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May 10, 2023

Nathan J Mortimer
MANHATTAN SCHOOL OF MUSIC
130 CLAREMONT AVENUE
NEW YORK, NY 10027

Dear Nathan,

Enclosed are the filing and client copies of the following return(s) for the year ended June 30, 2022:

- Return of Organization Exempt from Income Tax (Form 990)
- New York Annual Filing for Charitable Organizations (Form CHAR500)

The above returns have been electronically filed on your behalf.

Enclosed is a copy of the Form 990 to be provided to those individuals requesting to review or obtain a copy of the tax return(s). The public disclosure and inspection requirements mandate that the annual information return(s) (Form 990) be available for inspection for three years after the later of the due date of the return(s) or the date the return(s) is filed. It is also required that the original Application for Exemption (Form 1023) and the IRS letter that grants the organization its exempt status be available for inspection. Copies of these documents are required to be provided to any individual upon written or in-person request without charge, other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with the public inspection requirements.

It is understood that you have provided us with the basic information required for preparation of the return(s). The tax laws provide that the obligation of a preparer is based only on information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remain the responsibility of your management. You have final and full responsibility for the income tax return(s) and therefore should review them carefully before signing. You must retain the documentation that supports the filed return(s). We understand that your staff is responsible for all other tax return(s) not included here, such as payroll, property, and sales tax return(s).

Any tax advice expressed in this communication by Crowe LLP should not be construed as a formal tax opinion unless expressly stated. If you have any questions regarding the enclosed forms or the filing procedures, please reach out to your engagement team.

Sincerely,

A handwritten signature in black ink that reads "Rachel Spurlock".

RACHEL SPURLOCK

Enclosures

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization MANHATTAN SCHOOL OF MUSIC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
130 CLAREMONT AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10027

D Employer identification number
13-1656667

E Telephone number
(212) 749-2802

F Name and address of principal officer: JAMES GANDRE
SAME AS C ABOVE

G Gross receipts \$ 79,466,759

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MSMNYC.EDU

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1920 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>MANHATTAN SCHOOL OF MUSIC IS A COLLEGE CONSERVATORY PROVIDING EDUCATION TO APPROXIMATELY 1,028 COLLEGE STUDENTS AND 492 PRECOLLEGE STUDENTS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>23</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>19</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>1,164</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>16</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>8,397,057</u>	<u>7,533,060</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>52,693,074</u>	<u>62,366,268</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,040,621</u>	<u>1,923,257</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>745,707</u>	<u>698,221</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>63,876,459</u>	<u>72,520,806</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>19,019,695</u>	<u>21,286,260</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>26,339,054</u>	<u>32,301,643</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>978,823</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>13,152,439</u>	<u>12,797,441</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>58,511,188</u>	<u>66,385,344</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>5,365,271</u>	<u>6,135,462</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>110,734,113</u>	<u>105,549,493</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>32,623,696</u>	<u>27,455,943</u>
		<u>78,110,417</u>	<u>78,093,550</u>	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
NATHAN J MORTIMER, INTERIM SENIOR VP AND CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RACHEL SPURLOCK Preparer's signature RACHEL SPURLOCK Date 5/10/23 Check if self-employed PTIN P00520729
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 485 LEXINGTON AVENUE, FLOOR 11, NEW YORK, NY 10017-2619 Phone no. (212) 572-5500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
MANHATTAN SCHOOL OF MUSIC IS A COLLEGE CONSERVATORY PROVIDING EDUCATION TO APPROXIMATELY 1,028 COLLEGE STUDENTS AND 492 PRECOLLEGE STUDENTS. MANHATTAN SCHOOL OF MUSIC IS DEEPLY COMMITTED TO EXCELLENCE IN EDUCATION, PERFORMANCE, AND CREATIVE ACTIVITY; TO THE HUMANITY OF THE SCHOOL'S (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 54,147,390 including grants of \$ 21,286,260) (Revenue \$ 56,933,547)
UNDERGRADUATE AND GRADUATE PROGRAMS - MANHATTAN SCHOOL OF MUSIC OFFERS THE FOLLOWING DEGREES, DIPLOMAS AND CERTIFICATES: BACHELOR OF MUSIC (VOICE, INSTRUMENTAL PERFORMANCE, JAZZ, COMPOSITION, AND MUSICAL THEATRE); MASTER OF MUSIC (VOICE, INSTRUMENTAL PERFORMANCE, JAZZ, COMPOSITION, CONDUCTING, ORGAN, COLLABORATIVE PIANO, ORCHESTRAL PERFORMANCE, AND CONTEMPORARY PERFORMANCE); DOCTOR OF MUSICAL ARTS (VOICE, INSTRUMENTAL PERFORMANCE, JAZZ, COMPOSITION, CONDUCTING, ORGAN, AND COLLABORATIVE PIANO); PROFESSIONAL STUDIES CERTIFICATE AND ARTIST DIPLOMA.

4b (Code:) (Expenses \$ 2,620,456 including grants of \$ 0) (Revenue \$ 5,161,087)
PRECOLLEGE PROGRAM - A HIGHLY COMPETITIVE AND PRE-PROFESSIONAL SATURDAY MUSIC PROGRAM DEDICATED TO THE MUSICAL AND PERSONAL GROWTH OF TALENTED YOUNG MUSICIANS AGES 5-18. THE PRECOLLEGE ENROLLS APPROXIMATELY 492 STUDENTS FROM AROUND THE TRI-STATE AREA AND BEYOND, UNDER THE GUIDANCE OF ARTIST TEACHERS. A TYPICAL PROGRAM OF STUDY INCLUDES A 60-MINUTE PRIVATE LESSON, CLASSES IN THEORY AND EAR TRAINING, PERFORMANCE CLASSES INCLUDING LARGE AND SMALL ENSEMBLES, AND VARIOUS ELECTIVE CLASSES. THE PRECOLLEGE PROGRAM HAS FOUR ORCHESTRAS, THREE CHOIRS, AND NUMEROUS CHAMBER ENSEMBLES AND JAZZ ENSEMBLES.

4c (Code:) (Expenses \$ 952,396 including grants of \$ 0) (Revenue \$ 605,270)
SUMMER PROGRAMS - MANHATTAN SCHOOL OF MUSIC OFFERS GIFTED MUSICIANS SUMMER PROGRAMS WHICH ARE UNIQUE IN NEW YORK CITY AND AT THE CONSERVATORY LEVEL NATIONWIDE. SUMMER ENGLISH STUDY (SES) IS AN INNOVATIVE, EIGHT-WEEK IMMERSION PROGRAM ESPECIALLY DESIGNED FOR STUDENTS ENTERING MSM IN THE FOLLOWING FALL SEMESTER. THROUGH INTENSIVE STUDY AND INTERACTIONS WITH OTHER STUDENTS WHO ARE FLUENT IN ENGLISH, SES PARTICIPANTS PREPARE FOR MUSIC-SPECIFIC COURSEWORK AS THEY ACCLIMATE MORE GENERALLY TO AMERICAN SPEECH AND TO LIFE IN NEW YORK CITY. MSM SUMMER - SET ON A COLLEGE CAMPUS IN THE HEART OF NEW YORK CITY, MSM SUMMER IS A MONTH-LONG DAY PROGRAM THAT PROVIDES INTENSIVE MUSICAL INSTRUCTION IN MUSICAL THEATER AND INSTRUMENTAL MUSIC FOR STUDENTS (AGES 8-17). STUDENTS WILL DEVELOP THEIR MUSICAL SKILLS AND JOIN A COMMUNITY OF YOUNG MUSICIANS THROUGH A WIDE VARIETY OF MUSICAL AND SOCIAL ACTIVITIES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 795,710 including grants of \$ 0) (Revenue \$ 136,716)

4e Total program service expenses **58,515,952**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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			
11	Section 501(c)(12) organizations. Enter:				
a	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section 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 on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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 on Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b	Describe on 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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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?		
a	The organization's CEO, Executive Director, or top management official		✓
b	Other officers or key employees of the organization		✓
	If "Yes" to line 15a or 15b, describe the process on 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?		✓
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►
NATHAN J. MORTIMER, 130 CLAREMONT AVENUE, NEW YORK, NY 10027, (917) 493-4574

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES GANDRE TRUSTEE, EX-OFFICIO, SCHOOL PRESIDENT	50.0	✓		✓				398,492	0	190,371
(2) TANGELLA MADDOX SENIOR VICE PRESIDENT AND CFO	50.0			✓				298,193	0	12,238
(3) SUSAN MADDEN VICE PRESIDENT FOR ADVANCEMENT	50.0				✓			269,291	0	28,807
(4) JOYCE GRIGGS EXECUTIVE VICE PRESIDENT AND PROVOST	50.0				✓			255,832	0	28,257
(5) MELISSA COCCO-FERNANDEZ VICE PRESIDENT FOR ENROLLMENT SERVICES	50.0				✓			198,626	0	32,950
(6) RAMON MORALES ASSOCIATE VICE PRESIDENT AND CHIEF INFORMATION OFFICER	50.0					✓		185,896	0	20,177
(7) JEFFREY BREITHAUPT VICE PRESIDENT FOR MEDIA AND COMMUNICATIONS	50.0				✓			154,087	0	42,032
(8) CATHERINE MALFITANO FACULTY	35.0					✓		152,465	0	41,073
(9) REIKO FUTING FACULTY	35.0					✓		132,998	0	59,398
(10) CAROL MATOS VICE PRESIDENT FOR ADMINISTRATION AND HUMAN RELATIONS	50.0				✓			153,954	0	24,297
(11) LIZA GENNARO-EVANS DEAN OF MUSICAL THEATRE	35.0					✓		147,308	0	23,975
(12) MAITLAND PETERS FACULTY	35.0					✓		150,004	0	5,941
(13) DELANO COPPRUE TRUSTEE, FACULTY	35.0	✓						56,074	0	35,945
(14) LAURIE CARNEY TRUSTEE, FACULTY	35.0	✓						51,318	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LEONARD SLATKIN TRUSTEE	0.1	<input checked="" type="checkbox"/>						20,000	0	0
(16) DAVID G KNOTT TRUSTEE, TREASURER	0.1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) EDWARD LOWENTHAL TRUSTEE, VICE CHAIR	0.1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) LORRAINE GALLARD TRUSTEE, CHAIR	0.1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(19) NOEMI K NEIDORFF TRUSTEE, SECRETARY	0.1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(20) ANTHONY ROTH COSTANZO TRUSTEE	0.1	<input checked="" type="checkbox"/>						0	0	0
(21) BEBE NEUWIRTH TRUSTEE	0.1	<input checked="" type="checkbox"/>						0	0	0
(22) BERNIE WILLIAMS TRUSTEE	0.1	<input checked="" type="checkbox"/>						0	0	0
(23) EDITH HALL FRIEDHEIM TRUSTEE	0.1	<input checked="" type="checkbox"/>						0	0	0
(24) ERIC GRONNINGSATER TRUSTEE	0.1	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,624,538	0	545,461
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,624,538	0	545,461

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 32

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YOUR PART-TIME CONTROLLER, LLC, P.O. BOX 7247, MAIL CODE: 7123, PHILADELPHIA, PA 19170-0001	ACCOUNTING	350,570
COMPLETE MECHANICAL SOLUTIONS, LLC, ACCOUNTS RECEIVABLE, P.O BOX #832, MONTVILLE, NJ 07045	MECHANICAL	336,053
BOND, SCHOENECK & KING, PLLC, PO BOX 11607, SYRACUSE, NY 13218	LEGAL	259,775
KUMAR, 157 REGENCY DR, BARTLETT, IL 60103	IT CONSULTING	168,504
CROWE LLP, PO BOX 71570, CHICAGO, IL 60694-1570	AUDIITNG AND TAX	149,683

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 6

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 543,847				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 598,295				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,390,918				
	g	Noncash contributions included in lines 1a-1f	1g \$ 1,414,724				
	h	Total. Add lines 1a-1f ▶		7,533,060			
	Program Service Revenue			Business Code			
2a		TUITION AND FEES	611600	56,243,987	56,243,987		
b		AUXILIARY SERVICES	611600	6,122,281	6,122,281		
c							
d							
e							
f		All other program service revenue		0	0	0	
g	Total. Add lines 2a-2f ▶		62,366,268				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,376,069		1,376,069	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	370,537			
			(ii) Personal				
			6a	370,537			
	b	Less: rental expenses	6b 111,830				
	c	Rental income or (loss)	6c 258,707	0			
	d	Net rental income or (loss) ▶		258,707		258,707	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7,168,778			
			(ii) Other				
			7a	7,168,778			
	b	Less: cost or other basis and sales expenses	7b 6,621,590				
	c	Gain or (loss)	7c 547,188	0			
	d	Net gain or (loss) ▶		547,188		547,188	
	8a	Gross income from fundraising events (not including \$ 543,847 of contributions reported on line 1c). See Part IV, line 18	8a 0				
b	Less: direct expenses	8b 95,564					
c	Net income or (loss) from fundraising events ▶		(95,564)		(95,564)		
9a	Gross income from gaming activities. See Part IV, line 19	9a 0					
b	Less: direct expenses	9b 0					
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances		181,695				
		10a	181,695				
		b	Less: cost of goods sold	10b 116,969			
c	Net income or (loss) from sales of inventory ▶		64,726		64,726		
Miscellaneous Revenue			Business Code				
	11a	RECORDING STUDIO	512240	118,375	118,375		
	b	BUNDY AID	900099	85,353	85,353		
	c	BOX OFFICE	711110	50,108	50,108		
	d	All other revenue	900099	216,516	216,516	0	
e	Total. Add lines 11a-11d ▶		470,352				
12	Total revenue. See instructions ▶		72,520,806	62,836,620	0	2,151,126	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	21,286,260	21,286,260		
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	1,888,488	614,471	1,004,726	269,291
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	24,305,526	21,269,468	2,649,580	386,478
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	683,190	506,572	155,674	20,944
9	Other employee benefits	3,811,605	3,122,613	633,918	55,074
10	Payroll taxes	1,612,834	1,348,722	223,851	40,261
11	Fees for services (nonemployees):				
a	Management				
b	Legal	523,409		523,409	
c	Accounting	119,332		119,332	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	125,547		125,547	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	136,075	125,733	8,165	2,177
13	Office expenses	1,764,850	1,294,417	413,328	57,105
14	Information technology	853,113	783,899	52,486	16,728
15	Royalties				
16	Occupancy	4,616,660	3,957,394	652,254	7,012
17	Travel	90,917	48,692	40,514	1,711
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,316	17,763	3,753	1,800
20	Interest	809,296	743,461	49,778	16,057
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,394,276	3,143,100	210,445	40,731
23	Insurance	145,373	134,616	9,013	1,744
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>OTHER SERVICES AND FEES</u>	195,277	118,771	14,796	61,710
b	-----				
c	-----				
d	-----				
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	66,385,344	58,515,952	6,890,569	978,823
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,207,578	1	5,047,861
	2 Savings and temporary cash investments	2,406,755	2	2,655,336
	3 Pledges and grants receivable, net	3,177,886	3	3,067,886
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,029,054	9	1,128,060
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 118,848,907		
	b Less: accumulated depreciation	10b 55,844,146	65,071,585	10c 63,004,761
	11 Investments—publicly traded securities	34,111,776	11	29,787,559
	12 Investments—other securities. See Part IV, line 11	176,665	12	149,050
	13 Investments—program-related. See Part IV, line 11	552,814	13	708,980
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,734,113	16	105,549,493	
Liabilities	17 Accounts payable and accrued expenses	1,815,100	17	2,375,793
	18 Grants payable	0	18	0
	19 Deferred revenue	471,440	19	1,348,353
	20 Tax-exempt bond liabilities	25,689,691	20	23,559,721
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,330,114	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	317,351	25	172,076
	26 Total liabilities. Add lines 17 through 25	32,623,696	26	27,455,943
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	33,893,145	27	34,430,588
	28 Net assets with donor restrictions	44,217,272	28	43,662,962
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	78,110,417	32	78,093,550	
33 Total liabilities and net assets/fund balances	110,734,113	33	105,549,493	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,520,806
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,385,344
3	Revenue less expenses. Subtract line 2 from line 1	3	6,135,462
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,110,417
5	Net unrealized gains (losses) on investments	5	(6,152,329)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,093,550

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) HAN JO KIM ----- TRUSTEE	0.1 -----	✓						0	0	0
(26) LOIS ROMAN ----- TRUSTEE	0.1 -----	✓						0	0	0
(27) LORI HARRIS ----- TRUSTEE	0.1 -----	✓						0	0	0
(28) MARCIA CLAY HAMILTON ----- TRUSTEE	0.1 -----	✓						0	0	0
(29) NANCY FREUND HELLER ----- TRUSTEE	0.1 -----	✓						0	0	0
(30) PAUL SCHNELL ----- TRUSTEE	0.1 -----	✓						0	0	0
(31) SUSAN ENNIS ----- TRUSTEE	0.1 -----	✓						0	0	0
(32) TERRENCE BLANCHARD ----- TRUSTEE	0.1 -----	✓						0	0	0
(33) THOMAS HAMPSON ----- TRUSTEE	0.1 -----	✓						0	0	0
(34) WILLIAM O'CONNOR ----- TRUSTEE	0.1 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization MANHATTAN SCHOOL OF MUSIC	Employer identification number 13-1656667
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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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,551,629	10,393,519	5,788,306	8,176,316	7,533,060	37,442,830
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,551,629	10,393,519	5,788,306	8,176,316	7,533,060	37,442,830
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)						13,554,453
6 Public support. Subtract line 5 from line 4						23,888,377

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,551,629	10,393,519	5,788,306	8,176,316	7,533,060	37,442,830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,772,987	3,104,603	2,509,399	1,982,089	1,746,606	12,115,684
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	283,610	363,345	246,380	116,669	181,695	1,191,699
11 Total support. Add lines 7 through 10						50,750,213
12 Gross receipts from related activities, etc. (see instructions)					12	286,963,465
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	47.07 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	53.24 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4b	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.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10b	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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b 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 Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) GROSS INCOME FROM FUNDRAISING	58,475	117,430	48,158	28,400	0	252,463
	(2) GROSS SALES OF INVENTORY	225,135	245,915	198,222	88,269	181,695	939,236
	Total	283,610	363,345	246,380	116,669	181,695	1,191,699

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization MANHATTAN SCHOOL OF MUSIC

Employer identification number 13-1656667

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization MANHATTAN SCHOOL OF MUSIC	Employer identification number 13-1656667
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF PHILLIP KAWIN P.O. BOX 1028 CHARLOTTE, NC 28201-1028	\$ 1,020,324	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOAN T. ADES 785 FIFTH AVENUE, APT. 16B NEW YORK, NY 10022-1625	\$ 750,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELMA PHILANTHROPIES 1345 AVENUE OF THE AMERICAS, FL 23 NEW YORK, NY 10105-0011	\$ 713,837	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BILL AND PATRICIA O'CONNOR CHARITABLE FUND 8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268-6100	\$ 425,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LORRAINE GALLARD 3148 DUMBARTON STREET NW WASHINGTON, DC 20007-3308	\$ 309,187	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE BAISLEY POWELL ELEBASH FUND 270 PARK AVENUE, NY1-K348 NEW YORK, NY 10017	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MANHATTAN SCHOOL OF MUSIC	Employer identification number 13-1656667
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GART FAMILY FOUNDATION, LTD ----- 123 SOMERSET AVENUE ----- GARDEN CITY, NY 11530-1348 -----	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NOÉMI K. NEIDORFF ----- 211 LINDEN AVENUE ----- SAINT LOUIS, MO 63105-3841 -----	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	ERIC A. GRONNINGSATER ----- 151 WEST 86TH STREET, APT. 8D ----- NEW YORK, NY 10024-3401 -----	\$ 151,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MANHATTAN SCHOOL OF MUSIC	Employer identification number 13-1656667
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES, FMV ----- ----- -----	\$ 186,619	04/21/2022
2	SECURITIES, FMV ----- ----- -----	\$ 665,615	10/26/2021
5	SECURITIES, FMV ----- ----- -----	\$ 170,187	03/22/2022
8	TWO STEINWAY & SONS MODEL B PIANOS AS GIFT-IN-KIND ----- ----- -----	\$ 175,000	06/15/2022
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization MANHATTAN SCHOOL OF MUSIC	Employer identification number 13-1656667
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization: MANHATTAN SCHOOL OF MUSIC; Employer identification number: 13-1656667

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with rows for questions about reporting art and historical treasures, including revenue and asset amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,525,795	27,991,417	30,478,603	29,159,817	28,339,636
b Contributions	4,297,003	4,029,855	257,792	515,063	481,790
c Net investment earnings, gains, and losses	(4,572,350)	4,902,839	(1,380,061)	2,168,640	1,671,094
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	1,454,793	1,398,316	1,364,917	1,364,917	1,332,703
f Administrative expenses	0	0	0	0	0
g End of year balance	33,795,655	35,525,795	27,991,417	30,478,603	29,159,817

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 7.36 %
- b** Permanent endowment ▶ 92.64 %
- c** Term endowment ▶ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,240,000		1,240,000
b Buildings		101,268,587	45,728,969	55,539,618
c Leasehold improvements				
d Equipment		9,750,355	3,706,150	6,044,205
e Other		6,589,965	6,409,027	180,938
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,004,761

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) US GOVERNMENT GRANTS PAYABLE	14,424
(3) ASSET RETIREMENT OBLIGATION	157,652
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	172,076

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

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES	111,830
	FUNDRAISING EXPENSES	95,564
	COST OF GOODS SOLD	116,969
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	SCHOLARSHIPS	21,286,260
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES	111,830
	FUNDRAISING EXPENSES	95,564
	COST OF GOODS SOLD	116,969
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	SCHOLARSHIPS	21,286,260

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE SCHOOL FOLLOWS THE PROVISIONS OF THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (NYPMIFA) IN MANAGING ITS DONOR-RESTRICTED ENDOWMENT. THE SCHOOL HAS INTERPRETED NYPMIFA AS ALLOWING IT TO APPROPRIATE FOR EXPENDITURE OR ACCUMULATE SO MUCH OF THE DONOR-RESTRICTED ENDOWMENT FUND AS IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION FOR WHICH THE ENDOWMENT FUND IS ESTABLISHED, SUBJECT TO THE INTENT OF THE DONOR AS EXPRESSED IN THE GIFT INSTRUMENT ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. THE SCHOOL HAS NO BOARD-DESIGNATED ENDOWMENT FUNDS.</p> <p>THE SCHOOL'S INVESTMENT OBJECTIVE IS TO PROVIDE THAT FUTURE GROWTH OF THE PORTFOLIO IS SUFFICIENT TO OFFSET NORMAL INFLATION PLUS REASONABLE SPENDING, THEREBY PRESERVING THE CONSTANT DOLLAR VALUE AND PURCHASING POWER OF THE ENDOWMENT FUND. THE OBJECTIVE OF THE INVESTMENT PROGRAM IS TO ENHANCE THE PORTFOLIO'S LONG-TERM VIABILITY BY MAXIMIZING THE VALUE OF THE PORTFOLIO WITH A PRUDENT LEVEL OF RISK. THE SCHOOL HAS A SPENDING POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5.0% OF THE INVESTMENT PORTFOLIO, DEPENDING ON PERFORMANCE OF THE INVESTMENT PORTFOLIO AS WELL AS CONSIDERING THE FACTORS INCLUDED IN NYPMIFA.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.</p> <p>THE SCHOOL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE SCHOOL'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. THE SCHOOL RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY OF \$0 FOR DISALLOWED FRINGE BENEFITS IN 2022 AND 2021, WHICH ARE INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES ON THE STATEMENTS OF FINANCIAL POSITION.</p>

**SCHEDULE E
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
MANHATTAN SCHOOL OF MUSIC

Employer identification number
13-1656667

Part I

	YES	NO
1 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?	✓	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	✓	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes 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 <u>THE SCHOOL HAS PUBLICIZED ITS POLICY IN STUDENT COMMUNICATIONS AND ON THE SCHOOL WEBSITE.</u>	✓	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions? 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:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		✓
6a Does the organization receive any financial aid or assistance from a governmental agency?	✓	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		✓
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	✓	

Part II

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6a, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	<p>GOVERNMENT AID IS LIMITED TO AMOUNTS REPORTED ON FORM 990, PART VIII, LINE 1E.</p> <p>THE SCHOOL PARTICIPATES IN THE PERKINS LOAN PROGRAM (THE PROGRAM) SPONSORED BY THE U.S. DEPARTMENT OF EDUCATION. FUNDS PROVIDED BY THE U.S. GOVERNMENT UNDER THE PROGRAM ARE LOANED TO QUALIFIED STUDENTS AND MAY BE RELOANED AFTER COLLECTION. THESE FUNDS ARE ULTIMATELY REFUNDABLE TO THE U.S. GOVERNMENT.</p> <p>IN RESPONSE TO THE COVID-19 PANDEMIC, CONGRESS CREATED THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES) IN MARCH 2020, WHICH ESTABLISHED AND FUNDED THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF). THE HEERF GRANT PROGRAM PROVIDES FINANCIAL AID TO STUDENTS AND HIGHER EDUCATION INSTITUTIONS TO HELP WITH NEW EXPENSES AND REVENUE LOSSES ASSOCIATED WITH THE COVID-19 PANDEMIC.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MANHATTAN SCHOOL OF MUSIC

Employer identification number

13-1656667

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		114,560
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		0
(3) EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			114,560
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			114,560

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MANHATTAN SCHOOL OF MUSIC

Employer identification number

13-1656667

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	543,847			543,847
	2 Less: Contributions	543,847			543,847
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	57,260			57,260
	7 Food and beverages				0
	8 Entertainment	29,795			29,795
	9 Other direct expenses	8,509			8,509
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				95,564
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(95,564)	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

MANHATTAN SCHOOL OF MUSIC

Employer identification number

13-1656667

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** 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" on 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	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	SCHOLARSHIP AWARDS ARE UPLOADED DIRECTLY INTO THE STUDENT ACCOUNT TO WHICH EACH STUDENT HAS ACCESS THROUGH AN ONLINE PORTAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MANHATTAN SCHOOL OF MUSIC

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

13-1656667

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JAMES GANDRE TRUSTEE, EX-OFFICIO, SCHOOL PRESIDENT	(i) 398,294	0	198	46,743	143,628	588,863	0
	(ii) 0	0	0	0	0	0	0	0
2	TANGELLA MADDOX SENIOR VICE PRESIDENT AND CFO	(i) 298,104	0	89	0	12,238	310,431	0
	(ii) 0	0	0	0	0	0	0	0
3	SUSAN MADDEN VICE PRESIDENT FOR ADVANCEMENT	(i) 269,157	0	134	10,450	18,357	298,098	0
	(ii) 0	0	0	0	0	0	0	0
4	JOYCE GRIGGS EXECUTIVE VICE PRESIDENT AND PROVOST	(i) 255,785	0	47	9,900	18,357	284,089	0
	(ii) 0	0	0	0	0	0	0	0
5	MELISSA COCCO-FERNANDEZ VICE PRESIDENT FOR ENROLLMENT SERVICES	(i) 198,596	0	30	0	32,950	231,576	0
	(ii) 0	0	0	0	0	0	0	0
6	RAMON MORALES ASSOCIATE VICE PRESIDENT AND CHIEF INFORMATION OFFICER	(i) 185,789	0	107	7,383	12,794	206,073	0
	(ii) 0	0	0	0	0	0	0	0
7	JEFFREY BREITHAUPT VICE PRESIDENT FOR MEDIA AND COMMUNICATIONS	(i) 153,953	0	134	6,087	35,945	196,119	0
	(ii) 0	0	0	0	0	0	0	0
8	CATHERINE MALFITANO FACULTY	(i) 152,465	0	0	5,128	35,945	193,538	0
	(ii) 0	0	0	0	0	0	0	0
9	REIKO FUTING FACULTY	(i) 132,998	0	0	5,662	53,736	192,396	0
	(ii) 0	0	0	0	0	0	0	0
10	CAROL MATOS VICE PRESIDENT FOR ADMINISTRATION AND HUMAN RELATIONS	(i) 153,310	0	644	5,940	18,357	178,251	0
	(ii) 0	0	0	0	0	0	0	0
11	LIZA GENNARO-EVANS DEAN OF MUSICAL THEATRE	(i) 147,102	0	206	5,618	18,357	171,283	0
	(ii) 0	0	0	0	0	0	0	0
12	MAITLAND PETERS FACULTY	(i) 150,004	0	0	5,941	0	155,945	0
	(ii) 0	0	0	0	0	0	0	0
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	JAMES GANDRE, SCHOOL PRESIDENT, IS PROVIDED NON-TAXABLE CAMPUS HOUSING AS A CONDITION OF EMPLOYMENT. DR. GANDRE'S DUTIES AND RESPONSIBILITIES REQUIRE THAT HIS SERVICES BE AVAILABLE ON A CONTINUOUS BASIS THROUGHOUT HIS TERM. THE REPORTED AMOUNT REPRESENTS THE AVERAGE VALUE OF COMPARABLE APARTMENTS LOCATED IN THE NEIGHBORHOOD OF THE CAMPUS. THE VALUE OF THE HOUSING ALLOWANCE IS INCLUDED IN PART II, COLUMN (D).
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SECTION 457(F) DEFERRED COMPENSATION PLAN CONTRIBUTIONS: THE UNIVERSITY'S 457(F) IS ONLY FOR THE PRESIDENT, IT IS ON A FISCAL YEAR AND WE MAKE CONTRIBUTIONS ON JUNE 30 IN THE AMOUNT OF 10% OF HIS BASE SALARY FROM THE FISCAL YEAR THAT JUST ENDED.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **MANHATTAN SCHOOL OF MUSIC**
Employer identification number: **13-1656667**

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	000000000	10/30/2014	35,670,000	SERIES 2009A - REFUNDING REV BONDS. SEE PART VI.		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	17,437,970							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	35,670,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	450,486							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	35,219,514							
12	Other unspent proceeds	0							
13	Year of substantial completion	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		%		%		%
6 Total of lines 4 and 5		0.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓						
b Exception to rebate?	✓							
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓						

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART VI - SERIES 2009A BOND RESTRUCTURING	ON OCTOBER 30, 2014, THE ISRAEL DISCOUNT BANK OF NEW YORK (THE BANK) PURCHASED THE OUTSTANDING PRINCIPAL BALANCE OF THE SERIES 2009A BONDS TOTALING \$35,670,000. IN OCTOBER 2014, THE SCHOOL ENTERED INTO AN AMENDED AND RESTATED CONTINUING COVENANT AGREEMENT WITH THE BANK. THE INTEREST RATE IS SET AT A FIXED RATE OF 2.92% FOR A 15 YEAR TERM THROUGH OCTOBER 2029. THE MATURITY SCHEDULE DOES NOT CHANGE UNDER THE NEW AGREEMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MANHATTAN SCHOOL OF MUSIC

Employer identification number

13-1656667

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	8	1,220,724	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	2	194,000	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
----	---	----	---

	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS COLLECTIBLES - PIANO NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

Department of 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
MANHATTAN SCHOOL OF MUSIC

Employer Identification Number
13-1656667

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ENVIRONMENT; AND TO THE CULTURAL ENRICHMENT OF THE LARGER COMMUNITY. A PREMIERE INTERNATIONAL CONSERVATORY, MSM INSPIRES AND EMPOWERS HIGHLY TALENTED INDIVIDUALS TO REALIZE THEIR POTENTIAL. WE TAKE FULL ADVANTAGE OF NEW YORK'S ABUNDANT LEARNING AND PERFORMANCE OPPORTUNITIES, PREPARING OUR STUDENTS TO BE ACCOMPLISHED AND PASSIONATE PERFORMERS, COMPOSERS AND TEACHERS, AND IMAGINATIVE, EFFECTIVE CONTRIBUTORS TO THE ARTS AND SOCIETY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$795,710 INCLUDING GRANTS OF \$0)(REVENUE \$136,716)</p> <p>OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING ACTIVITIES:</p> <p>DISTANCE LEARNING - MANHATTAN SCHOOL OF MUSIC LAUNCHED ITS GROUNDBREAKING DISTANCE LEARNING PROGRAM IN 1996, THE FIRST OF ITS KIND AT A MAJOR CONSERVATORY. SINCE THEN, USING STATE-OF-THE-ART INTERACTIVE VIDEO CONFERENCE TECHNOLOGY TO ENHANCE MSM STUDENT'S CURRICULUM, WE HAVE ALSO DEVELOPED PROGRAMS TO CONNECT STUDENTS, EDUCATORS AND DISTINGUISHED ARTISTS AROUND THE GLOBE. ADDITIONALLY, OUR LIVE WEB-STREAMED CONCERTS AND MASTER CLASSES, FEATURING MSM STUDENT ENSEMBLES AND ACCLAIMED FACULTY, NOW ATTRACT A WORLDWIDE AUDIENCE. MSM DISTANCE LEARNING'S AWARD-WINNING PROGRAMS, INCLUDING THE GLOBAL CONSERVATORY FOR HIGHER EDUCATION AND MUSIC BUILDS BRIDGES FOR K-12 & COMMUNITY AUDIENCES; OFFERS MASTER CLASSES, PRIVATE INSTRUCTION, AND SEMINARS FOR MUSIC STUDENTS AND EDUCATORS; STANDARDS-BASED CLASSICAL AND JAZZ PROGRAMS FOR K-12; AND A VARIETY OF SELECTIONS FOR LIFELONG LEARNERS.</p> <p>CENTER FOR MUSIC ENTREPRENEURSHIP (CME) - IN TODAY'S MARKETPLACE, MUSICIANS NEED MORE THAN ARTISTIC EXCELLENCE; THEY NEED THE ADDED EDGE OF ENTREPRENEURIAL SKILLS TO CREATE OPPORTUNITIES AND BUILD SUCCESSFUL, SUSTAINABLE CAREERS. FOCUSING ON THE INTERSECTION OF ARTISTRY AND ENTERPRISE, THE CME SPEARHEADS ENTREPRENEURIAL INITIATIVES THAT HELP STUDENTS AND ALUMS BECOME THE CEO'S OF THEIR OWN SUCCESSFUL CAREERS. THE CME FACILITATES THE EXPLORATION OF NEW CAREER PATHS, INCOME STREAMS, AND BUSINESS MODELS THAT ARE TRANSFORMING THE PROFESSION. TAILORED TO THE DIRECT AND POSITIVE CULTURE OF MSM, THE CME CONNECTS INITIATIVES ACROSS DEPARTMENTS AND CURRICULUM.</p> <p>OUTREACH - THROUGH THE COMMUNITY PARTNERSHIPS PROGRAM, THE MANHATTAN SCHOOL OF MUSIC ARTS-IN-EDUCATION PROGRAM PREPARES STUDENTS TO BE EFFECTIVE ARTIST-EDUCATORS BY OFFERING PEDAGOGICAL INSTRUCTION AND PRACTICAL TEACHING EXPERIENCE IN NEW YORK SCHOOLS. OUR COMMITMENT TO ARTS EDUCATION IN NEW YORK CITY REMAINS CENTRAL TO THE MISSION OF THE SCHOOL. MORE THAN 2,200 NEW YORK CITY SCHOOLCHILDREN PARTICIPATE ANNUALLY IN OUR OUTREACH PROGRAM.</p> <p>THE MANHATTAN SCHOOL OF MUSIC COMMUNITY ENGAGEMENT PROGRAM PROVIDES STUDENTS AN OPPORTUNITY TO PRESENT INSPIRATIONAL AND INTERACTIVE PERFORMANCES TO DIVERSE AUDIENCES IN HOSPITALS, SENIOR LIVING RESIDENCES, HOSPICES, AND OTHER COMMUNITY CENTERS IN NEW YORK CITY, SHARING THE HEALING POWER OF MUSIC AS MEDICINE. IN MANY CASES, PERFORMANCES ARE PRESENTED TO UNDER-SERVED COMMUNITIES AND TO THOSE WHO ARE UNABLE TO ATTEND MUSICAL PERFORMANCES ON THEIR OWN. THROUGH THE PROGRAM, STUDENTS ARE ABLE TO EXPAND THEIR PERFORMANCE TECHNIQUES FOR DIVERSE AUDIENCES IN NON-TRADITIONAL CONCERT SETTINGS.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF NO FEWER THAN FIVE TRUSTEES AND SHALL INCLUDE THE CHAIRMAN OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE THE POWERS AND AUTHORITY OF THE BOARD TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW AND THE ORGANIZATION'S BYLAWS BETWEEN MEETINGS OF THE BOARD (INCLUDING DURING ANY REGULAR MEETING OF THE BOARD AT WHICH A QUORUM IS NOT PRESENT). THE EXECUTIVE COMMITTEE SHALL HEAR APPEALS ARISING OUT OF ANY PROCEDURE THAT PROVIDES FOR AN APPEAL TO THE BOARD OR A COMMITTEE THEREOF.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BOARD UPDATED THE FOLLOWING: UPON THE RECOMMENDATION OF THE GOVERNANCE AND NOMINATIONS COMMITTEE, A TRUSTEE WHO HAS SERVED WITH DISTINCTION MAY BE ELECTED BY THE BOARD TO SERVE AS A "TRUSTEE EMERITA/EMERITUS." A TRUSTEE EMERITA/EMERITUS SHALL SERVE AT THE PLEASURE OF THE BOARD AND MAY BE INVITED TO VARIOUS EVENTS AND MEETINGS BUT SHALL NOT BE CONSIDERED A MEMBER OF THE BOARD OF TRUSTEES FOR QUORUM, VOTING OR ANY OTHER PURPOSE. THE BOARD SHALL ESTABLISH ELIGIBILITY CRITERIA, RESPONSIBILITIES, AND PRIVILEGES IN A SEPARATE POLICY.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	ONCE TOP MANAGEMENT AND THE SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER HAVE REVIEWED THE RETURN, FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. LASTLY, FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12B - CONFLICT OF INTEREST DISCLOSURE	MSM NORMALLY PROVIDES ANNUAL CONFLICT OF INTEREST FORMS TO OFFICERS, DIRECTORS, AND TRUSTEES, BUT DOES NOT UTILIZE A FORMAL, ANNUAL PROCESS FOR KEY EMPLOYEES TO DISCLOSE SUCH CONFLICTS OF INTEREST. THEREBY, PART VI, SECTION B, LINE 12B IS ANSWERED "NO." FOR FISCAL YEAR 2021-2022. THE CONFLICT OF INTEREST WAS NOT DISTRIBUTED; HOWEVER, THE EXTERNAL AUDIT FIRM PERFORMED ALTERNATIVE TESTING TO DETERMINE IF THERE WERE ANY CONFLICT OF INTERESTS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>EACH SENIOR PERSON SHALL DISCLOSE TO THE CHAIR OF THE GOVERNANCE COMMITTEE THE EXISTENCE OF ANY CIRCUMSTANCE NOT PREVIOUSLY DISCLOSED TO THE BOARD WHICH SUCH PERSON OR FAMILY MEMBER REASONABLY BELIEVES TO CONSTITUTE, OR APPEAR TO CONSTITUTE, A PRIVATE FINANCIAL OR OTHER PERSONAL INTEREST, TOGETHER WITH ALL RELATED MATERIAL FACTS. IN THE EVENT THAT THE CHAIR OF THE GOVERNANCE COMMITTEE IS THE SENIOR PERSON WITH A POTENTIAL CONFLICTING INTEREST, THE CHAIR SHALL REPORT SAME TO THE CHAIR OF THE BOARD WHO SERVES EX OFFICIO ON THE GOVERNANCE COMMITTEE. IF ANY TRUSTEE OR OFFICER OF THE SCHOOL HAS REASON TO BELIEVE THAT ANY SENIOR PERSON AT THE SCHOOL HAS AN UNDISCLOSED FINANCIAL INTEREST OF THE SORT DESCRIBED ABOVE, HE OR SHE SHALL INFORM THE CHAIR OF THE GOVERNANCE COMMITTEE WHO SHALL AFFORD THE PERSON WHOSE INTEREST HAS BEEN QUESTIONED THE OPPORTUNITY TO DISCLOSE AND EXPLAIN THE CIRCUMSTANCES.</p> <p>ANY DETERMINATION OF A CONFLICT OF INTEREST SHALL BE REPORTED TO THE EXECUTIVE COMMITTEE WITHIN 5 DAYS OF SUCH DETERMINATION OR AT THE OPTION OF THE CHAIR OF THE GOVERNANCE AND NOMINATION COMMITTEE, TO THE NEXT REGULAR MEETING OF THE BOARD OF TRUSTEES. THE AFFECTED PERSON SHALL BE INFORMED OF ANY DECISION ON A PROMPT BASIS AND SHALL HAVE A RIGHT TO APPEAL THE DECISION BY SUBMITTING A WRITTEN REQUEST THEREFORE TO THE CHAIR OF THE GOVERNANCE AND NOMINATION COMMITTEE WITHIN 5 DAYS OF A DECISION, AND IF DESIRED, REQUESTING A HEARING WITHIN THE EXECUTIVE COMMITTEE.</p> <p>APPROPRIATE MINUTES OF ALL DELIBERATIONS SHALL BE KEPT, INCLUDING THE WRITTEN REPORT OF THE CHAIR OR GOVERNANCE COMMITTEE, AND SHALL BE FILED WITH THE BOOKS AND RECORDS OF THE SCHOOL BY THE SECRETARY OF THE BOARD.</p> <p>THE SECRETARY OF THE BOARD SHALL DELIVER A COPY OF THIS POLICY TO EACH TRUSTEE, OFFICER AND PRESIDENT'S COUNCIL MEMBER OF THE SCHOOL, AND SHALL BE RESPONSIBLE FOR THE DELIVERY OF THE POLICY TO EACH PERSON WHO SHALL HEREAFTER FILL SUCH A POSITION. THE PRESIDENT OF THE SCHOOL SHALL BE RESPONSIBLE FOR ADVISING THE SECRETARY OF THE IDENTITY OF ALL SUCH PERSONS. ADDITIONALLY, THE CHAIR OF THE GOVERNANCE COMMITTEE SHALL, ON AN ANNUAL BASIS AT A DULY CONSTITUTED BOARD OF TRUSTEES MEETING, REVIEW THE PURPOSES AND PROCEDURES OUTLINED ABOVE.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION PAID TO THE SCHOOL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) IS DETERMINED THROUGH A PROCESS WHICH FOLLOWS THE REBUTTABLE PRESUMPTION OF REASONABLENESS STANDARD. THE INDEPENDENT COMPENSATION COMMITTEE REVIEWS THE PRESIDENT'S COMPENSATION TO LIKE POSITIONS AT COMPARABLE ORGANIZATIONS TO DETERMINE APPROPRIATE COMPENSATION (THIS EXCLUSIVE COMPENSATION STUDY WAS CONDUCTED IN 2017 BY THE FIRM JAMES E. ROCCO ASSOC., INC. AND A WRITTEN REPORT WAS DELIVERED TO THE COMPENSATION COMMITTEE MEMBERS). THE PROCESS TO COMPLETE AN INDEPENDENT STUDY IS SCHEDULED TO BE CONDUCTED EVERY FOUR YEARS. ALL MSM AND COMPETITIVE DATA WAS ADJUSTED TO A COMMON EFFECTIVE DATE OF 7/1/17. THE REVIEW OF THE INDEPENDENT COMPENSATION COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES. THE COMMITTEE DID COMMISSION A COMPENSATION REPORT FOR THE VP'S AND PRESIDENT IN MAY 2021 FROM JER HR GROUP WHICH WAS DELIVERED IN DECEMBER 2021 AND WAS USED WHEN THE COMPENSATION COMMITTEE RESUMED ITS WORK ON AUGUST 24, 2022.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION PAID TO THE SCHOOL'S OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED THROUGH A PROCESS WHICH FOLLOWS THE REBUTTABLE PRESUMPTION OF REASONABLENESS STANDARD. THE INDEPENDENT COMPENSATION COMMITTEE REVIEWS THE OTHER OFFICERS OR KEY EMPLOYEES' COMPENSATION TO LIKE POSITIONS AT COMPARABLE ORGANIZATIONS TO DETERMINE APPROPRIATE COMPENSATION (THIS EXCLUSIVE COMPENSATION STUDY WAS CONDUCTED IN 2017 BY THE FIRM JAMES E. ROCCO ASSOC., INC. AND A WRITTEN REPORT WAS DELIVERED TO THE COMPENSATION COMMITTEE MEMBERS). THE PROCESS TO COMPLETE AN INDEPENDENT STUDY IS SCHEDULED TO BE CONDUCTED EVERY FOUR YEARS. ALL MSM AND COMPETITIVE DATA WAS ADJUSTED TO A COMMON EFFECTIVE DATE OF 7/1/17. THE REVIEW OF THE INDEPENDENT COMPENSATION COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES. THE COMPENSATION COMMITTEE OF THE BOARD DID NOT MEET DURING THE SUMMER OF 2020 AS SALARIES WERE CUT FOR VP'S BY 10% AND THE PRESIDENT BY 20% STARTING MAY 15, 2020, AND NO RAISES OR BONUSES WERE GIVEN. THE COMMITTEE ALSO DID NOT MEET IN THE SUMMER OF 2021 AS SALARIES WERE SIMPLY RESTORED BACK TO PRE-MAY 15, 2020 LEVELS AS OF JULY 1, 2021, AND NO RAISES OR BONUSES WERE GIVEN OR CONSIDERED. THE COMMITTEE DID COMMISSION A COMPENSATION REPORT FOR THE VP'S AND PRESIDENT IN MAY 2021 FROM JER HR GROUP WHICH WAS DELIVERED IN DECEMBER 2021 AND WAS USED WHEN THE COMPENSATION COMMITTEE RESUMED ITS WORK ON AUGUST 24, 2022.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON WRITTEN REQUESTS.

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MANHATTAN SCHOOL OF MUSIC	Taxpayer identification number (TIN) 13-1656667
	Number, street, and room or suite no. If a P.O. box, see instructions. 130 CLAREMONT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10027	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► **NATHAN J. MORTIMER, 130 CLAREMONT AVENUE, NEW YORK, NY 10027**

Telephone No. ► **(917) 493-4574** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning 07/01, 2021, and ending 06/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07/01, 2021, and ending 06/30, 20 22

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer MANHATTAN SCHOOL OF MUSIC EIN or SSN 13-1656667

Name and title of officer or person subject to tax
NATHAN J MORTIMER, INTERIM SENIOR VP AND CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>72,520,806</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CROWE LLP to enter my PIN

5	6	6	6	7
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Nathan Mortimer Date ▶ May 8, 2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	5	6	2	4	2	1	6	8	0
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RACHEL SPURLOCK Date ▶ 5/10/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



Crowe LLP
Independent Member Crowe International

Instructions for filing
MANHATTAN SCHOOL OF MUSIC
NY Form CHAR500
New York CHAR500 - Annual Filing for Charitable Org.
for the period ended 06/30/2022

SIGNATURE...

The return should be signed and dated by two authorized signers of the organization. A DocuSign request will be sent to both signers upon submission of the filing.

PAYMENT OF TAX...

The filing fee should be made via link sent after both signatures have been completed.

FILING...

The return will be filed on or before May 15, 2023 electronically on the NYS Charities Bureau website.

https://www.charitiesnys.com/annual_filing.html
