Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 is gov/fom 990.

A	For the	2014 calendar year, or tax year beginning JUL 1, 2014 and endi	ing Ji	UN 30, 2015	
В	Check if applicable			D Employer identific	cation number
F	Addres change Name	THE ACADEMY OF VOCAL ARTS		22 1	252001
\vdash	lchange lnitial				352001
E	return Final return/	1920 SPRUCE STREET	m/suite	E Telephone number 215-	735-1685
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,566,019.
	Ameno return	PHILADEPHIA, PA 19103		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: K. UAMES MCDOWELL		for subordinates	? Yes X No
	pendin	9 1920 SPRUCE ST, PHILADELPHIA, PA 19103		H(b) Are all subordinates in	
1	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: ► WWW.AVAOPERA.ORG		H(c) Group exemption	
			L Year o		State of legal domicile: PA
		Summary			
a	1	Briefly describe the organization's mission or most significant activities: TO PROV	VIDE	VOCAL AND	OPERA
Governance	1	TRAINING TO YOUNG SINGERS AND PRESENT IN CO			
rna		Check this box if the organization discontinued its operations or disposed of			
Ş		Number of voting members of the governing body (Part VI, line 1a)		1 1	33
Ğ	I .	Number of independent voting members of the governing body (Part VI, line 1b)			33
જ	I .	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			36
)ţį		Total number of volunteers (estimate if necessary)		·····	36
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
∢	1	Net unrelated business taxable income from Form 990-T, line 34		1 1	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		3,787,494.	3,296,755.
ğ		Program service revenue (Part VIII, line 2g)		295,865.	316,871.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,840,177.	1,718,770.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,036.	-138,411.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,908,500.	5,193,985.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		207,786.	248,100.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,618,846.	1,743,883.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		55,190.	0.
ф	b ·	Total fundraising expenses (Part IX, column (D), line 25) 351,473.	•		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,679,415.	1,741,861.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,561,237.	3,733,844.
		Revenue less expenses. Subtract line 18 from line 12		2,347,263.	1,460,141.
Ces			Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		39,407,092.	39,727,031.
t As	21	Total liabilities (Part X, line 26)		4,199,732.	3,985,404.
		Net assets or fund balances. Subtract line 21 from line 20		<u>35,207,360.</u>	35,741,627.
	art II	Signature Block			***************************************
		lties of perjury, I declare that I have examined this return, including accompanying schedules and		· ·	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	***************************************
Sig	n	Signature of officer		Date	
Her	e e	K. JAMES MCDOWELL, PRESIDENT Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	d l	STEVE ROSA, CPA STEVE ROSA, CPA	<i></i>	11 11 15 If self-employ	P00079667
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
Use	Only	Firm's address 610 W. GERMANTOWN PIKE, STE. 400			
		PLYMOUTH MEETING, PA 19462		Phone no.21	5-643-3900
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2014)	THE	ACADEMY	OF	VOCAL	ARTS	 23-1352	001	P	age 3
Part IV Checklist of	Require	d Schedules	;						
						r		Yes	No
4 1 41 1 11 1		504()(0)		476 1641 6 11	.,	 ı			1

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

Form 990 (2014) THE ACADEMY OF VOC 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	Δ	_
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	X	
242	Schedule J	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.70		
·	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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 "Yes,"			
	complete Schedule L, Part II	26		х
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			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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			
	contributions? If "Yes," complete Schedule M	30	X	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Form **990** (2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance					<u>-9-</u>
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74	1.5	18,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming			
	(gambling) winnings to prize winners?	į		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				14	
	filed for the calendar year ending with or within the year covered by this return	2a	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	_		_		7.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		or gitts	01		
-	were not tax deductible?	•••••	•••••	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	rvicaci	provided to the payor?	7.	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?		· · · · · · · · · · · · · · · · · · ·	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		uirad	7.0	- 72	
C	to file Form 8282?	as icc	ulled	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
~	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			N.	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					-
а	Is the organization licensed to issue qualified health plans in more than one state?		·····	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					. :
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405]			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c	-			
				14a		Х
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedu		•••••	14a 14h		- 47

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

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	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			
	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.	N		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_ <u>X</u> _
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_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		- 1	2
а	The governing body?	8a	X	
b	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ			
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) and the section 501(c) (3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Se	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SUSAN MOCK - (215)735-1685			
	1920 SPRUCE STREET, PHILADELPHIA, PA 19103			

THE ACADEMY OF VOCAL ARTS

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	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) B.A. MACLEAN, JR.	2.00	X		Х				0.	0.	0.
CHAIRMAN	2.00			Λ					· · · · · · · · · · · · · · · · · · ·	<u> </u>
(2) SUSAN E. KANE	2.00	X		х				0.	0.	0.
VICE CHAIRMAN	2.00		├─	^				0.	0.	<u> </u>
(3) LUCINDA S. LANDRETH	2.00	X		х				0.	0.	0.
VICE CHAIRMAN	2.00	^		Λ				0.	0.	
(4) MARTHA R. HURT	2.00	X		Х				0.	0.	0.
VICE PRESIDENT & SECRETARY	2.00	- 25		77				0.	0.	
(5) HAROLD F. PITCAIRN II	2.00	X		Х				0.	0.	0.
TREASURER/VICE CHAIR (6) R. RANDOLPH APGAR	2.00	22		22				0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
(7) DR. CLAIRE BOASI	2.00						 			
DIRECTOR	2.00	x				İ		0.	0.	0.
(8) ROBERT W. BOGLE	2.00									
DIRECTOR		x						0.	0.	0.
(9) KAY D. BOSSONE	2.00									
DIRECTOR		X						0.	0.	0.
(10) STEPHEN COSTELLO	2.00				T					
DIRECTOR		X						0.	0.	0.
(11) KRISTIN DAVIDSON	2.00									
DIRECTOR		X						0.	0.	0.
(12) BARBARA M. DONNELLY BENTIVOGLIO	2.00									
DIRECTOR		X						0.	0.	0.
(13) KEVIN FROST	2.00									
DIRECTOR		X		<u> </u>			<u> </u>	0.	0.	0.
(14) NANCY FABIOLA HERRERA	2.00									
DIRECTOR		X		<u> </u>		<u> </u>		0.	0.	0.
(15) MARTIN G. JANOWIECKI	2.00									
DIRECTOR		X			<u> </u>	ļ		0.	0.	0.
(16) SANDY LEOPOLD	2.00	٦.								
DIRECTOR		X			<u> </u>	_	ļ	0.	0.	0.
(17) JOSEPH MCGUIRE, ESQ.	2.00							_	_	_
DIRECTOR	L	X	<u> </u>	<u></u>			L	0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per		(do not check more than one					(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimat Imount	of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or	other mpensa from th ganiza nd rela ganizat	ation ne tion ted
(18) JOHN A NYHEIM DIRECTOR	2.00	х						0.	0.			0.
(19) THOMAS B O'ROURKE DIRECTOR	2.00	Х						0.	0.			0.
(20) DR SCOTT RICHARD DIRECTOR	2.00	x						0.	0.			0.
(21) COREY SMITH DIRECTOR	2.00	х						0.	0.			0.
(22) ANN R. STEPHENSON DIRECTOR	2.00	х						0.	0.			0.
(23) WALTER M STRINE JR. ESQ. DIRECTOR	2.00	х						0.	0.			0.
(24) RICHARD TROXELL II DIRECTOR	2.00	х						0.	0.			0.
(25) P JEFFREY WARDEN DIRECTOR	2.00	х						0.	0.			0.
(26) CHARLOTTE WATTS DIRECTOR	2.00	х						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part V							>	352,413.	0.		76,5	94.
d Total (add lines 1b and 1c)								352,413.	0.	'	76,5	94.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable			_
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	103	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization	4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	/ uni	elat	ed organization or indivi	idual for services	5		X
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>		<u> </u>					1		
Complete this table for your five highest co the organization. Report compensation for	-								•	sation	from	
(A) Name and business			INC				-	(B) Description of s			(C) ensatio	on .
										7/4		
·										-		·
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	sted	l above) who received m	nore than			

SEE PART VII, SECTION A CONTINUATION SHEETS

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Per Week (list any hours for related organizations below line) Peter Gould Pet	<u> </u>	, <u>2001</u>
Name and title		1
per week list any hours for related organizations below line) 2.00 X 0.00	(E) Reportable compensation	(F) Estimated amount of
X	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Cab Gail Howard Cab Ca	0.	
X	J. U.	. 0
(29) LEON L. LEVY	0.	. .
Director X		
(30) MARIO MELE	o. o.	.]
DIRECTOR		
DIRECTOR	0. 0.	
(32) KENNETH E. AHL, ESQ. DIRECTOR (33) JIM MCCLELLAND DIRECTOR (34) K. JAMES MCDOWELL PRESIDENT (35) SUSAN MOCK CFO (36) CHRISTOFER MACATSORIS 2.00 X 0. 1.00 X 0. 1.00 X 0. 9. 0. 0. 0. 0. 0. 0. 0. 0.		
DIRECTOR	0.	. (
(33) JIM MCCLELLAND DIRECTOR (34) K. JAMES MCDOWELL PRESIDENT (35) SUSAN MOCK CFO (36) CHRISTOFER MACATSORIS 2.00 X 0. 121,667. X 99,079.	0.	
DIRECTOR	J. U.	, (
(34) K. JAMES MCDOWELL PRESIDENT (35) SUSAN MOCK CFO (36) CHRISTOFER MACATSORIS 40.00 X 121,667. X 99,079.	0.	. (
PRESIDENT X 121,667. (35) SUSAN MOCK 40.00 X 99,079. (36) CHRISTOFER MACATSORIS 40.00	3.	
(35) SUSAN MOCK	7. 0.	37,094
(36) CHRISTOFER MACATSORIS 40.00		
	9. 0.	14,786
MUSIC DIRECTOR X 131,667.		
	7. 0.	24,714
Total to Part VII, Section A, line 1c	2	76,594

Form 990 (2014) THE ACA
Part VIII Statement of Revenue

		Check if Schedule O conta	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	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
iz u		Membership dues	1 1					
Å,G	С	Fundraising events	1c	328,677.				
第三		Related organizations	1 1					
m's,		Government grants (contribut		45,508.				
Ö	f	All other contributions, gifts, grant	ts, and					
a		similar amounts not included above	ve 1f	2,922,570.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	108,645.				
မှု လ		Total. Add lines 1a-1f			3,296,755.			
				Business Code				
8	2 a	PERFORMANCE AND FEES		711110	316,871.	316,871.		
ه ێ	b							
Program Service Revenue	С							
eve	d							
<u>В</u> п	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	316,871,		· · · · · ·	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			1,357,890,			1,357,890.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С	Rental income or (loss)						
	d	Net rental income or (loss)		, >				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,453,641.					
	b	Less: cost or other basis						
		and sales expenses	F					
		Gain or (loss)						
		Net gain or (loss)		>	360,880.		Note to the second	360,880.
ne	8 a	Gross income from fundraising	g events (not					
len/		including \$ 328	-					
Other Reven		contributions reported on line	•					
jer		Part IV, line 18		i ' i				
₹		Less: direct expenses		279,273.			* * *	
		Net income or (loss) from fund	-		-138,411.			-138,411.
	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				
	c	 Net income or (loss) from sale Miscellaneous Revenu 		Business Code				
	44 -			Dusiness Code				
	11 a							
	b							
	C							
	d	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			5,193,985,	316,871.	0.	1,580,359.
43200 11-07	9	TOTAL TOTORIO. OGO MISH UURONS.	***************************************	·····	J, 13J, 30J,	JIU, 0/1.	<u>. U.</u>	Form 990 (2014)

Form 990 (2014) THE ACADEMY O Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons not include am ounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	248,100.	248,100.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	287,576.		287,576.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,193,500.	873,570.	71,166.	248,764
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,735.	30,880.		7,855
9	Other employee benefits	113,169.	93,583.		19,586
10	Payroll taxes	110,903.	67,781.	23,820.	19,302
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,166.		30,166.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	262,655.	218,877.	43,778.	
12	Advertising and promotion	93,318.	93,318.		
13	Office expenses	22,871.		22,871.	
14	Information technology	76,313.	13,952.	53,060.	9,301
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,761.		25,761.	
20	Interest	149,347.	139,544.	9,803.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	315,003.	315,003.		
23	Insurance	45,656.	38,439.	7,217.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PRODUCTION EXPENS	266,174.	266,174.		
b	ORCHESTRA & CHORUS	262,897.	262,897.	**************************************	
c	UTILITIES	51,998.	42,280.	9,718.	
d	OTHER FUNDRAISING EXPEN	46,665.	•		46,665
	All other expenses	93,037.	91,479.	1,558.	
25	Total functional expenses. Add lines 1 through 24e	3,733,844.	2,795,877.	586,494.	351,473
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)				

Form 990 (2014)
Part X Balance Sheet

rai	τχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	350,523.	1	328,865
	2	Savings and temporary cash investments	20,907.	2	2,142
	3	Pledges and grants receivable, net	2,221,625.	3	1,381,149
	4	Accounts receivable, net	5,776.	4	18,214
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	104,373.	9	32,473
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,822,662.			
	b	Less: accumulated depreciation 10b 2,914,543.	6,019,772.	10c	5,908,119
	11	Investments - publicly traded securities	22,857,625.	11	24,422,475
	12	Investments - other securities. See Part IV, line 11	7,798,787.		7,609,895
	13	Investments - program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets	27,704.	14	23,699
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	•
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,407,092.	16	39,727,031
	17	Accounts payable and accrued expenses	73,173.	17	55,671
	18	Grants payable	<u> </u>	18	
	19	Deferred revenue	45,186.	19	7,042
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s လ	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
<i>≔</i>	23	Secured mortgages and notes payable to unrelated third parties	4,009,059.	23	3,863,758
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	72,314.	25	58,933.
	26	Total liabilities. Add lines 17 through 25	4,199,732.	26	3,985,404.
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
<u>ي</u>	27	Unrestricted net assets	13,877,904.		14,795,317
396	28	Temporarily restricted net assets	2,251,407.		1,453,408
٦	29	Permanently restricted net assets	19,078,049.	29	19,492,902
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here			
9		and complete lines 30 through 34.			and the Section of th
ets	30	Capital stock or trust principal, or current funds		30	7 + 78/10/4
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	35,207,360.	33	35,741,627.
	34	Total liabilities and net assets/fund balances	39,407,092.	34	39,727,031.

orm	n 990 (2014) THE ACADEMY OF VOCAL ARTS	23-1	352001	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,20		
5	Net unrealized gains (losses) on investments	5		6,9	<u>82.</u>
6	Donated services and use of facilities	6	The second secon		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18	8,8	<u>92.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	35,74	1,6	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ 13	3.4	
	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				1111
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2014)

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SCHEDULE A

(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.

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE ACADEMY OF VOCAL ARTS 23-1352001 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IBC section. Instructions) Instructions) No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 THE ACADEMY OF VOCAL ARTS 23-13520 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	1.74					
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1		γ		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	•	•	,			12	
13	First five years. If the Form 990 is for	=			-		. —
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				>
	Public support percentage for 2014 (ack man (f))		14	0.4
	Public support percentage from 2013						<u>%</u> %
	33 1/3% support test - 2014. If the						
102	stop here. The organization qualifies	_					
h	33 1/3% support test - 2013. If the						
	and stop here. The organization qual	_					-
17=	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					-:
	organization meets the "facts-and-circ						ightharpoonup
18	Private foundation. If the organization		_	•			▶ □
						edule 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	· · · · ·					-	
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	3 Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		:				
	amount on line 13 for the year					-	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support			<u> </u>			
			# > 0044		1 , , , , , , ,	1 , , , , , ,	T
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6a Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
į	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					al-re-	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u></u>
	ction C. Computation of Publi					1	
15	Public support percentage for 2014 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				- incing
17	Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organi	zation	>
ŀ	o 33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	· >
20	Private foundation If the organization	did not chack a	hov on line 1/ 10	la or 10h chack ti	hie hav and eag ir	etructione	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in PartVI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in PartVI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in PartVI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in PartVI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in PartVI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in PartVI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in PartVI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in PartVL
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in PartVL
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in PartVI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
100		
1 11	134	44
1		
		164
_		
2		L
3a		
	- ·	
3b		
	7.7.5	
3c		
75/4/4		
4a		
44	4 1 2 1	
	147	
4b		
-110		
1		
		14.3
	-	
4c		
		14 A
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5a		
5b	·	
_		
<u>5c</u>		
1,54		
	111	
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8	5.4.5	
1 794.4	·	
00		
9a		
9b		
441		
0-		
9c		
100		
10a		
10b		

За

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in PartVI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in PartVL

Schedule A (Form 990 or 990-EZ) 2014

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

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

2

4

Par	[↑] V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.	to F British B. All B. C. C. C. C. C.	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			i willad.
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

chedule A (Form 990 or 990-EZ) 2014 THE ACADEMY OF VOCAL ARTS	23-1352001 Page
Chedule A (Form 990 or 990-EZ) 2014 THE ACADEMY OF VOCAL ARTS Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II	, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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 is gov/form 990.

Inspection

Name of the organization

Employer identification number

THE ACADEMY OF VOCAL ARTS 23-1352001 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2014

110,859.

d Equipment

e Other

195,801.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

84,942.

5,908,119.

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

Complete if the organization answered "Yes" to	Form 990, Part IV, line 11	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		WAY 2 P. 1
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) TRUSTS	7,609,895.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,609,895.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.

(a) Description	(b) Book value
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
ıl. (Column (b) must equal Form 990, Part X, col. (B) line 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) DUE TO BENEFICIARIES- CURRENT	
(3) PORTION	3,723.
(4) DUE TO BENEFICIARIES- LONG TERM	
(5) PORTION	12,565.
(6) CAPITAL LEASE OBLIGATION-LT	30,357.
(7) CAPITAL LEASE OBLIGATION-CURRENT	12,288.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	58,933.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

PART V, LINE 4:

THE PRIMARY OBJECTIVE OF THE INVESTMENT MANAGEMENT OF THE ENDOWMENT IS TO PRESERVE OR INCREASE ITS REAL PURCHASING POWER OVER TIME WHILE PROVIDING A RELATIVELY STABLE AND CONSTANT STREAM OF CASH DISTRIBUTIONS FOR USE IN THE CURRENT OPERATIONS OF THE ACADEMY.

PART X, LINE 2:

THE ACADEMY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ACADEMY FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS APPLICATION OF THE STANDARD HAS NO EFFECT ON THE ACADEMY'S FINANCIAL STATEMENTS. THE ACADEMY HAS NOT BEEN AUDITED BY ANY TAXING AUTHORITY IN RECENT YEARS. THE TAX RETURNS FOR THE

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	23-1352001 Page 5
YEARS 2012 TO 2014 ARE OPEN TO EXAMINATION BY THE IRS AND	STATE
AUTHORITIES.	
AND THORE I LID •	
DADE WE TAKE OD OFFICE AD THOUNDING	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	·
CHANGE IN BENEFICIAL INTEREST	-188,892.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE NETTED WITH EXPENSE	-279,273.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE NETTED WITH REVENUE	279,273.

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.iss.gov/form 990.

THE ACADEMY OF VOCAL ARTS

Employer identification number 23-1352001

Par			YES	NO
	Dans the assessment in the charter bulgue		ILO	NO
i	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
,	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	- 1.7.	22	
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		21	:
,	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	1.0		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	X	
	THE NON-DISCRIMINATION POLICIES ARE PUBLISHED IN THE			
	ACADEMY'S STUDENT GUIDELINES, CONTAINED IN THE PUBLISHED			
	BROCHURE AND ON THE WEB SITE.			
		-		
1	Does the organization maintain the following?		1,1949	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
e ~	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	ŀ
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	OD		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
7	Dues the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.03 of		x	

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

Schedule E (Form 990 or 990-EZ) (2014)

Part II	Sup	pler	nent	al Inf	orm		rovide	the explan	ations required		I, lines 3	3, 4d, 5h, 6b	o, and 7, a			L Page 2
LINE									' FINANC	IAL A	AID:					
									GRANTS							
ORGAN:	IZAI	OI	ıs,	THE	P:	ENNSY	LVA	NIA CC	OUNCIL C	N THI	E AR	rs and	THE	PHIL.	ADELPI	HIA
CULTUI	RAL	FUI	ND.	ТН	Œ '	TOTAL	OF	THESE	GRANTS	FOR	THE	FISCA	L YEA	AR TO	TALED	
\$45,5	08.															

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														Pi-Santa and American		
		****	100													
			4.5													

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.isgov/fom 990.

Inspection

lame of the organization	NOV OF MOONE ADMO				- 1		ntification number
Constitution Authorities a	MY OF VOCAL ARTS	red "Y	es" to	Form 990 Part IV. li		23-1352 Form 990-F7	
Part I Fundraising Activities. Cor required to complete this part.	inplete if the organization answer	ou i	03 10		17.	1 01111 000 EZ	mors are not
 1 Indicate whether the organization raised f a Mail solicitations b Internet and email solicitations c Phone solicitations 	e Solicitati	ion of ion of	non-ge goveri	overnment grants nment grants			
d In-person solicitations2 a Did the organization have a written or ora	al agreement with any individual	/includ	ling of	fficers directors true	etaas (nr.	
key employees listed in Form 990, Part V b If "Yes," list the ten highest paid individu compensated at least \$5,000 by the orga	/II) or entity in connection with prals or entities (fundraisers) pursu	ofessi	onal f	undraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	fi	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							1000-000-000-000-000-000-000-000-000-00
Total 3 List all states in which the organization is or licensing.			utions	l s or has been notified	d it is e	exempt from re	 egistration
or noorong.							
						,,	

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014 THE ACADEMY OF VOCAL ARTS 23-1352001 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA AND NONE (add col. (a) through FUNDRAISING col. (c)) (total number) (event type) (event type) Revenue 469,539. Gross receipts 469,539. <u>328,677.</u> 328,677. Less: Contributions 140,862. 140,862. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment _____ 279,273. 279,273. Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) 279,273. -138.41111 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 3 Rent/facility costs Other direct expenses Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2014

b If "Yes," explain:

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Sch	edule G (Form 990 or 990-EZ) 2014 THE ACADEMY OF VOCAL ARTS 23-	1352001	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No 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 conducted in:		
	The organization's facility	13a	%
	An outside facility	1 1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [102]	
14	citter the flattle and address of the person who prepares the organization's gaining/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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
í	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?	L Yes	LI NO
ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D.	organization's own exempt activities during the tax year > \$		05 45b
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9, 9b, 1	OD, 15D,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	AR-22	
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Schedule G (Form 990 or 990-EZ)	THE ACADEMY	OF VOCAL	ARTS	23-1352001	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)				
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4,000					
VI. 2. (1)			Acord Transfer		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2014 Employer identification number

Open to Public Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www is gov/form 990. ▶ Attach to Form 990.

23-1352001		× × ×		ine 21, for any		(h) Purpose of grant or assistance					Schedule I (Form 990) (2014
		istance, and the selection		es" to Form 990, Part IV, li		(g) Description of non-cash assistance					
		for the grants or ass		Inization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)					
		grantees' eligibility	d States.	omplete if the orga	Jed.	(e) Amount of non-cash assistance					
		or assistance, the	funds in the United	Governments.	ional space is need	(d) Amount of cash grant				e line 1 table	
AL ARTS		amount of the grants	oring the use of grant	ations and Domesti	be duplicated if addit	(c) IRC section if applicable				janizations listed in th	table ons for Form 990.
MY OF VOCA	nd Assistance	o substantiate the	cedures for monitor	Domestic Organiz	5,000. Part II can	(p) EIN				nd government org	s listed in the line 1 see the Instruction
THE ACADEMY OF VOCAL	Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government					Enter total number of other organizations listed in the line 1 table A For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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23-1352001

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT AID- EMERGENCY ASSISTANCE	3	7,000,	0.	FMV	N/A
STUDENT FELLOWSHIP AWARDS	28	241,100.	• 0	FMV	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	

PART I, LINE 2:

STUDENT LIVING EXPENSES FOR BUDGET ď MERIT-BASED FELLOWSHIPS WERE GRANTED.

IS POSTED IN THE AVA WEB SITE

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

THE ACADEMY OF VOCAL ARTS

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.is.gov/fom 990.

Employer identification number 23-1352001

Pa	art I Questions Regarding Compensation			
L			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		21.5	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trastices, and officers, including the GEO/Exceditive Bileotor, regularing the terms of content in the Tax			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	1 4		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations X Approval by the board or compensation committee		4.7	
	Point 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_		40		X
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
D		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Δ.
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	in column (B) reported as deferred in prior Form 990
(1) K. JAMES MCDOWELL	ε	121,667.	0	0	6,083.	31,011.	158,76	0
	Œ	0.	0.	0.	0	- 1		0
(2) CHRISTOFER MACATSORIS	ε	131,667.	0	0	6,583.	18,131.	156,38	0.
$^{\circ}$	(E)	0	0	0.	0.	.0	0.	• 0
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Information	
Supplemental	
Part III	

Schedule J (Form 990) 2014

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form 990.

Name of the organization THE ACADEMY OF VOCAL ARTS Employer identification number 23-1352001

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncast	(d) nod of determ n contribution		
1	Art - Works of art	Х	1	11,000.		DATE O	GI	FT
2	Art - Historical treasures			•				
3	Art - Fractional interests			, , , , , , , , , , , , , , , , , , ,				
4	Books and publications							
5	Clothing and household goods		The Board of the State of the S					
6	Cars and other vehicles			9,2,2,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4				
7	Boats and planes							
3	Intellectual property							
9	Securities - Publicly traded	X	8	45,145.	EMV ON	DATE O	r GT	FI
	Securities - Closely held stock			49/T49*	TITY OIL	DATE OF	. 01	
0				AND CONTRACTOR OF THE PROPERTY				-
1	Securities - Partnership, LLC, or				-			
_	trust interests							
2	Securities - Miscellaneous							
3	Qualified conservation contribution -							
_	Historic structures			•				
4	Qualified conservation contribution - Other	-						
5	Real estate - Residential							
6	Real estate - Commercial							
7	Real estate - Other				-			
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies							
1	Taxidermy			A 100 PM 400 PM				
2	Historical artifacts					,		
3	Scientific specimens							
4	Archeological artifacts							
5	Other (PIANO)	X	2	52,500.	FMV ON	DATE O	· GI	FI
6	Other • ()							
7	Other ()							
8	Other ()							
9	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	N
0a	During the year, did the organization receive I	oy contribution	on any property rep	oorted in Part I, lines 1 throu	ugh 28, that it			
	must hold for at least three years from the da	te of the initi	al contribution, and	I which is not required to be	used for			
	exempt purposes for the entire holding period					30a		2
b	If "Yes," describe the arrangement in Part II.	***************************************						
1	Does the organization have a gift acceptance	policy that r	eauires the review	of any non-standard contril	outions?	31		2
2а						<u>.</u>		亡
 -u	contributions?		-	• •		32		2
L	If "Yes," describe in Part II.	***************************************			••••••		+	1
	If the organization did not report an amount in	a column (c)	for a type of propo	rty for which column (a) is a	hackad			
3	-	r column (c)	ioi a type oi prope	rty for writerr column (a) is c	HECKEU,			
	describe in Part II.							(20

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination part for any additional information.	23-1352001 Page 2 and whether the organization nation of both. Also complete
		- Add Tarach I
######################################		
		4444

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Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Inspection

Name of the organization

THE ACADEMY OF VOCAL ARTS

Employer identification number 23-1352001

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPERA PRODUCTIONS, AS WELL AS CONCERTS, ORATORIOS, PUBLIC PROGRAMS, THE ACADEMY WILL TRAIN ARTISTS WITH THE HIGHEST POTENTIAL FOR CAREER SUCCESS WHILE ENRICHING LIVES IN PHILADELPHIA AND BEYOND. THE PERFORMING EXPERIENCE IS THE KEY COMPONENT IN AVA'S TRAINING OF OUTSTANDING SINGERS AND THAT WHICH DISTINGUISHES IT FROM OTHER MUSIC/OPERA TRAINING PROGRAMS. THE OPERAS ARE CHOSEN TO FIT THE SPECIFIC NEEDS OF THE RESIDENT ARTISTS, HELPING TO BUILD REPERTOIRE FOR A CAREER IN OPERA AND VOCAL PERFORMANCE AND PROVIDING TECHNICALLY CHALLENGING BUT ACHIEVABLE ARTISTIC GROWTH. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FEATURING MANY OF AVA'S PROMINENT ALUMNI CAPPED THE SEASON WITH BRAVA PHILADELPHIA AT THE KIMMEL CENTER. RECENT GRADUATES CONTINUE TO STAR IN PRODUCTIONS AT MAJOR INTERNATIONAL OPERA COMPANIES, INCLUDING THE FOLLOWING UPCOMING METROPOLITAN OPERA PRODUCTIONS: JAMES MORRIS IN TOSCA, TURANDOT AND OTELLO, STEPHEN COSTELLO IN ANNA BOLENA AND RIGOLETTO, TAYLOR STAYTON IN ANNA BOLENA AND IL BARBIERE DI SIVIGLIA, ANGELA MEADE IN IL TROVATORE, BRYAN HYMEL AND AILYN PEREZ IN IN LA BOHEME, JOYCE DIDONATO AND MICHELE ANGELINI

MORE THAN 1,000 MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATED IN AVA'S OPERA OUTREACH EDUCATIONAL PROGRAM, RECEIVING WORKSHOPS INTRODUCING

AND THE AVA RESIDENT ARTISTS, INCLUDING ATTENDANCE AT TWO OPERAS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

IN LA DONNA DEL LAGO.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE ACADEMY OF VOCAL ARTS	Employer identification number 23-1352001
LA BOHEME AND FAUST.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO AND THEN SU	BMITTED TO THE
FINANCE COMMITTEE FOR REVIEW. UPON APPROVAL BY THE FINAN	CE COMMITTEE, THE
FORM 990 IS SUBMITTED TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR AT THE SEPTEMBER BOARD MEETING, A CONFLICT OF I	
IS DISTRIBUTED TO EACH BOARD MEMBER TO COMPLETE AND SIGN.	THE SIGNED
DOCUMENTS ARE SUBMITTED TO THE DIRECTOR OF INSTITUTIONAL	ADVANCEMENT, WHO
MAINTAINS THE DOCUMENTS AND ENSURES COMPLETION BY EACH BO	ARD MEMBER. ANY
ABSENT BOARD MEMBER RECEIVES THE FORM VIA EMAIL.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AN OVERVIEW COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS T	HE PRESIDENT'S
PERFORMANCE AND SETS THE PRESIDENT'S COMPENSATION. COMPE	NSATION FOR ALL
OTHER EMPLOYEES IS THE RESPONSIBILITY OF THE PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE OF VALUE OF BENEFICIAL INTEREST	-188,892.