes         1         1           3         Administrative expenses paid to accounce exempts and exempt purposes of supported organizations.         3         4           4         Amounts paid to acquire exempts and associate statuly.         3         4           5         Cualified setaids amounts (prior IRS approval required - provide statuly in Pert VI).         6         6           7         Teal amount distributions.         6         7         7           8         Distributions (description Part VI). Set instructions.         8         9           9         Distributions (description Part VI). Set instructions.         8         9           9         Distribution Allocations (set instructions)         Excess Distributions.         10           10         Underdistructions         10         10         10           11         Distributional amount for 2022 from Section C, line 6         10         10         10           11         Distributions anount for 2022 from Section C, line 6         10 <t< th=""><th>Sche Par</th><th>dule A (Form 990) 2022     SCHOOL FOR ADVANCED       t V     Type III Non-Functionally Integrated 509(</th><th></th><th>nizations (acations</th><th></th><th>85-0125045</th><th>Page 7</th></t<>	Sche Par	dule A (Form 990) 2022     SCHOOL FOR ADVANCED       t V     Type III Non-Functionally Integrated 509(		nizations (acations		85-0125045	Page 7
1     Amounts paid to supported organizations to accomable exempt purposes of supported organizations, in excess of income from activity     1       2     Amounts paid to supported organizations to accomable exempt purposes of supported organizations     3       3     Administrative expenses paid to accord exempt supposes of supported organizations     3       4     Ocalified set aside amounts (prior IRS approval required - provide details in Part VI)     5       5     Other distributions (accord in Part VI). See instructions.     6       7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.     8       9     D Line 8 amount for 2022 from Section C, line 6     9       1     Distributable amount for 2022 from Section C, line 6     9       1     Distributable amount for 2022 from Section C, line 6     9       1     Distributable amount for 2022 from Section C, line 6     9       2     Underdistributions, if any, for years prior to 2022 (reason able cause required - angling in Part VI). See instructions.     1       8     Excess distributions of prior years     1     1       9     Distributable amount for 2022     1     1       1     Distributable amount for 2022 from Section C, line 6     1       1     Underdistributions of		Current V	'oar				
2     Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     2       3     Administrative expenses gala to accomplish exempt purposes of supported organizations.     3       4     Amounts paid to acquire exempt our posses of supported organizations.     3       5     Coulined statistic exempt our posses of supported organizations.     4       6     Other distributions (for IRS approval required - provide details in Pert VI).     5       6     Other distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.     6       7     Total amount divided by line 9 amount     10     10       9     Distribution Allocations (see instructions)     Excess Distributions     8       9     Distributable amount for 2022 from Section C, line 6     9       10     Underdistributions, fary, for years prior to 2022 (season-able cause required - septime) near VII. See instructions.     8       8     Excess distributions canyover, if any, to 2022     1     1       9     From 2017     1     1       9     Applied to underdistributable amount     1     1       10     Inderdistributions of prory years.     1     1       11     Total of lines 3a through 3e     1     1       12     Distributable amount				1	Ourrent I	cai	
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3       Administrative expenses paid to accomplish exempt purposes of supported organizations       3         4       Amounts paid to accomplish exempt purposes of supported organizations       4         5       Qualified etailed amount (prior IRS approval required - provide details in Part VI)       5         6       Other distributions (describe in Part VI). See instructions.       6         7       Total annual distributions. Add lines 11 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distributions to attentive supported organizations to which the organization is responsive (not exercise instructions)       8         9       Distributional distributions.       8       9         9       Distributions of provement to r2022 from Section C, line 6       9         10       Line 8 amount for 2022 from Section C, line 6       9         2       Underdistributions, fam, for years pror to 2022 resontable cause required - explaint in Part VI). See instructions.       9         3       Excess distributions carryover, if any, to 2022       9       9         4       From 2017       9       9       9         b. From 2018       9       9       9       9         c. From 2029 <td< th=""><td>-</td><td></td><td></td><td>2</td><td></td><td></td></td<>	-			2			
4       Anounts paid to acquire exemptuse assets       4         5       Qualified set aside amounts (prior IRS approval required - provide details in Part VI)       5         6       Other distributions (description IRS approval required - provide details in Part VI). See instructions.       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide datalis in Part VI). See instructions.       8         9       Distributions to attentive supported organizations to which the organization is responsive (provide datalis in Part VI). See instructions.       8         9       Distributions (discription for 2022 from Section C, line 6       9         10       Line 8 amount for 2022 from Section C, line 6       9         2       Underdistributions, if any, for years prior to 2022 (reason-able cause required - applia in Part VI). See instructions.       6         3       Excess distributions of prior years       6       6         4       From 2018       6       6         5       From 2020       6       6         6       Applied to underdistributions of prior years       6         7       Applied to 2022 from Section 0, line 7.       6         6       Applied to 2022 distributable amount       6 <td>3</td> <td></td> <td>es of supported organizations</td> <td></td> <td></td> <td></td> <td></td>	3		es of supported organizations				
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7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (crowide data is, ip Pert V). See instructions.     8       9     Distributions to attentive supported organization C, line 6     9       10     Line 8 amount divided by line 9 amount     10       Section E - Distribution Allocations (see instructions)     (i)     (ii)     (iii)       Section E - Distributions (and the organization C, line 6     10     10       2     Underdistributions, if any, for years prior to 2022 (reason-able cause required -explain in Pert V). See instructions.     10       3     Excess distributions carryover, if any, to 2022     10     10       4     From 2017     10     10       5     From 2018     10     10       6     From 2020     10     10       9     Applied to underdistributions of prior years     10       10     Total of lines 3 through 3e     10     10       11     Carryover from 2017 on Dayled (see instructions)     10     10       15     From 2021     10     10     10       16     From 2021     10     10     10       17     Total of lines 3a through 3e     10     10       10     Applied to underdistributions of pri		•			6		
(provide details in Part VI). See instructions.     8       9     Distributable amount for 2022 from Section C, line 6     9       10     (i)     (ii)       Section E - Distribution Allocations (see instructions)     Excess Distributions     (iii)       10     Underdistributions     (iii)     Distributable Amount for 2022 from Section C, line 6       11     Underdistributions, in p, or years prior to 2022 (season-able cause required - explain in Part VI). See instructions.     10       3     Excess distributions carryover, if any, to 2022     1     10       6     From 2018     1     1       7     Form 2019     1     1       9     1     1     1     1       10     Inderdistributions of prior years     1     1       10     Applied to underdistributions of prior years     1     1       10     Applied to underdistributions of prior years     1     1       11     Carryoer from 2017 not splied (see instructions)     1     1     1       11     Total of these 3a through 3e     1     1     1       11     Carryoer from 2017 not splied (see instructions)     1     1     1       11     Total of these 3a through 3e     1     1     1       11     Carryoer from 2017 not splied (see instruction	7				7		
(provide details in Part VI). See instructions.     8       9     Distributable amount for 2022 from Section C, line 6     9       10     (i)     (ii)       Section E - Distribution Allocations (see instructions)     Excess Distributions     (iii)       10     Underdistributions     (iii)     Distributable Amount for 2022 from Section C, line 6       11     Underdistributions, in p, or years prior to 2022 (season-able cause required - explain in Part VI). See instructions.     10       3     Excess distributions carryover, if any, to 2022     1     10       6     From 2018     1     1       7     Form 2019     1     1       9     1     1     1     1       10     Inderdistributions of prior years     1     1       10     Applied to underdistributions of prior years     1     1       10     Applied to underdistributions of prior years     1     1       11     Carryoer from 2017 not splied (see instructions)     1     1     1       11     Total of these 3a through 3e     1     1     1       11     Carryoer from 2017 not splied (see instructions)     1     1     1       11     Total of these 3a through 3e     1     1     1       11     Carryoer from 2017 not splied (see instruction	8	· · · · · · · · · · · · · · · · · · ·	e organization is responsive				
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g Applied to underdistributions of prior years	e	From 2021					
h Applied to 2022 distributable amount	f	Total of lines 3a through 3e					
i Carryover from 2017 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2022 from Section D, line 7:         s         a Applied to underdistributions of prior years         b Applied to 2022 distributable amount         c Remainder. Subtract lines 4a and 4b from line 4.         5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7 Excess distributions carryover to 2023. Add lines 3j and 4c.         8 Breakdown of line 7:         a Excess from 2018         b Excess from 2019         c Excess from 2020         d Excess from 2021	g	Applied to underdistributions of prior years					
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4       Distributions for 2022 from Section D, line 7:       \$         a       Applied to underdistributions of prior years       >         b       Applied to 2022 distributable amount       >         c       Remainder. Subtract lines 4a and 4b from line 4.       >         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       >         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       >         7       Excess distributions carryover to 2023. Add lines 3j and 4c.       >         8       Breakdown of line 7:       >         a       Excess from 2018       >         b       Excess from 2020       >         d       Excess from 2020       >	i	Carryover from 2017 not applied (see instructions)					
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b Applied to 2022 distributable amount		line 7: \$					
c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2020         c       Excess from 2020         d       Excess from 2021	a	Applied to underdistributions of prior years					
5       Remaining underdistributions for years prior to 2022, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	b	Applied to 2022 distributable amount					
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Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	6	Remaining underdistributions for 2022. Subtract lines 3h					
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and 4c.and an and an and an and an and an		Part VI. See instructions.					
8     Breakdown of line 7:       a     Excess from 2018       b     Excess from 2019       c     Excess from 2020       d     Excess from 2021	7						
a Excess from 2018         a           b Excess from 2019         a           c Excess from 2020         a           d Excess from 2021         a	8						
b         Excess from 2019         Image: Constraint of the second							
c         Excess from 2020							
d Excess from 2021							

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	SCHOOL FOR ADVANCED RESE		85-0125045	Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c lines 2 and 3; Part IV, Section E, lir	ns required by Part II, line 10; Part II, line 17a c c, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part i, and 6. Also complete this part for any additio	1 and 2; Part IV, Section V, Section B, line 1e; P	en C, Part V,
SCHEDULE	A, PART II, LINE 10	, EXPLANATION FOR OTHER IN	ICOME :		
OTHER INC	OME				
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		n Dr	<u>ndadd</u>		
			UCEBB		
				Schedule A (Form	
232028 12-09-2	۷				

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	SCHOOL FOR ADVANCED RESEARCH	85-0125045					
Organization type (cheo		05 0125045					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (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						

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts un

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

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	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
SCHOOL F	FOR ADVANCED RESEARCH		85-0125045
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$100,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$150,	950. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3	In Proc	\$203,	864.       Person       X         Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$128,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$150,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$46,	863. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
SCHOOL F	FOR ADVANCED RESEARCH		85-0125045
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$49,	419.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$50,	000.       Person       X         000.       Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) IS Type of contribution
9	In Proc	\$80,	866.       X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
10		\$50,	000.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) IS Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule	B (Form 990) (2022)			Page <b>3</b>
Name of c	organization		Employe	r identification number
SCHOOL H	FOR ADVANCED RESEARCH		85-	0125045
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
3	841 SHARES OF PEP PEPSICO STOCK			
		\$158,	865.	05/22/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
7	104 SHARES OF LMT LOCKHEED MARTIN STOCK			
		\$\$	419.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	<u> </u>			
(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
		¢		

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Schedule B (Form 990) (2022)

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	(Form 990) (2022)		Page 4					
Name of org	ganization		Employer identification number					
SCHOOL FC	DR ADVANCED RESEARCH		85-0125045					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations					
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.) \$					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ļ								
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
F		(e) Transfer of gif	t					
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
			.622					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(a) Transfor of gif	•					
	(e) Transfer of gift							
_	Transferee's name, address, a	nd 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					
L								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
Γ								
23454 11-15-2	22	26	Schedule B (Form 990) (2022)					

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	CHEDULE D Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					
•	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10			<b>LULL</b> Open to Public	
	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions and t	he latest information.	Inspection	
Nam	e of the organization				Employer identification number	
Par	t I Organiza	SCHOOL FOR ADVANCED RESEARC		Similar Funds or Ac	85-0125045	
I ai		n answered "Yes" on Form 990, Part IV, lin			Complete il trie	
	3		(a) Donor advise	ed funds	(b) Funds and other accounts	
1	Total number at en	d of year	(-)			
2		contributions to (during year)				
3		f grants from (during year)				
4		end of year				
5		on inform all donors and donor advisors in v		eld in donor advised fund	ds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No	
6		n inform all grantees, donors, and donor a				
	for charitable purpe	oses and not for the benefit of the donor o	r donor advisor, or for ar	ny other purpose conferr	ing	
	impermissible priva				Yes No	
Par	rt II Conserva	ation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land area	
	Protection of	f natural habitat		Preservation of a certi	fied historic structure	
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contrib	oution in the form of a co		
	day of the tax year				Held at the End of the Tax Year	
а	Total number of co	nservation easements			2a	
b	-				2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c	
d		vation easements included in (c) acquired a				
		sted in the National Register			2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or	terminated by the organi	zation during the tax	
	year					
4		where property subject to conservation eas		tion honelling of		
5	-	ion have a written policy regarding the per			Yes No	
6		prcement of the conservation easements it r hours devoted to monitoring, inspecting,		nd enforcing conservatio		
Ū		nours devoted to monitoring, inspecting,	nandling of violations, a	nd emotering conservatio	an casements during the year	
7	Amount of expense	—— es incurred in monitoring, inspecting, hance	lling of violations, and er	oforcing conservation ear	sements during the year	
•	Amount of expense			norong concervation ea	somente dannig the year	
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170(h)(4)(B)	(i)	
		(4)(B)(ii)?				
9		be how the organization reports conservation				
		l include, if applicable, the text of the footr		•		
	organization's acco	ounting for conservation easements.				
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Tre	easures, or Other S	imilar Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and bala	ance sheet works	
	of art, historical tre	asures, or other similar assets held for put	lic exhibition, education	n, or research in furtherar	nce of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that des	scribes these items.		
b	-	elected, as permitted under FASB ASC 95				
	art, historical treas	ures, or other similar assets held for public	exhibition, education, o	or research in furtherance	e of public service,	
	-	ng amounts relating to these items:				
	(i) Revenue includ	ded on Form 990, Part VIII, line 1				
2	•	received or held works of art, historical trea			provide	
	•	ints required to be reported under FASB A	•		•	
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
	-	eduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2022	
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Sche	dule D (Form 990) 2022 SCHOOL FOR	ADVANCED RESEAR	СН				85-012	5045	Page	<b>2</b> •
Par	t III Organizations Maintaining C	ollections of Art	, Historical	Treasures, c	or Othe	r Simila	r Assets	(contin		
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the following tha	t make s	ignificant	use of its	-		
	collection items (check all that apply):									
а	Public exhibition	d	X Loan o	exchange progr	am					
b	X Scholarly research	е	Other_							
с	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they furth	er the organizati	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical	treasures, or oth	er similar	assets		_		
_	to be sold to raise funds rather than to be ma							Yes	X	lo
Par	t IV Escrow and Custodial Arrang		ete if the organi	zation answered	"Yes" or	Form 990	), Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		
	on Form 990, Part X?						L	Yes		lo
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance					<b>1</b> f				
	Did the organization include an amount on Fo					lity?	∟	Yes		lo
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in					10				
1 41		(a) Current year	(b) Prior yea				years back	(a) Four	years bad	 vk
4.0	Designing of year belongs	21,928,043.	26,609,1					. ,	942,30	
								,	33,75	
	Contributions Net investment earnings, gains, and losses								768,97	
	Grants or scholarships	103,124. 104,000. 126,652. 117,126.							144,00	_
	Other expenditures for facilities				-,				,	
C	and programs	961,960.	972,5	92. 1.02	5,554.	9	94,875.		881,56	8.
f	Administrative expenses	40,458.	48,0		4,678.		42,499.		43,42	
g	End of year balance	23,234,198.	21,928,0		, 9,109.	22,2	, 67,401.	23,	, 676,05	
2	Provide the estimated percentage of the curr				,	,	,	, ,	,	
	Board designated or quasi-endowment	38.7400	%	(u)) uoi						
	Permanent endowment 49.2000	%	_^_							
	Term endowment 12.0600									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are he	ld and administe	red for th	ne				
	organization by:								Yes N	о
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	X	:
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 1	a. See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or of basis (investm	• •	Cost or other asis (other)	1	ccumulat		(d) Bool	k value	
<b>1</b> a	Land			86,331.					86,33	1.
	Buildings			3,573,875.		3,060,	295.		513,58	Ο.
	Leasehold improvements			2,914,875.		2,844,	686.		70,18	9.
	Equipment			1,146,036.		1,020,	375.		125,66	1.
	Other			45,053.					45,05	3.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990. Part )	X. column (B). li	ne 10c.)					840,81	4.
	· · · · ·						<u> </u>	- /-		

Schedule D (Form 990) 2022

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hedule D (Form 990) 2022 SCHOOL FOR ADVANC	CED RESEARCH		85-0125045	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
Financial derivatives				
Closely held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) LAND HELD FOR FUTURE USE	1,945,744.	. Cost		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,945,744.			
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITIES	22,151.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,151.

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

Schedule D (Form 990) 2022

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2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a Net unrealized gains (losses) on investments	a	2,230,213.	turn.	4,766,914.
1       Total revenue, gains, and other support per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments	a		1	4,766,914.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a Net unrealized gains (losses) on investments	a		1	4,766,914.
a Net unrealized gains (losses) on investments	<b>)</b>	2,230,213.		
	<b>)</b>	2,230,213.		
b Donated services and use of facilities 2b	;			
c Recoveries of prior year grants 2c				
d Other (Describe in Part XIII.) 20	ł			
e Add lines 2a through 2d			2e	2,230,213.
3 Subtract line 2e from line 1			3	2,536,701.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	1	48,638.		
b Other (Describe in Part XIII.) 4t	<b>b</b>	-41,225.		
c Add lines 4a and 4b			4c	7,413.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,544,114.
Part XII Reconciliation of Expenses per Audited Financial Statements V	With E	xpenses per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements			1	4,737,772.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities 2a	1			
b Prior year adjustments2	<b>)</b>			
c Other losses 2c	;			
d Other (Describe in Part XIII.)	ł	33,446.		
e Add lines 2a through 2d			2e	33,446.
3 Subtract line 2e from line 1			3	4,704,326.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	48,638.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	48,638.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,752,964.
Part 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.

30

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 ALLIANCE 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

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022         SCHOOL FOR ADVANCED RESEARCH           Part XIII         Supplemental Information (continued)	85-0125045	Page
OLLECTION ACQUISITION AND CARE.		
ART III, LINE 4:		
THE COLLECTION IS COMPOSED OF OVER 12,000 ITEMS INCLUDING CERAMICS,		
EXTILES, WORKS ON PAPER AND PAINTINGS, BASKETRY, JEWELRY, CARVED FIGURES		
NOWN AS KACHINAS, AND A VARIETY OF OTHER ITEMS OF MATERIAL CULTURE. THE		
OAL IS TO BRIDGE THE DIVIDE BETWEEN CREATIVITY AND SCHOLARSHIP BY		
UPPORTING INITIATIVES AND PROJECTS IN NATIVE STUDIES, ART HISTORY, AND		
REATIVE EXPRESSION THAT ILLUMINATE THE INTERSECTIONS OF THE SOCIAL		
CIENCES, HUMANITIES, AND ARTS. THIS IS ACCOMPLISHED BY FOSTERING		
IALOGUE AMONG ARTISTS, RESEARCHERS, SCHOLARS, AND COMMUNITY MEMBERS		
HROUGH COLLECTIONS-BASED SEMINARS, SYMPOSIA, INTERNSHIPS, AND OBJECT		
OANS TO OTHER INSTITUTIONS.		
Th Drododd		
PART V, LINE 4:		
HE ENDOWMENT PROVIDES ON-GOING SUPPORT FOR BOTH SPECIFIC PROGRAMS AND FOR		
ENERAL OPERATION NEEDS. THE ENDOWMENT IS INVESTED IN A MANNER TO FIRST		
RESERVE CAPITAL AND THEN TO PROVIDE SUPPORT FOR THE SCHOOL.		
ART XI, LINE 4B - OTHER ADJUSTMENTS:		
OST OF SALES RECLASSIFICATION -41,225.		
ART XII, LINE 2D - OTHER ADJUSTMENTS:		
COST OF SALES RECLASSIFICATION 41,225.		
YOTAL TO SCHEDULE D, PART XII, LINE 2D 33,446.		
<u></u>		

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	SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							B No. 1545-0047	
Department of Internal Rever			-	Attach to Forn s.gov/Form990 for	n 990.				en to Public Inspection
Name of the	he organization SCHOOL FOR AD	VANCED RESEARC	Ϋ́Η					Employer identi	fication number
Part I	General Information on Grants a								
crite	es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection reria used to award the grants or assistance? scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
Part II	Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for an	y
1 (a) №	Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		se of grant stance
			n I	PIC	pce	SS			
_									

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

chedule I (Form 990) 2022 SCHOOL FOR ADVAN	ICED RESEARCH				85-0125045	Pag
Part III Grants and Other Assistance to Domestic Inc Part III can be duplicated if additional space is r	<b>lividuals.</b> Complete if the needed.	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of nonca	ash assistance
TIPENDS	4	180,000.	0.			
1						
	Ln.	PIC	pce	SS		
Part IV Supplemental Information. Provide the inform	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.		
ART I, LINE 2:						
ACH AWARD IS ASSIGNED A SPECIFIC ACCOUNTING	CODE TO TRACK THE	FUNDING AND				
KPENDITURES ASSOCIATED WITH THE GRANT. SAR	DIVISION HEADS ARE	RESPONSIBLE				
OR MANAGING THE DAY-TO-DAY OPERATIONS OF TH	EIR RESPECTIVE GRAN	NT(S). EACH				
KPENDITURE MUST BE APPROVED AND CODED BY TH	E DIVISION HEAD AND	) IS THEN				
EVIEWED BY THE BUSINESS OFFICE FOR ACCURACY	PRIOR TO PAYMENT.	EXPENDITURE				
PORTS ARE PREPARED BY THE BUSINESS OFFICE	ON A QUARTERLY BASI	IS AND				
EVIEWED BY THE DIVISION HEAD AND THE VP, FI	NANCE TO ENSURE THA	АТ				
PENDITURE PATTERNS ARE IN LINE WITH THE GR						

EXPENDITURE PATTERNS ARE IN LINE WITH THE GRANT BUDGET.

Schedule I (Form 990) SCHOOL FOR ADVANCED RESEARCH	85-0125045	Page <b>2</b>
Part IV Supplemental Information		
PART III, STIPENDS:		
\$180,000 IN SCHOLRSHIPS WERE PAID DIRECTLY TO THE EDUCATION INSTITUTION		
OF THE RECIPIENT FOR APPLICATION AGAINST THE RECIPIENT'S TUITION AND		
FEES. NO ADDITIONAL STIPEND AMOUNTS WERE PAID DIRECTLY TO THE RECIPIENT		
FOR TUITION AND FEES.		
IN PROCESS		
232291 04-01-22	Schedule I	Form 990)

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(Form 990)         For cartain Officera, Directora, Trustees, Key Employees, and Highest         Compose if the organization answered "Yes" on Form 990, Part IV, line 23.         Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information.         School: I for ADVANCED RESEARCH         School: Part Latest information.         School: Part Latest information Part Latest information.         School: Part Latest information Part Latest Part Life Part Li	SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
Description         Complete If the organization answered "Yes" on Form 990, Part IV, line 28, March to Form 990, Data Devolution and the latest information.         Down to Public impaction           Name of the organization         School FOR ADVARCED RESEARCH         Employer Identification number 85 0125045           Part II Cuestions Regarding Compensation         School FOR ADVARCED RESEARCH         85 0125045           Part II Cuestions Regarding Compensation         Yes         No           I Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items.         Yes         No           I France Ior comparison         Payments for boxiness use of personal residence for personal use Payments for boxiness use of personal residence in reliabon regarding payment or reimbursing explosing exploses incurred by all directors, trustees, and officers, incluing the CEO/Executive Director, regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, incluing the CEO/Executive Director, bace yeal in Part II.         2         2           3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, the explain Part III.         2         2         2           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish or receive payment form asupplemental monoqualified reterement plan?         4a         X	(Fo						)	
Description of the Treavy Interact Network Section 1.         Open to Public Impediation         Open to Public I							-	
Internet Neuronal Sectors         Co to anwwire.gov/Form990 for instructions and the latest information.         Importion           SCHOOL FOR ADVANCED RESERACH         Employed identification number 85:0125045           Part II.         Questions Regarding Compensation         95:0125045           1a         Check the appropriate box(e5) if the organization provide any other following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these fems.         1           1a         Check the appropriate box(e5) if the organization provide any relevant information regarding these fems.         1           1a         Check the appropriate box(e5) if the organization provide any relevant information regarding these fems.         1           1a         First-class or charter travel         Payments for boxiness use of personal residence         1           1a         Tax indemnification and gross up payments         Personal services (such as maid, chartfeur, cheft)         1           1b         If any of the boxes on line 1 as an checked, did the organization follow a written policy regarding payment or reinburstement or provision of all of the expenses described dowe? If "No," complete Part III to explain         1         1           2         If the organization require substantiation prior to reinbursting or daming approximation or the organization's CEO/Executive Director, but esplain in Part III.         2         1           2         Indic	Denar	tment of the Treasury			Open to	Publ	ic	
Concernment of provision of provide any relevant information regarding present listed on Form 990, Part VII, Section A, Ine 1a, Complete Part II I do provide any relevant information regarding these items.     Travel for companions     Travel for the companization resource of the organization is     CEC/Executive Director, but explain in Part III.     Compensation committee     Travel for the reganization     Travel for the reganization     Travel for the reganization     Travel for the rest parse tor the applicable amounts for					Inspection			
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intervent of companions       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intervent of personal uses or parter travel       Image: Complete Part III to explain       Image: Complete Part III to explain         1b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Complete Part III to explain         2       Indicate which, if any, of the following the organization used to establish the companisation of the organization to establish complemation survey or study       Image: Complete Part III to explain       Image: Complete Part III to explain         3       Indicate which, if any, of the following the organization used to establish on contract       Image: Complete Part III to explain Part III.       Image: Complete Part III to explain         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 related organization	Nam	e of the organization				on nui	nber	
1a         Check the appropriate box(as) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding the intermation for to relevant provide complete Part III to provide any relevant or relevant provide or all of the expanses described adove? If 'No,' complete Part III to provide any relevant or provide any relevant or provide any relevant or provide adove? If 'No,' complete Part III to provide any relevant or provide part provide any relevant or complete Part III to provide any relevant or provide any relevant or provide any relevant or provide any relevant or provine part relevants.         Itemation is the provide interpret interpret part part interpret part part interpret part part interpret part interpret part interpret part interpret part inte				85-01	125045			
1a       Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-fixed sor charter travel        Housing allowance or residence for personal use             First-fixed sor charter travel        Housing allowance or residence for personal use             First-fixed sor charter travel        Housing allowance or residence for personal use             First-fixed for companions        Payments for business use of personal residence             Discretionary spending account        Personal services (such as maid, chauffeur, cheft)             b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or       reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain             2 Did the organization require busthatiation prior to reimbursing or allowing exploses incured by put all directors,        Image: travel travel travel travel to be compensation of the organization to             2 Indicate which, if any, of the following the organization used to establish the compensation area to ECO/Executive Director, but explain in Part III.        Compensation area to ECO/Executive Director, but explain in Part III.             Compensation committee           X Approval by the boad or compensation committee	Ра	rt I Question	s Regarding Compensation					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison						Yes	No	
First-class or charter travel Travel for companions Payments is or business use of personal use Payments for business use of personal residence The idemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reminursement or provision of all of the expenses described above? If No,* complete Part III to explain 2 Did the organization require substantiation prior to reimburg or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization requires buschartiation prior to reimburg or allowing or study 3 Indicate which, if any, of the following the organization used to establish the compensation or the compensation committee Compensation committee Compensation committee Approval by the board or compensation or the CEO/Executive Director, but explain in Part III. Compensation committee Approval by the board or compensation committee 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 related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? 4 Derticipate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 6 A X 7 K * 6 A X 7 K * 7 K * 7 K * 7 K * 7 K * 7 K * 7 K	1a			990,				
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Travel for companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Travel for companization is the expenses and provide the applicable amounts or a related organization consultant       Image: Travel for compensation committee         Image: Travel for the organization:       The applicable amounts for each item in Part III.       Image: Travel for the organization:         Image: Travel for the organization:       The applicable amounts for each item in Part III.       Image: Travel for the organization:         Image: Travel for the organization:       The organization or a related organization:       Travel for compensation committee         Image: Travel for the organization:       The organization:       Travel for the organization:         Imade: Travel for the organization:								
Tax indemnification and grossup payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b if any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       2         independent compensation or the CEO/Executive Director, but explain in Part III.       Compensation survey or study         X Form 990 of other organizations       X Approval by the board or compensation committee         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 related organization?       4a       X         Participate in or receive payment from an equity-based compensation arrangement?       4a       X         Participate in or receive payment from an equity-based companization pay or accrue any compensation contingent on the revenues of:       5a       X		_	°					
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation priot or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant       Compensation committee       2          CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant       Compensation committee       2          Compensation committee       X Wittlen employment contract       4a       X          During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X          Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X          Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X          Participate in or receive payment from an equityb								
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain In Part III.       2         Compensation committee       X       Written employment contract         Impendent compensation consultant       Compensation any every of study         X       Form 990 of other organization:       X         a Receive a severance payment for an equity-based compensation arrangement?       4a       X         H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization smust complete lines 5-9.       5a       X         F her organization?       5a       X         Any related organization?       5a       X         If "Yes" to nine 6a or 5b, describe in Part III.       5b       X         F her organization?       5a       X								
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       4         Compensation committee       X written employment contract       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 related organization:       4         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 related organization:       4         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       X         Dring the year, is the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X			spending account [11] Personal services (such as maid, chauffel	ir, chet)				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       4         Compensation committee       X written employment contract       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 related organization:       4         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 related organization:       4         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       X         Dring the year, is the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X	۶.	If any of the base	on line to ave absolved did the averagination follows with a subline subline set in the					
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       X       Written employment contract         1       Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         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 related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         b       Arry firse's to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X	b	•						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X       Written employment contract         Independent compensation consultant       Compensation survey or study         X       Form 990 of other organization:         a       Receive a severance payment for change of control payment?         b       Participate in or receive payment from an equity-based compensation arrangement?         th "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 930, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues ot:         a       The organization?         b       Any related organization?         f" Yes" on line 6a or 6b, describe in Part III.         6a       X         b       Any related organization?         f" Yes" on line 6a or 6b, describe in Part III.         6a	•				10			
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committe       Image: CEO/Executive Director. but explain in Part III.         Compensation committe       X       Written employment contract         Independent compensation consultant       Compensation survey or study         X       Approval by the board or compensation committee         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 related organization:         a Receive a severance payment from a supplemental nonqualified retirement plan?         b Participate in or receive payment from a supplemental nonqualified retirement plan?         c Participate in or receive payment from a supplemental nonqualified retirement plan?         dt "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(X), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues d:         a The organization?       5a         ft "Yes" on line 6a or 6b, describe in Part III.         6a       X         6b       X         ft "Yes" on line 6a or	Z	-						
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>4a X</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on form 990, Part VII, pad or accrued pursuant</li>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>4a X</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on form 990, Part VII, pad or accrued pursuant</li>	2	Indicate which if a	by of the following the experization used to establish the companyation of the experization's					
establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       X         Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X         Approval by the board or commensation committee       Approval by the board or commensation committee         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 related organization:       Aa       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         d Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       6b       X       5b       X         f Tor persons listed on Form 990, Part VII, Sect	3							
□ Compensation committee       X Written employment contract         □ Independent compensation consultant       □ Compensation survey or study         X Form 990 of other organizations       X Approval by the board or compensation committee         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 related organization:       4a       X         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Dary section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         ft "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         ft "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X				JIT LO				
Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       Approval by the board or compensation committee         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 related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X       6a       X								
Image: Section System       Approval by the board or compensation committee         Image: Section System       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Section		·						
<ul> <li>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 related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5 a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5 and 60; describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, Section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, pad 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.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulation 53.4</li></ul>				ammittaa				
organization or a related organization:       Image: control payment?       Image: control payment?         b       Participate in or receive payment from a supplemental nonqualifed retirement plan?       Image: control payment?       Image: control payment?         c       Participate in or receive payment from an equity-based compensation arrangement?       Image: control payment?       Image: control payment?       Image: control payment?         f       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: control payment?       Image: control payment?       Image: control payment?         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: control payment?       Image: control payment?         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: control payment?       Image: control payment?         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: control payment?       Imag				ommittee				
organization or a related organization:       Image: control payment?       Image: control payment?         b       Participate in or receive payment from a supplemental nonqualifed retirement plan?       Image: control payment?       Image: control payment?         c       Participate in or receive payment from an equity-based compensation arrangement?       Image: control payment?       Image: control payment?       Image: control payment?         f       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: control payment?       Image: control payment?       Image: control payment?         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: control payment?       Image: control payment?         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: control payment?       Image: control payment?         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: control payment?       Imag	4	During the year did	any person listed on Form 990 Part VII Section & line 1a with respect to the filing					
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a The organization?       6a       X       X         b Any related organization? </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-							
a Hockrist or location by primer of one a supplemental nonqualified retirement plan?       a       b       x         b Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from a supplemental nonqualified retirement plan?       c       x       dc       x         c Participate in or receive payment from an equity-based compensation arrangement?       if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       x       x         5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       x         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       6b<	а	-			42		x	
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensation Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensaticon Compensation Compense Compensaticon Compensation Compensaticon							<u> </u>	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Contract Contend Contend Contract Contract Contract Contract Cont		-					l	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                 <ul> <li>a</li> <li>The organization?</li> <li>6a</li> <li>X</li> <li>d</li> <li>e</li> <li>d</li> <li>f" "Yes" on line 6a or 6b, describe in Part III.</li> <li>6a</li> <li>Any related organization?</li> <li>6a</li> <li>Any related organization?</li> <li>fi "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>7</li></ul></li></ul>	Ũ							
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6b       X       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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       If "Yes" on line 8, did the organi								
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6b       X       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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       If "Yes" on line 8, did the organi		Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I	5			n				
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-							
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	а	•			5a		х	
If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							x	
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I	6			n				
a The organization?       6a       X         b Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-							
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	а	-	-		6a		X	
If "Yes" on line 6a or 6b, describe in Part III.       Image: section 3.4958-6(c)?         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       Image: section 53.4958-6(c)							X	
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	-							
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       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       Image: Contract	7			;				
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>					7	х		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b> 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <b>9</b>	8							
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?		•			8		х	
Regulations section 53.4958-6(c)?	9							
				<u></u>				
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232111 10-18-22

## Schedule J (Form 990) 2022 SCHOOL FOR ADVANCED RESEARCH 85-0125045

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.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL BROWN	(i)	229,518.	0.	0.	9,234.	890.	239,642.	0.
PRESIDENT, DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							 

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022	SCHOOL FOR ADVANCED RESEARCH	85-0125045	Page <b>3</b>
Part III Supplemental Informa	tion		

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 COMPARABLE DATA FROM COMPARABLE ORGANIZATIONS.

PART I, LINE 7:

THE BOARD WILL APPROVE MERIT BONUSES FROM TIME TO TIME.



Schedule J (Form 990) 2022

SCHEDULE L	1	Tra	nsactior	ıs V	Vith	Inte	erested	Ρ	ersons			O	//B No. <sup>-</sup>	1545-00	047
(Form 990)	Complete if t	he org	ne organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.										02		
Department of the Treasury Internal Revenue Service	Go	to ww	Attac w.irs.gov/Form					esti	information.				pen T spect		olic
Name of the organizatio										Em	oloyei	ident	•		ımber
			ANCED RESEA									25045			
	Benefit Trans														
	if the organization						ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqua	lified person	(b) R	elationship betv person and or		•	ified	(0	c) De	escription of tran	sactio	n			Corre es	ected? No
				-											
													_		
2 Enter the amount of	of tax incurred by	the or	ganization man	agers	or disq	ualified	l persons duri	ing t	he year under						
3 Enter the amount of	of tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganizati	on				\$				
Part II Loans to	o and/or From	n Inte	prested Pers	sons											
	if the organization					Part V	line 38a or F	orm	990. Part IV. lin	e 26: d	or if th	e orga	nizatio	n	
•	n amount on For					i ait i	, 1110 000 01 1	0	1000, 1 arc 17, m	0 20, (		o orgu	Latie	,,,,	
(a) Name of	(b) Relatio		(c) Purpose		oan to or n the			) Balance due		In	(h) Ap by bo	proved ard or		Vritten	
interested person	with organ	ization	of loan	organi	zation? principal		pal amount				default?		committee? agreen		1
				То	From					Yes	No	Yes	No	Yes	No
			L												
															+
Total		<u> </u>	- C11	<u></u>		<u></u>	\$								
	or Assistance		•												
(a) Name of intere	if the organization		b) Relationship				Amount of		(d) Type	of		(e	) Purp	ose o	of
			interested pers	son an		•	assistance				,				
			the organiza	ation											
		_													
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		+													
		_													
		+													
LHA For Paperwork R	Poduction Act N	tice s	see the Instruct	tions	for For	m 000	or 990-E7		1		Scho		(For	n 000	) 2022

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DR. ESTEVEN RAEL-GALVEZ

(D) DESCRIPTION OF TRANSACTION: DURING THE YEAR ENDED JUNE 30, 2022, THE

SCHOOL BEGAN SERVING AS THE FISCAL SPONSOR FOR A \$1.5 MILLION RESEARCH

PROJECT RELATED TO ITS MISSION. THE PROJECT MANAGER IS FORMER NEW MEXICO

STATE HISTORIAN, AND CURRENTLY SERVES AS A MEMBER OF THE SCHOOL'S BOARD

OF DIRECTORS.

AS THE FISCAL SPONSOR. THE SCHOOL TAKES RESPONSIBILITY TO ACCEPT FUNDING

AND ENSURING ALL FUNDS ARE SPENT IN ACCORDANCE WITH ANY RESTRICTIONS

ACCOMPANYING RELATED FUNDS.

PROGRAM EXPENSES INCURRED UNDER THIS GRANT IN FISCAL YEAR 6/2023 -

\$544,268. DURING THE 2022 CALENDAR YEAR, DR. RAEL-GALVEZ RECEIVED

151,500 IN NON-EMPLOYEE COMPENSATION FOR DIRECTING THE ADMINISTRATION OF

THIS GRANT AS REPORTED IN PART VII, SECTION B, OF THE FORM 990.

Schedule L (Form 990) 2022

232132 11-01-22

OMB No. 1545-0047

20

85-0125045

22

(Form	990)	

Department of the Treasury Internal Revenue Service

SCHEDULE M

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

Open to Public Inspection Employer identification number

Name of the organization

SCHOOL	FOR	ADVANCED	RESEARCH

Pa	rt I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contri	bution amo	ounts	5
1	Art - Works of art	Х	2	0.	SEE PART II, LI	INE 33		
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	X	6	233 980.	MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Augulified conservation contribution - Other							
15								
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )			<u> </u>				
29	Number of Forms 8283 received by the organ		, ,					
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				
							<b>Yes</b>	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	. 31	x	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in a	column (c) fo	r a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.							
	For Densmurant, Deduction Act Nation and	مريبية مسلم مرابل		<b>`</b>	Calcadada	M /Course	~~~`	0000

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 SCHOOL FOR ADVANCED RESEARCH	85-0125045	Page <b>2</b>
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	, and whether the organiz bination of both. Also con	ation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF DONORS ARE LISTED.		
SCHEDULE M, LINE 33:		
THE SCHOOL ADHERES TO THE POLICIES OF THE AMERICAN ALLIANCE OF MUSEUMS		
WHICH DISCOURAGES THE ASSIGNMENT OF DOLLAR VALUES TO COLLECTIONS NOT		
INTENDED FOR SALE IN THE MARKETPLACE.		
Th Process		
	Sobodulo M / For	n 000) 2000
232142 09-09-22	Schedule M (For	11 990/ 2022

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.	-EZ OMB No. 1545-0047 2022 Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	
Name of the organization	SCHOOL FOR ADVANCED RESEARCH	Employer identification number 85-0125045
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SAR ADVANCES UNDER	STANDING OF HUMANITY THROUGH A UNIQUE ALCHEMY OF	
CREATIVE PRACTICE	AND SCHOLARLY RESEARCH IN NATIVE AMERICAN ARTS,	
ANTHROPOLOGY, AND	RELATED DISCIPLINES.	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE SCHOOL FOR ADV	ANCED RESEARCH (SAR) ADVANCES UNDERSTANDING OF	
HUMANITY THROUGH A	UNIQUE ALCHEMY OF CREATIVE PRACTICE AND SCHOLARLY	
RESEARCH IN NATIVE	AMERICAN ARTS, ANTHROPOLOGY, AND RELATED	
DISCIPLINES.		
ITS VISION IS TO B	E A NEXUS OF SCHOLARS AND ARTISTS, CREATIVE THINKERS	
AND CURIOUS LEARNE	RS, WHERE WE EXCHANGE IDEAS, BRING LIFE TO HISTORY,	
EXPLORE THE PRESEN	T, AND BROADEN PERSPECTIVES IN PURSUIT OF A MORE	
INFORMED AND EQUIT	ABLE SOCIETY.	
FORM 990, PART III	, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	
PUBLIC PROGRAMS -	THE CREATIVE THOUGHT FORUM (CTF) IS THE CENTERPIECE	
OF SAR'S PUBLIC PR	OGRAMS. THE GOAL OF THE CTF IS TO PROVIDE ACCESS TO	
INNOVATIVE THINKER	S WHOSE WORK ILLUMINATES TOPICS OF BROAD PUBLIC	
CONCERN, RANGING F	ROM CLIMATE CHANGE AND GROWING SOCIAL INEQUALITY TO	
THE UNANTICIPATED	RISKS POSED BY NEW TECHNOLOGIES. OTHER SPEAKERS MAY	
BE WORKING ON PROJ	ECTS OF NO IMMEDIATE UTILITY, BUT WHICH CHALLENGE OUR	
IMAGINATION AND EX	PAND OUR SENSE OF THE POSSIBLE. THE CTF INITIATIVE	
	LONGSTANDING COMMITMENT TO PROGRAMMING FOCUSED ON THE eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022
232211 10-28-22		
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Schedule O (Form 990) 2022	Page 2
Name of the organization SCHOOL FOR ADVANCED RESEARCH	Employer identification number 85-0125045
HISTORY AND DIVERSE CULTURES OF THE SOUTHWEST. THROUGH SAR'S PUBLIC	
PROGRAMS, MEMBERS AND THE GENERAL PUBLIC ARE OFFERED THE OPPORTUNITY TO	
PARTICIPATE IN PUBLIC LECTURES, SALONS, SCHOLAR COLLOQUIA, ARTISTS'	
PRESENTATIONS, FIELD TRIPS, AND OTHER PROGRAMS BOTH VIRTUALLY AND ON	
THE SAR CAMPUS. SAR STRIVES TO MAKE PROGRAMMING AVAILABLE AND ENGAGE	
INQUIRING MINDS WITH THE WORK OF EMERGING THOUGHT-LEADERS.	
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. SAR PARTNERS WITH THE	
UNIVERSITY OF NEW MEXICO PRESS (UNM PRESS) TO CO-PUBLISH AND DISTRIBUTE	
SAR PRESS BOOKS.	
EXPENSES \$ 189,974. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,515.	
FORM 990, PART VI, SECTION A, LINE 1A:	
COMMITTEES INCLUDE ACADEMIC AND ARTISTIC AFFAIRS (AAA), AUDIT, DEVELOPMENT,	
FINANCE, GOVERNANCE & NOMINATIONS. THESE COMMITTEES ARE MADE UP OF BOARD	
MEMBERS AND SAR FUNCTIONAL STAFF DIRECTORS. THE AAA COMMITTEE DOES HAVE TWO	
NON-BOARD MEMBERS. AAA OVERSEES ACCESSION AND DE-ACCESSION RECOMMENDATIONS,	
POLICIES REGARDING THE COLLECTION AND MATTERS AND POLICIES CONCERNING THE	
SCHOOL'S SCHOLAR PROGRAMS. THE AUDIT COMMITTEE REVIEWS THE ANNUAL AUDITED	
FINANCIAL STATEMENTS, THE 990 TAX FILING, AND RISK MANAGEMENT CONCERNS. THE	
FINANCE COMMITTEE REVIEWS FINANCIAL MATTERS INCLUDING PERIODIC FINANCIAL	
RESULTS TO BUDGET, APPROVAL OF ANNUAL BUDGET, REVIEW OF INVESTMENT	
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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
SCHOOL FOR ADVANCED RESEARCH	85-0125045
PORTFOLIO PERFORMANCE AND MAKES RECOMMENDATIONS REGARDING INVESTMENT	
POLICIES AND PRACTICES. THE GOVERNANCE COMMITTEE REVIEWS GENERAL OVERSIGHT	
OF THE ORGANIZATION, INCLUDING POLICIES AND PRACTICES, NOMINATION AND	
VETTING OF PROSPECTIVE BOARD MEMBERS, LEGAL CONSIDERATIONS AND TRENDS OF	
INTEREST TO SCHOOL'S PRACTICES AND MISSION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE 990 IS REVIEWED BY THE TAX MANAGER/PARTNER RESPONSIBLE FOR	
ITS PREPARATION WITH MEMBERS OF THE SAR AUDIT COMMITTEE. QUESTIONS ARE	
PRESENTED AND ANY COMMENTS MADE AND QUESTIONS ANSWERED. IF THERE ARE ANY	
ISSUES OR CONCERNS, THESE ARE CONSIDERED. ANY CHANGES NECESSARY ARE MADE	
AND ONCE THE COMMITTEE IS SATISFIED THE FINAL DRAFT 990 IS PROVIDED TO THE	_
FULL BOARD AT THE NEXT SCHEDULED BOARD MEETING BEFORE THE RETURN IS FILED.	
A FILING EXTENSION IS TYPICALLY REQUESTED AS BOARD MEMBERS REVIEW THE 990	5
AT THE SEMI-ANNUAL MEETING HELD AT THE END OF FEBRUARY EACH YEAR. THE 990	
IS FILED FOLLOWING BOARD REVIEW.	
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. EACH BOARD MEMBER IS COVERED UNDER THE CONFLICT OF	
INTEREST POLICY ADMINISTERED BY THE GOVERNANCE COMMITTEE.	
EACH BOARD MEMBER IS COVERED UNDER THE CONFLICT OF INTEREST POLICY	
ADMINISTERED BY THE GOVERNANCE COMMITTEE. IF A POTENTIAL MATERIAL CONFLICT	
IS IDENITFIED, THE GOVERNANCE COMMITTEE PRESENTS THE INFORMATION TO THE	
BOARD FOR REVIEW. THE BOARD THEN VOTES ON WHAT ACTION TO TAKE AND/OR	
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Schedule O (Form 990) 2022	Page
Name of the organization SCHOOL FOR ADVANCED RESEARCH	Employer identification number 85-0125045
RESTRICTIONS OR DISCIPLINARY ACTION TO IMPOSE. DOCUMENTATION OF ANY ACT	TION
IS RECORDED IN THE MINUTES OF THE RELATED GOVERNANCE COMMITTEE MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION OF THE PRESIDENT IS REVIEWED BY THE GOVERNANCE COMMITTEE W	VHEN
RENEWAL OF THE EMPLYMENT CONTRACT IS UNDER CONSIDERATION. DATA FROM	
COMPARABLE NON-PROOFIT ENTITIES IS UTILIZED TO DETERMINE THE CONTRACT T	TERMS
AND COMPENSATION PACKAGE. CONTRACT TERMS AND COMPENSATION PACKAGE PROPC	DSAL
IS PRESNETED TO THE EXECUTIVE COMMITTEE FOR REVIEW, DISCUSSION AND	
APPROVAL. DISCUSSION AND DECISION ARE RECORDED IN THE EXECUTIVE COMMITT	ГЕЕ
MINUTES.	
THE PRESIDENT REVIEWS COMPENSATION WITH THE VP FINANCE AND ADMINISTRATI	ION
AND THE PERSONNEL DIRECTOR ON AN ANNUAL BASIS. DATA FROM LOCAL NON-PROF	
ENTITIES AND COST OF LIVING IS CONSIDERED. DOCUMENTATION OF COMPENSATIO	DN
DECISIONS IS DEEMED CONFIDENTIAL AND IS RETAINED BY THE PERSONNEL DIREC	CTOR.
THIS IS DONE ANNUALLY.	
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023	
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 ANNUA	AL
REPORT.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER SERVICES:	
	,671.
FROGRAM SERVICE EXFENSES 055	

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Schedule O (Form 990) 2022		Page <b>2</b>
Name of the organization SCHOOL FOR ADVANCED RESEARCH		Employer identification number 85-0125045
MANAGEMENT AND GENERAL EXPENSES	72,105.	
FUNDRAISING EXPENSES	206,018.	
TOTAL EXPENSES	977,794.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	977,794.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:		
STAFF DEVELOPMENT:		
PROGRAM SERVICE EXPENSES	32,306.	
MANAGEMENT AND GENERAL EXPENSES	41.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	32,347.	
EQUIPMENT PURCHASES AND RENTAL:		
PROGRAM SERVICE EXPENSES	13,924.	S
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	13,924.	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	46,271.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
GAAP FIN. STMT. INVENTORY ADJUSTMENT	7,779.	
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	PROCESS	
DURING THE TAX YEAR.		
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