PUBLIC DISCLOSURE COPY

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

ΑI	or the	2013 calendar year, or tax year beginning and ending	9		
B	Check if applicable:	C Name of organization	D E	Employer identifi	cation number
	Address	INNER-CITY ARTS			
	Name change	Doing Business As		95-4	239478
	Initial return Termin-ated	Number and street (or P.0. box if mail is not delivered to street address) 720 KOHLER STREET	suite E T	Felephone numbe	r 627-9621
	Amende return		G	Gross receipts \$	3,636,166.
	Applica-	LOS ANGELES, CA 90021-1518	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: KOBERT SMILAND		for subordinates	? Yes X No
		720 KOHLER STREET, LOS ANGELES, CA 90021) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 10 cm (status)	527	•	list. (see instructions)
		WWW.INNER-CITYARTS.ORG) Group exemptio	
			Year of forr	mation: 1989 N	State of legal domicile: CA
Pa		Summary	TC N TT (ON TO DOG	TMT7767 V
Governance	1 B	triefly describe the organization's mission or most significant activities: $rac{ARTS}{LDREN}$ \cdot	CATIO	JN 10 POS	111/5111
ř.	2 0	Check this box if the organization discontinued its operations or disposed of	more than	25% of its net as	
Š		lumber of voting members of the governing body (Part VI, line 1a)			33
∞ ∞		lumber of independent voting members of the governing body (Part VI, line 1b)			33
Activities &		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			64
Ĭ		otal number of volunteers (estimate if necessary)			417
Aci		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b N	let unrelated business taxable income from Form 990-T, line 34			
		Northly thousand worth (Doct VIII the Alex		Prior Year , 598 , 713 .	Current Year 2,996,478.
ine		Contributions and grants (Part VIII, line 1h)		106,655.	79,607.
Revenue		Program service revenue (Part VIII, line 2g)		53,728.	23,343.
æ		ovestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,075.	44,713.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	,788,171.	3,144,141.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,500.	1,500.
		denefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	,728,607.	1,984,095.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Бe	b T	otal fundraising expenses (Part IX, column (D), line 25) 425,984.			
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,002,205.	1,123,134.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	,732,312.	3,108,729.
	19 F	levenue less expenses. Subtract line 18 from line 12		55,859.	35,412.
Net Assets or Fund Balances				ng of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)	17	,505,344.	17,684,283.
at As	21 T	otal liabilities (Part X, line 26)		515,112.	538,368.
Ž	22	let assets or fund balances. Subtract line 21 from line 20	16	<u>,990,232.</u>	17,145,915.
	art II	Signature Block			o long and a discount to that the hard-
		ies of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas a	iny knowledge.	
ei.	_	Signature of officer		Date	
Sig Her		ROBERT SMILAND, CEO			
He	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		RICHARD L. RUVELSON		if self-employ	P00234075
	-	Firm's name GREEN HASSON & JANKS LLP	1	Firm's EIN	95-1777440
		Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR			
		LOS ANGELES, CA 90024-3929		Phone no. (3	10) 873-1600
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	USE ARTS EDUCATION TO POSITIVELY AFFECT THE LIVES OF UNDER-SERVED
	CHILDREN, IMPROVING THEIR CHANCES TO LEAD CONSTRUCTIVE AND SUCCESSFUL
	LIVES BY DEVELOPING CREATIVITY, IMPROVING LEARNING SKILLS AND BUILDING
	SELF-CONFIDENCE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,090,831. including grants of \$) (Revenue \$ 26,611.
4a	(Code:) (Expenses \$ 1,090,831 including grants of \$) (Revenue \$ 26,611 including Grants Of \$) (Revenue \$
	DEARWING AND ACHIEVING HIMOUGH THE ARTS (DATA):
	PROGRAMS SERVING THESE CHILDREN INCLUDE INSTRUCTIONAL DAY CLASSES IN
	THE VISUAL AND PERFORMING ARTS, PROVIDED OVER MULTI-WEEK SESSIONS. LATA
	IS A SEQUENTIAL 7-WEEK COURSE OF INSTRUCTION IN THE VISUAL AND
	PERFORMING ARTS FOR GRADES K-8 STUDENTS OF 23 LOW-PERFORMING SCHOOLS
	FOR 2013. THROUGH ARTS LEARNING, LATA STUDENTS DEMONSTRATE IMPROVED
	LEVELS OF ART SKILLS, ENGLISH PROFICIENCY, AND INCREASE THEIR LEARNING
	POTENTIAL IN ALL SUBJECT AREAS. PROJECT ACTIVITIES ARE ALSO DESIGNED
	TO BUILD ARTS-INFUSED COMMUNITIES WHERE THE ARTS ARE INTEGRATED INTO
	THE LIVES OF ALL EDUCATIONAL PARTICIPANTS, INCLUDING STUDENTS,
	TEACHERS, ADMINISTRATORS AND PARENTS.
4b	(Code:) (Expenses \$1, 086, 477. including grants of \$) (Revenue \$) (Revenue \$
	OUT-OF-SCHOOL PROGRAMS:
	OUT-OF-SCHOOL PROGRAMS PROVIDE 7-WEEK WORKSHOPS IN THE VISUAL AND
	PERFORMING ARTS TO CHILDREN AND YOUTH OF LOCAL SOCIAL SERVICE AGENCIES
	AND AREA SCHOOLS. GOALS ARE TO PROVIDE ARTS INSTRUCTION TO REDUCE GANG
	INVOLVEMENT AND JUVENILE DELINQUENCY DURING THE CRITICAL AFTER-SCHOOL
	HOURS, AND TO PROVIDE YOUTH WITH A SAFE HAVEN. PROGRAMS ARE OFFERED
	AFTER SCHOOL AND ON WEEKENDS FOR 2 TO 4 HOURS PER WEEK AND INCLUDE: (1) ARTS REACH: OFFERED M-F, DURING AFTER-SCHOOL HOURS, FOR GRADES K-8.
	CLASSES IN VISUAL ART, THEATER, MUSIC, CERAMICS AND ANIMATION; (2)
	VISUAL AND PERFORMING ARTS INSTITUTES: SERVE MIDDLE AND HIGH SCHOOL
	STUDENTS ON THE WEEKENDS WITH INTENSIVE YEAR-LONG STUDY IN A CHOSEN ART
40	(Code:) (Expenses \$ 124,394 · including grants of \$) (Revenue \$ 6,465 ·
	PROFESSIONAL DEVELOPMENT TRAININGS FOR CLASSROOM TEACHERS:
	PROFESSIONAL DEVELOPMENT TRAINING PROVIDES CLASSROOM TEACHERS
	MEANINGFUL STRATEGIES FOR INCORPORATING THE VISUAL AND PERFORMING ARTS
	INTO THEIR CLASSROOM CURRICULUM; ENHANCING THE CREATIVE CAPACITY AND
	ACADEMIC SUCCESS OF THEIR STUDENTS. THROUGH A VARIETY OF SELF-SELECTED
	WORKSHOPS, TEACHERS RECEIVE 3 TO 7 HOURS OF INSTRUCTION, EXPLORING
	THEIR OWN CREATIVITY THROUGH PAINTING, DRAWING, CERAMICS, MUSIC, DANCE,
	AND DRAMA-AND BUILDING BRIDGES BETWEEN THE ARTS AND OTHER DISCIPLINES
	TO FOSTER LITERACY, INQUIRY, AND CRITICAL THINKING IN THEIR STUDENTS
	AND FACILITATE PARENT ENGAGEMENT.
_	2013 SERVICE: 1,343 TEACHERS, 90 WORKSHOPS, 445 HOURS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 12,322 • including grants of \$ 1,500 •) (Revenue \$)
4e	Total program service expenses ▶ 2,314,024.
33200	Form 990 (2013
10.00	SEE SCHEDILE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		х
4		3		-22
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		7.7	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		21
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	. 10		_ - _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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) and 501(c)(4) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 22
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	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 in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

0000	(2013)	CIII IMIID	 1233170	га
Part V	Statements Regarding	Other IRS Filings and Tax Compliance		

Second Price Seco		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W-2G included in line 1a. Enter of -if-ind applicable 10 0 0 0 0 0 0 0 0						Yes	No		
b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	55					
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 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 3a	b		1b	0					
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O. 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sortine 3b, provide an explanation in Schedule O. 5b If "Yes," and the the name of the foreign country." ► 5c In the thin organization that in the strength organization that in the sort in a party to a prohibited tax shelter transaction? 5c In the strength organization file form 8868 17 6c In the strength organization have a manual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or schartisple contributions? 5c In the strength organization have manual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c In the organization solicity application an express statement that such contributions or gifts were not tax deductible? 6c In the organization solicity application in exciss of \$7s made party is a confribution and party for goods and services provided to the payor? 7c In the form 8282? 7c In the organization solicity application in exciss of \$7s made party is a confribution and party for goods and services provided to the payor. 7d In the organization receive any funds	С		eporta	ble gaming					
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O. 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sortine 3b, provide an explanation in Schedule O. 5b If "Yes," and the the name of the foreign country." ► 5c In the thin organization that in the strength organization that in the sort in a party to a prohibited tax shelter transaction? 5c In the strength organization file form 8868 17 6c In the strength organization have a manual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or schartisple contributions? 5c In the strength organization have manual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c In the organization solicity application an express statement that such contributions or gifts were not tax deductible? 6c In the organization solicity application in exciss of \$7s made party is a confribution and party for goods and services provided to the payor? 7c In the form 8282? 7c In the organization solicity application in exciss of \$7s made party is a confribution and party for goods and services provided to the payor. 7d In the organization receive any funds		(gambling) winnings to prize winners?			1c				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3b If 1 "Yes," has it filed a Form 990 To for this year? If "No." to line 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5b If "Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization and that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," fild the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 6b If "Yes," did the organization include with every solicitations under section 170(c). 6c In the form 8282? 6c Did the organization necelve apmentil in excess of 35° made party as a conflibation and party for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive apmentil excess of 35° made party as a conflibation and party for goods and services provided to the payor? 7c If I bid the organization necelve apmentil excess of 35° made party as a conflibation and party for goods and services provided to the payor? 7d If "Yes," included not, during the year apprehensive dispose of tangible personal property for which it was required to life form 80°	2a								
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to ~ fell (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the raine and the foreign country Such as a bank account, securities account, or other financial accountly? 5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes," to line 6a or 5b, did the organization notity the donor of the value of the goods or services provided? 7c Organization that may receive deductible contributions under section 170(c). 8d If Yes," include on partial to done advised or servic		filed for the calendar year ending with or within the year covered by this return	2a	64					
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
<i>,</i> u	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	and the state of t	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.00		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in 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	
	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		Х
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 ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:		
	SUE GOSNEY - 213-627-9621			
	720 KOHLER STREET, LOS ANGELES, CA 90021			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) GEOFFREY ANENBERG	2.00	х						0.	0.	0	
BOARD MEMBER (2) JON BASALONE	2.00	Δ				<u> </u>		0.	0.	0.	
BOARD MEMBER	2.00	х						0.	0.	0.	
(3) ALAN BERRO	2.00	Λ				\vdash		0.	0.		
BOARD MEMBER	2.00	Х						0.	0.	0.	
(4) HOLLY BOWYER	2.00	77						0.	0.		
BOARD MEMBER	2.00	x						0.	0.	0.	
(5) AL BROOKS	2.00	23							· ·		
BOARD MEMBER		x						0.	0.	0.	
(6) VERA CAMPBELL	2.00	 							•		
BOARD MEMBER		х						0.	0.	0.	
(7) BOBBIE GREENFIELD	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) EUGENE L. HERNANDEZ	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) CROSBY, HAFFNER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) JEFFREY JAEGER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(11) SAM KUNIANSKI	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(12) JAY MANGEL	2.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(13) SILVIA MARJORAM	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(14) DORINDA MARTICORENA	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(15) CONSUELO MORAN	2.00	,,							_	^	
BOARD MEMBER	2 00	Х				_		0.	0.	0.	
(16) SCOTT MORIELLI	2.00	7,						0.	0.	^	
BOARD MEMBER	2.00	Х				<u> </u>		0.	0.	0.	
(17) JON NEUSTADTER BOARD MEMBER	4.00	х						0.	0.	0.	
BOARD MEMBER		Λ						1 0.	U •	- 000	

332007 10-29-13

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(()			(D) (E)			(F)	
Name and title	Average	/da		Posi	itior			Reportable	Reportable		Estimate	ed
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation		amount				
	week	offi	cer ar	nd a di	irecto	or/trus	stee)	from	from related		other	
	(list any	ordirector						the	organizations		ompensa	
	hours for related	ordir	es.			ated		organization	(W-2/1099-MISC		from th	
	organizations	ıstee	truste		ao	bens		(W-2/1099-MISC)			organizat	
	below	ual tr	ional		ploye	t com	١.				and relat	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	rgarnzati	10113
(18) MONICA ROSENTHAL	2.00	 	┢	_	Ť		<u> </u>					
BOARD MEMBER		Х						0.	() .		0.
(19) JOSEPH SANFORD	2.00											
BOARD MEMBER		Х						0.	() .		0.
(20) MARTHA SAUCEDO	2.00							_				
BOARD MEMBER		Х						0.	() .		0.
(21) STEVE SCHOENHOLZ	2.00											_
BOARD MEMBER	0 00	Х						0.	() •		0.
(22) WILLIAM SCHOENHOLZ	2.00	. ,							,).		0
BOARD MEMBER (23) ERIC SCHOTZ	2.00	Х				-		0.	(<u>' </u>		0.
BOARD MEMBER	2.00	x						0.).		0.
(24) ROBERT SHEARIN	2.00						H	-	`	+		•
BOARD MEMBER		x						0.).		0.
(25) MITHRA SHEYBANI	2.00											
BOARD MEMBER		Х						0.	() .		0.
(26) KATERINA TANA	2.00											
BOARD MEMBER		Х						0.) -		0.
1b Sub-total								0.) •	40 0	0.
c Total from continuation sheets to Part VI								348,659. 348,659.).	42,2 42,2	
d Total (add lines 1b and 1c)							<u> </u>			· •	44,4	09.
 Total number of individuals (including but n compensation from the organization 	ot iimitea to tr	iose	IISLE	eu ai	JOVE	e) wi	101	received more than \$100	,,000 of reportable			2
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey en	nplo	ovee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										. 3	;	Х
4 For any individual listed on line 1a, is the su	ım of reportab											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		. 4		X
5 Did any person listed on line 1a receive or a	•				•			•				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch _I	pers	son				5)	X
Section B. Independent Contractors		-1						414 5 d 41	\$100,000 of a sure			
1 Complete this table for your five highest co the organization. Report compensation for	=	-							•	ensatio	n trom	
(A)	ille caleridar y	cai	enui	ng v	VILII	OI W	/11/11	(B)	year.		(C)	
Name and business	address	N	INC	Ξ				Description of s	services	Com	pensatio	n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ste	d above) who received n	nore than			

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

332008

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (controlled) A	Form 990 INNER-CIT	95-4239478									
Name and title	Part VII Section A. Officers, Directors, Tru	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)		
Check all that apply Compensation from related organizations week (list any hours for related organizations below line) Figure 1 Figure 2 Figure 2 Figure 3 Figure	(A)	(B)							(D)	(E)	(F)
Per Week (list any hours for related organizations (list any hours for related organizations below line)	Name and title	Average		Position				•	Estimated		
Week (list any hours for related organizations below line) 2.00 Early John Misco (moderated organizations below line) 2.00 Early John Misco (moderated organizations below line) 2.00 Early John Topper 2.00 Early John Top			(cł	neck	all t	that	app	ly)		•	
Companies of the comp							a.				
C27) DOUG HINCHLIFFE		1	tor				ploye				•
C27) DOUG HINCHLIFFE		1	direc				ma pa			(** 27 1000 141100)	
C27) DOUG HINCHLIFFE			tee or	ıstee			ensate		,		•
C27) DOUG HINCHLIFFE		organizations	ll frus	nal trı		oyee	dwo				organizations
C27) DOUG HINCHLIFFE			ividua	titutio	cer	, emp	hest	mer			
BOARD MEMBER		1	pul	lns	#0	Key	Hig	For			
Carlo Michael O'Brien		2.00									
BOARD MEMBER			Х						0.	0.	0.
C29 JONI TOPPER		2.00									•
CHAIRMAN			Х						0.	0.	0.
Name		2.00								0	0
VICE-CHAIRMAN		0 00	X		X				0.	0.	0.
CRAIG BENELL 2.00 X X X 0.		2.00									0
X X X X X X X X X X		2 00	X		X				0.	0.	0.
TREASURER		2.00	,,		,,						0
TREASURER (33) SUSAN EMERLING-TORRES (RES 2/13 2.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2 00	X		A				0.	0.	0.
(33) SUSAN EMERLING-TORRES (RES 2/13 2.00 X X X 0. 0. 0. 0. (34) ROBERT SMILAND (AS OF 7/29/13) 40.00 PRESIDENT/CEO		2.00	7.		7.7					0	0
TREASURER (34) ROBERT SMILAND (AS OF 7/29/13) 40.00 PRESIDENT/CEO (35) JOSEPH A. COLLINS (RES 4/26/13) 40.00 PRESIDENT/CEO (36) BETH TISHLER (4/29/13-7/28/13) 40.00 INTERIM CEO (37) SUE GOSNEY (AS OF 7/1/13) 40.00		2 00	Λ						0.	0.	0.
Column Ceo Column Ceo Ceo		2.00	v		.					^	0
PRESIDENT/CEO		40 00	Δ		_				0.	0.	0.
(35) JOSEPH A. COLLINS (RES 4/26/13) 40.00 X 78,951. 0. 1,224. (36) BETH TISHLER (4/29/13-7/28/13) 40.00 X 100,899. 0. 6,516. (37) SUE GOSNEY (AS OF 7/1/13) 40.00		40.00							64 221	0	27 015
PRESIDENT/CEO		40 00			_				04,231.	0.	27,013.
(36) BETH TISHLER (4/29/13-7/28/13) 40.00 X 100,899. 0. 6,516. (37) SUE GOSNEY (AS OF 7/1/13) 40.00		40.00			v				78 951	n	1 22/
INTERIM CEO X 100,899. 0. 6,516. (37) SUE GOSNEY (AS OF 7/1/13) 40.00		40.00							10,551.	•	1,224
(37) SUE GOSNEY (AS OF 7/1/13) 40.00		1000			x				100.899.	0.	6.516.
		40.00			-				200,0330		0,0101
					x				104.578.	0.	6.654.
											.,
			L			<u> </u>	<u> </u>	_			

348,659.

Total to Part VII, Section A, line 1c

42,209.

Form 990 (2013) INNER-C Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, C Am		Fundraising events		681,814.				
Gift		Related organizations						
JS,	е	Government grants (contribut	ions) 1e	317,307.				
itio	f	All other contributions, gifts, gran	ts, and					
ig #		similar amounts not included abov	ve 1f	1,997,357.				
on the	g	Noncash contributions included in lines	1a-1f: \$	5,867.				
<u>ā č</u>	h	Total. Add lines 1a-1f			2,996,478.			
_				Business Code	46 504	46 534		
ice		OUT-OF-SCHOOL		611600	46,531.	46,531.		
Program Service Revenue	b	ART PROGRAMS (INSTRUCT	IONAL DAY)	611600	26,611.	26,611.		
m S	С	PROFESSIONAL DEV.		611430	6,465.	6,465.		
gra Re	d							
ro	е							
-		All other program service reve			70 607			
		Total. Add lines 2a-2f			79,607.			
	3	Investment income (including	•	•	25 908			25,908.
		other similar amounts)			25,908.			25,308.
	4	Income from investment of tax						
	5	Royalties	(i) Real	1				
	6.0	Gross rents	(I) Real 44,527.	(ii) Personal				
		Gross rents Less: rental expenses	0.					
		Rental income or (loss)	44,527.					
		Net rental income or (loss)			44,527.			44,527.
		Gross amount from sales of	(i) Securities	(ii) Other	, , ,			
		assets other than inventory	238,599.	(ii) Guilei				
	b	Less: cost or other basis	,					
	-	and sales expenses	241,164.					
	С	Gain or (loss)						
		Net gain or (loss)			-2,565.			-2,565.
ne		Gross income from fundraising						
		including \$681	,814. of					
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а	250,787.				
Ť	b	Less: direct expenses	b	250,787.				
	С	Net income or (loss) from fund	draising events	>	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold			1.00			1.5.5
	С	Net income or (loss) from sale			166.			166.
	44	Miscellaneous Revenu MISCELLANEOUS INCOME	ie	Business Code 900099	20.			20
				300033	20.			20.
	b			 				
	c C							+
			All other revenue					
	12	Total revenue. See instructions.			20. 3,144,141.	79,607.	0 .	68,056.
33200 10-29		The state of the s		······	, -,•	, , , , , ,		Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	s. All other organizations must complete column (A).
•	

30011	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	4 - 5 6	4 - 5 - 6		
	the United States. See Part IV, line 22	1,500.	1,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	390,868.	265,611.	53,976.	71,281.
6	Compensation not included above, to disqualified	330,000.	203/0111	3373700	, 1, 2010
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,345,622.	909,525.	186,434.	249,663.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	105,260.	81,650.	13,266.	10,344. 26,410.
10	Payroll taxes	142,345.	96,213.	19,722.	26,410.
11	Fees for services (non-employees):				
	Management				
	Legal	24 505		24 505	
	Accounting	24,595.		24,595.	
	Lobbying				
f a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	95,674.	46,267.	25,947.	23.460.
12	Advertising and promotion	17,276.	2,008.	7,887.	23,460. 7,381. 19,978.
13	Office expenses	156,312.	116,231.	20,103.	19,978.
14	Information technology		-		-
15	Royalties				
16	Occupancy	67,025.	63,003.	2,011.	2,011.
17	Travel	89,870.	88,542.	690.	638.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 004	605	4.20	4.60
19	Conferences, conventions, and meetings	1,004.	697.	139.	168.
20	Interest				
21	Payments to affiliates	358,648.	337,208.	10,720.	10,720.
22	Depreciation, depletion, and amortization	24,128.	22,680.	724.	724.
23 24	Insurance Other expenses. Itemize expenses not covered	24,120.	22,000.	/44•	/ 44 •
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INDEP ARTISTS&ART CLASS	128,387.	128,387.		
b	PROGRAM EVALUATION SERV	83,403.	83,403.		
c	REPAIRS AND MAINTENANCE	50,917.	47,862.	1,528.	1,527.
d	IN-KIND	5,367.	5,067.		300.
е	All other expenses	20,528.	18,170.	979.	1,379.
25	Total functional expenses. Add lines 1 through 24e	3,108,729.	2,314,024.	368,721.	425,984.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				F 000 (== +=
33201	0 10-29-13				Form 990 (2013)

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	16,500.	1	22,674.		
	2				3,677,669.	2	3,856,585.
	3				647,229.	3	749,081.
	4	Accounts receivable, net			53,501.	4	33,818.
	5	Loans and other receivables from current and for			•	-	,
	•	trustees, key employees, and highest compensations		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of section		-			
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			2,185.	8	2,111.
	9				33,548.	9	47,888.
		Land, buildings, and equipment: cost or other	 I I		33,3101	9	27,000
	""	basis. Complete Part VI of Schedule D	102	14.930.189			
	Ь		10a	2,854,850.	12,398,950.	10c	12,075,339.
	11	Investments - publicly traded securities			675,762.	11	896,787.
	12	Investments - other securities. See Part IV, line			0,0,,020	12	0,00,7,07,0
	13	Investments - program-related. See Part IV, line				13	
	14			I -		14	
	15	Intangible assets Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			17,505,344.	16	17,684,283.
	17	Accounts payable and accrued expenses			114,584.	17	153,459.
	18	Grants payable				18	
	19	Deferred revenue			400,528.	19	384,909.
	20	Tax-exempt bond liabilities				20	552,555
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iq		Complete Part II of Schedule L				22	
<u>:</u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		•		25	
	26	Total liabilities. Add lines 17 through 25			515,112.	26	538,368.
		Organizations that follow SFAS 117 (ASC 958			·		
S		complete lines 27 through 29, and lines 33 an					
ž	27	Unrestricted net assets			15,099,708.	27	14,837,548.
sala	28	Temporarily restricted net assets			1,111,972.	28	1,515,820.
Ā	29			<u></u>	778,552.	29	792,547.
Ē		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			16,990,232.	33	17,145,915.
	34	Total liabilities and net assets/fund balances			17,505,344.	34	17,684,283.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,14			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,10			
3	Revenue less expenses. Subtract line 2 from line 1	3		55,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,99			
5	Net unrealized gains (losses) on investments	5	12	0,2	71.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	17,14	5,9	<u> 15.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INNER-CITY ARTS

Employer identification number

95-4239478

Pa	rt I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	te this par	:.) See inst	tructions.					
The o	organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3				ital service organization			170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the	hospita	l's nam	ie,
		city, and stat	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed	in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	ite, or local governm	nent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).						
7	X			ceives a substantial part					or from the	general	puk	olic desc	cribed i	n
			b)(1)(A)(vi). (Comple				Ü			Ü	•			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9				ceives: (1) more than 33			rom contri	butions, n	nembershi	p fees, a	nd (gross re	ceipts	from
				nctions - subject to certa										
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	afte	er June (30, 197	'5.
			509(a)(2). (Complete			,		•	, ,				,	
10		An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).					
11		-	-	perated exclusively for th	=	-			-	y out the	pu	rposes (of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(<i>.</i> a)(3). Ch	eck	the box	that	
				organization and comple				,	•					
		a Type I	b 🔲 Ty	ype II c 🗀 Ty	ype III - Fu	nctionally	integrated	c	і 🔲 Тур	e III - No	n-fu	ınctiona	lly integ	grated
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	per	rsons ot	her tha	n
		foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	sec	ction 509	9(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
			rganization, check th											
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?				
		(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below	',		Yes	No
		the gove	erning body of the s	upported organization?								11g(i)		
		(ii) A family	member of a persor	n described in (i) above?								11g(ii)		
				person described in (i) o								11g(iii)		
h				about the supported or										
			-											
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	ı notify the	(vi) ls	the	(vii	i) Amoun	t of mo	netarv
(-)		nization	(,	(described on lines 1-9	in col. (i) listed in your		organization in col.				support			,
				above or IRC section	governing	document?	(i) of you	support?	U.S	.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
											_			
F_4.														

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not							
	include any "unusual grants.")	1948650.	2103500.	2565831.	2598713.	2996478.	12213172.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1948650.	2103500.	2565831.	2598713.	2996478.	12213172.	
	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)						760,258.	
6	Public support. Subtract line 5 from line 4.						11452914.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Amounts from line 4	1948650.	2103500.	2565831.	2598713.	2996478.	12213172.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	52,238.	42,602.	78,992.	63,504.	70,435.	307,771.	
9	Net income from unrelated business		-	-	-			
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)					20.	20.	
11	Total support. Add lines 7 through 10						12520963.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,726,368.	
	First five years. If the Form 990 is for						· · ·	
	organization, check this box and stop	-			•			
Sed	ction C. Computation of Publ						,	
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	91.47 %	
	Public support percentage from 2012					15	85.36 %	
	33 1/3% support test - 2013. If the					nore, check this bo		
		•		•		•		
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. 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 qual							
17a								
	'a 10% -facts-and-circumstances test - 2013. 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 IV how the organization							
	meets the "facts-and-circumstances" test, check this box and stop nere. Explain in Part IV now the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances tes	-	-		-			
		-						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
				,,, 171		dule A (Form 990		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
10a 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 in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2013

INNER-CITY ARTS 95-4239478							
Organization type (check one):							
illers of: Section:							
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule For an organizati contributor. Com	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the context of						
Special Rules							
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
	that is not covered by the General Rule and/or the Special Rules does not file Schedule Ion Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F						

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

INNER-CITY ARTS

95-4239478

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>457,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

INNER-CITY ARTS

95-4239478

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$	000 E7 or 000 PE\ /2012			

Name of orga	anization		Employer identification number				
INNER-	CITY ARTS		95-4239478				
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additions	c., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. (Enter this information once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, ar	(e) Transfer of g	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4) (4) (4) (4) (4) (4) (4) (4)	(5,000 0.1 g.m					
	(e) Transfer of gift						
	Transferee's name, address, ar	.,	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				
							
	(e) Transfer of gift						
	Transferee's name, address, ar	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				
-		(e) Transfer of g	in				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

323454 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

TNNER - CTTY ARTS

Employer identification number 95-4239478

Pai	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	organization and restrict to the contract, and the	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	. , ,
2	Aggregate contributions to (during year)		_
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	I ing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advis		
•	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 - 1
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	r 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		-
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections of A	rt Historical Tracquires or O	thar Similar Assats
Pai	Complete if the organization answered "Yes" to Form 990	·	ther Sillinar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and balance about works of ort
Ia	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		ince of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		t and balance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	ation, or research in furtherance of pu	blic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treasu		
-	the following amounts required to be reported under SFAS 116		a gan, provide
а	Revenues included in Form 990, Part VIII, line 1	·	> \$
-	,		······································

Schedule D (Form 990) 2013

Pai	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	t s (contin	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" to	5 Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			L	Yes	Щ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	870,237.	799,795.	804,638.	. 7	725,160.		716,722.
b	Contributions	2,600.	16,081.	3,594.		7,612.		4,225.
С	Net investment earnings, gains, and losses	113,423.	55,964.	-		73,943.		8,865.
d	Grants or scholarships		-1,500.	-2,000.		-2,000.		-2,600.
е	Other expenditures for facilities							
	and programs	-873.	-103.	-14,699.				1,818.
f	Administrative expenses			-127.		-77.		235.
g	End of year balance	985,387.	870,237.	799,795.	. 8	304,638.		725,160.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment ► 80.00	%						
С	Temporarily restricted endowment ▶ 2	0.00 %						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or or basis (investn	1 , ,		Accumulate epreciation		(d) Book	value
	Land			3,072.			1,623	3,072.
	Buildings				704,3	37. 1	0,387	7,591.
	Leasehold improvements		1	- '		- -		
	Equipment		21	5,189.	150,5	13.	64	1,676.
	Other			-	•			
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)		▶ 1	2,075	3,339.
	3 1 //	. ,						

Schedule D (Form 990) 2013

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 v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	1			
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)		.,		•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, Description	, line 11d. See Form 990,	Part X, line 15.	(b) Book value
	Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to 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)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Takel (Column (b) must equal Form 990, Part V, col. (P) lin	25)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	-	oto to the avantination !- 1	inancial statement	that raparts the
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions unde				
organization a hability for uncertain tax positions unde	1 1 11 1 4 0 (A30 140). 0	MICON HOLD II THE TEXT OF TH		edule D (Form 990) 201

332053 09-25-13

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr) .		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	3,267,192.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	120,271.				
b	Donated services and use of facilities	2b	2,780.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	123,051.		
3	Subtract line 2e from line 1			3	3,144,141.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b			•		
С	Add lines 4a and 4b			4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,144,141.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				2 444 500		
1	Total expenses and losses per audited financial statements			1	3,111,509.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0 500				
а	Donated services and use of facilities		2,780.				
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)				0 500		
е	Add lines 2a through 2d			2e	2,780. 3,108,729.		
3	Subtract line 2e from line 1			3	3,108,729.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b			0		
	Add lines 4a and 4b			4c	<u> </u>		
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,108,729.		
	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part	X, line 2; Part XI,		
lines	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
PART V, LINE 4:							
PA	XI V, LINE 4:						
ושם	RMANENTLY RESTRICTED ENDOWMENT FUNDS PROVI	סבי א ד	DED MANTENIT				
PE	RMANENTLI RESIRICIED ENDOWMENT FUNDS PROVI	DE A E	EKMANENI				
g () i	JRCE OF INCOME FOR PROGRAMS, SCHOLARSHIPS	AND CE	MEDAT. ODED	አጥፐ(ang .		
50	THE OF INCOME FOR PROGRAMS, SCHOLARSHIPS I	MIND GI	MEKAL OFEK	VI T	<u> </u>		

332054 09-25-13

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Employer identification number INNER-CITY ARTS 95-4239478

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includ	non-governising of	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	Activity fundraiser have custody or control of from activity to			(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
3 List all states in which the organization or licensing.		contrib	utions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

		le G (Form 990 or 990-EZ) 2013 INNER - C				4239478 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or fundations and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER GALA	SUMMER EVENT	1	(add col. (a) through
O)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	734,494.	194,863.	3,244.	932,601.
	2	Less: Contributions	510,751.	169,358.	1,705.	681,814.
	3	Gross income (line 1 minus line 2)	223,743.	25,505.	1,539.	250,787.
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	37,818.	9,553.	640.	48,011.
ect E	7	Food and beverages	75,737.	7,707.	267.	83,711.
Ę	8	Entertainment	6,372.	3,324.		9,696.
	9	Other direct expenses	103,817.	4,920.	632.	109,369.
		Direct expense summary. Add lines 4 throug			>	250,787.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	990 Part IV line 19 or r	enorted more than	0.
• •		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	330, 1 art 10, iiile 13, 01 1	eported more than	
Revenue		* ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization opera	ites gaming activities:			
а	ls t	the organization licensed to operate gaming ac No," explain:	ctivities in each of these	states?		Yes No
	_	· ·				
		ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 INNER-CITY ARTS 95	-4239	4/8	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
		13a		04
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sum_{\text{\colored}}\$.			
c	If "Yes," enter name and address of the third party:			
	The root, which will also on the time party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatony diatributions:			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	п .
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э		
Pa	organization's own exempt activities during the tax year \$\bigsim \\$\text{t IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I.	II linos Q	0h 10)b 15b
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		3b, 10	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

INNER-CITY ARTS

2013 LATA SERVICE: 3.160 STUDENTS, 129 TEACHERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Employer identification number 95-4239478

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM. WORKSHOPS ARE OFFERED IN THEATER ARTS, ANIMATION, DANCE

PRODUCTION, STAND-UP COMEDY, GRAPHIC DESIGN, DIGITAL PHOTOGRAPHY, FILM

PRODUCTION, VISUAL ARTS AND CERAMICS. WORKSHOPS OFFERED M-F DURING

AFTER SCHOOL HOURS; (3) SUMMER CREATIVITY CAMP AND INTENSIVES:

ELEMENTARY ARTS SUMMER CAMP, M-F, 4 HOURS, 5 WEEKS; MIDDLE AND HIGH

SCHOOL ARTS INTENSIVES, M-F, 4 HOURS, 5 WEEKS; (4) WORK OF ART: A

COLLEGE AND CAREER PROGRAM TO PREPARE YOUTH WITH SKILLS, TRAINING, AND

REAL-WORLD EXPERIENCE NECESSARY TO PREPARE THEM FOR LIFE BEYOND HIGH

SCHOOL; OFFERED DURING OUT-OF-SCHOOL HOURS AND WEEKENDS.

1,065 STUDENTS.

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

PARENT, FAMILY AND ADULT SERVICES:

2013 OUT-OF-SCHOOL PROGRAM SERVICE:

(1) PARENTS/FAMILY WORKSHOPS: FAMILIES HAVE THE OPPORTUNITY TO

PARTICIPATE IN WORKSHOPS THAT INCLUDE SPECIFIC INSTRUCTION IN ART AND

OTHER AREAS OF LEARNING THAT SUPPORT THEIR CHILDREN'S PROGRESS IN

SCHOOL. WITHIN THIS INSTRUCTION, PARENTS EXPERIENCE THE POSSIBILITIES

FOR LANGUAGE DEVELOPMENT THROUGH THE ARTS AND LEARN HOW TO SUPPORT

THEIR CHILD'S LEARNING; (2) CULMINATIONS: ART SESSIONS FOR BOTH LATA

AND OUT-OF-SCHOOL PROGRAMS CULMINATE WITH STUDENT PERFORMANCES,

EXHIBITIONS AND SCREENINGS TAKING PLACE AT SCHOOL SITES AND INCLUDING

ARTS-LEARNING WORKSHOPS FOR TEACHERS, STAFF AND PARENTS; (3) FAMILY ART

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

2013 SCHOLARSHIPS: 1.

EXPENSES \$ 12,322. INCLUDING GRANTS OF \$ 1,500. REVENUE \$ 0.

PROVIDES FINANCIAL ASSISTANCE TO INNER-CITY ARTS' ALUMNI SEEKING

FORM 990, PART VI, SECTION A, LINE 2:

POST-HIGH-SCHOOL-EDUCATIONAL OPPORTUNITIES.

THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP:

STEVE SCHOENHOLZ, WILLIAM SCHOENHOLZ, MITHRA SHEYBANI.

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

THE FINANCE COMMITTEE REVIEWS AND APPROVES FIRST. THE AUDIT

COMMITTEE REVIEWS AFTER THE FINANCE COMMITTEE. BOTH AUDIT AND FINANCE

COMMITTEES RECOMMEND TO THE FULL BOARD FOR APPROVAL. THE FORM 990 IS

DISTRIBUTED TO AND REVIEWED BY THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

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

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CORPORATION'S CONFLICT OF INTEREST POLICY. CONFLICT OF INTEREST QUESTIONNAIRES AND DISCLOSURE STATEMENTS ARE TO BE COMPLETED AND COMPILED ANNUALLY. THE DIRECTOR OF OPERATIONS ENSURES ALL BOARD MEMBERS COMPLETE THE DISCLOSURE STATEMENTS. THE STATEMENTS ARE THEN REVIEWED BY THE GOVERNANCE COMMITTEE. THE CURRENT POLICY ALSO CALLS FOR ADDITIONAL DISCLOSURES, SHOULD THEY OCCUR DURING THE COURSE OF THE YEAR, TO BE MADE BY DIRECTORS, OFFICERS AND KEY EMPLOYEES, TO EITHER THE CHAIR OF THE BOARD, CHAIR OF THE GOVERNANCE COMMITTEE OR THE CEO OF THE ORGANIZATION. IN ADDITION, THE GOVERNANCE COMMITTEE REQUIRES A CONFLICT OF INTEREST DISCLOSURE, IN THE APPLICATION, FROM ANY INDIVIDUAL BEING CONSIDERED FOR APPOINTMENT TO THE BOARD OF DIRECTORS. IF A CONFLICT SHOULD ARISE, THE BOARD MUST THEN APPROVE THE TRANSACTION BY A MAJORITY VOTE OF THE DIRECTORS THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF ANY DIRECTORS WHO MAY HAVE A CONFLICT OF INTEREST TO THE TRANSACTION UNDER CONSIDERATION.

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

THE EXECUTIVE COMMITTEE APPROVES THE SALARIES OF THE OFFICERS

AND KEY EMPLOYEES OF THE ORGANIZATION; THE PROCESS FOR DETERMINING

COMPENSATION INCLUDES A REVIEW OF THE COMPARABILITY DATA (SUCH AS, SALARY

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

INNER-CITY ARTS	95-4239478
SURVEY AMONG NONPROFITS) AND CONTEMPORANEOUS SUBSTANTIATI	ION OF THE
DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
INNER-CITY ARTS' AUDITED FINANCIAL STATEMENTS, CONFLICT O	OF
INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION	ON
PROCESS DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX	X YEAR.