	PUBLIC	INSPECTION COPY
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	0	00	Return of	Organization E	Exempt	From I	ncom	ne Tax		OMB	No. 15	45-0047
Form <b>990</b> Return of Organization Exemp Under section 501(c), 527, or 4947(a)(1) of the Internal Re				-				tions)	2	201	8	
Den	artmont	of the Treasury		er social security number		•	• •		,	Ор	en to I	Public
		enue Service	Go to wv	<i>w.i</i> rs.gov/Form990 for in	structions a	and the lates	t informat					tion
Α	For the	e 2018 calend	ar year, or tax year beginning	<b>)</b> 06	/01, <b>2018</b> ,	and ending		05/31, <b>20</b> 19				
B	Check if a	nnliaghlas	e of organization				D	Employer ide		on numb	er	
	Addre	INI	ERLOCHEN CENTER FO	OR THE ARTS				38-168	9022			
	chang	<sub>ge</sub> Doing	business as		,			<del>.</del>				
	Name	o onango	per and street (or P.O. box if mail i	s not delivered to street addres	SS)	Room/suite		Telephone nu				
	-		BOX 199				(	231) 27	6 - 72	00		
	termin Amen	inated	r town, state or province, country	•	е			0	. ¢	110	110	242
-	returr	n	ERLOCHEN, MI 49643 and address of principal officer:	PATRICK M KES	CODI			Gross receipts (a) Is this a gro			4⊥o Yes	,242.
	pendi	ing	BOX 199, INTERLOCE					subordinates	?		Yes	
-	Tax-ex		X 501(c)(3) 501(c) (		4047(0)(1)	or 52		<b>(b)</b> Are all subord If "No " at		t. (see instr		
<u>'</u>			INTERLOCHEN.ORG	)	4947(a)(1) o	01 52		( <b>c)</b> Group exem			4010113)	
ĸ			X Corporation Trust	Association Other	•	L Year of		: 1927 <b>M</b>			micile <sup>.</sup>	MI
	art I	Summary					Tormation		otato o	r logar ao	mono.	
			be the organization's mission	or most significant activities	s: ENGAGE	E AND IN	SPIRE	PEOPLE	WORL	DWIDE	]	
ė	1		EXCELLENCE IN EDUC									
anc		ENHANCIN	G THE QUALITY OF I	JIFE THROUGH THE	UNIVERS	SAL LANG	UAGE C	OF ARTS.				
/ern	2	Check this bo	x  if the organization	discontinued its operatior	ns or dispose	ed of more that	n 25% of	its net asset	s.			
ģ	3	Number of vo	ting members of the governin	g body (Part VI, line 1a)					3			28.
کە س	4		dependent voting members of						4			27.
Activities & Governance	5		of individuals employed in ca						5		1,	588.
₹į	6	Total number	of volunteers (estimate if nece	ssary)					6			578.
Ă	7a	Total unrelate	d business revenue from Part	VIII, column (C), line 12					7a			598.
	b	Net unrelated	business taxable income from	n Form 990-T, line 38 🔒					7b		114,	598.
								Prior Year			ent Y	
ē	8		and grants (Part VIII, line 1h)					8,225,80				,513.
Revenue	9		ce revenue (Part VIII, line 2g)					5,717,31				,384.
Re			come (Part VIII, column (A), lii					5,980,69				,580.
			e (Part VIII, column (A), lines s					1,512,87				,338.
	12		- add lines 8 through 11 (mu					2,436,67 3,769,66				,815. ,787.
			milar amounts paid (Part IX, co					5,709,00	0.	15,	090	0.
	14		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			28	28,330,732.			177	,087.	
Expenses	15		undraising fees (Part IX, colum	,	<i>,</i> –			0.				0.
pen	h		ing expenses (Part IX, column	-	076,994				<u> </u>			
ŭ	17		es (Part IX, column (A), lines 1	(=),			16	5,222,68	2.	18,	990	,634.
	18		s. Add lines 13-17 (must equa					3,323,07				,508.
	19		expenses. Subtract line 18 fro					4,113,59				,307.
o ses			•				Beginnin	g of Current `	/ear	End	of Yea	ır
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)				216	5,420,55	6.	225,	671,	,804.
Ass	21		s (Part X, line 26)				46	5,017,04	7.	48,	184	,361.
Pune Long	22	Net assets or	fund balances. Subtract line 2	21 from line 20			170	),403,50	9.	177,	487	,443.
Pa	art II	Signature	Block									
			, I declare that I have examined to Declaration of preparer (other the						f my kn	owledge	and be	elief, it is
	0, 00110							lougo.				
Sig	'n		e of officer									
He							5.0	Date				
			CK M KESSEL		VP FINA	ANCE & O	PS					
		Print/Type pre	print name and title	Preparer's signature		Date			if PT	1N		
Pai	d		•	i ioparei a signature	/2/	04/11	/2020	Check self-employ			1015	5
Pre	parer		NOR USA LLP	1000	10	0-+/11		rm's EIN $\blacktriangleright$ 1		P012		
Use	e Only		BDO USA, LLP							74-70		
Ma	v tho		►200 OTTAWA AVE NW STE 30 this return with the prepare									Ne
_			ion Act Notice, see the separa									No (2018)
. 01	. ape		en not notioo, see the sepan							1 0/1		~ (2010)
JSA												

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1709

**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.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	INTERLOCHEN CENTER FOR THE ARTS	38-1689022
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	PO BOX 199	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	INTERLOCHEN, MI 49643	
	•	

Application	Return	Application	-	Return
Is For	Code	Is For		Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL	02	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
<ul> <li>The books are in the care of ► OPERATIONS PO Be</li> </ul>				
Telephone No. ▶ 231 276-7200	F	Fax No. 🕨		
• If the organization does not have an office or place of				
• If this is for a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GEN)		. If this is
for the whole group, check this box $\blacktriangleright$ . I				and attach
a list with the names and EINs of all members the extension				
1 I request an automatic 6-month extension of time up	ntil	04/15_, 20 20, to file the exempt	org	anization return
for the organization named above. The extension is	for the org	anization's return for:		
<ul> <li>calendar year 20 or</li> <li>x tax year beginning 06/0</li> <li>2 If the tax year entered in line 1 is for less than 12 m</li> <li>Change in accounting period</li> </ul>		3, and ending05/31_, 2		<u>19</u> .
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	\$ 0.
<b>b</b> If this application is for Forms 990-PF, 990-T,	4720, oi	6069, enter any refundable credits and		<u>·</u>
estimated tax payments made. Include any prior yea	r overpaym	nent allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include				•
(Electronic Federal Tax Payment System). See instru	ctions.		3c	\$ 0.
Caution: If you are going to make an electronic funds withdrawa	I (direct debi	t) with this Form 8868, see Form 8453-EO and Form	887	'9-EO for payment
instructions.				
For Privacy Act and Paperwork Reduction Act Notice, see instr	ructions.		Form	n 8868 (Rev. 1-2019)

Fo	orm 990 (2018)	Page <b>2</b>
P	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<b>.</b> X
1	Briefly describe the organization's mission:	
	INTERLOCHEN CENTER FOR THE ARTS ENGAGES AND INSPIRES PEOPLE WORLDWIDE	
	THROUGH EXCELLENCE IN EDUCATIONAL, ARTISTIC AND CULTURAL PROGRAMS,	
	ENHANCING THE QUALITY OF LIFE THROUGH THE UNIVERSAL LANGUAGE OF THE	
	ARTS.	
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 If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No

If "Yes," describe these changes on Schedule O.

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

1a	(Code: ) (Expenses \$ 31,080,399. including grants of \$ 12,971,463. ) (Revenue \$ 32,542,779. )
	INTERLOCHEN ARTS ACADEMY, THE NATION'S FIRST AND FOREMOST BOARDING
	FINE ARTS HIGH SCHOOL, UNITES STUDENTS WITH OTHERS WHO VALUE THEIR
	HIGHEST ASPIRATIONS, CREATING A CLOSE-KNIT ARTISTS' COMMUNITY.
	FIVE HUNDRED OF THE WORLD'S MOST TALENTED AND MOTIVATED YOUNG
	ARTISTS STUDY MUSIC, DANCE, THEATRE, VISUAL ARTS, CREATIVE WRITING
	AND MOTION PICTURE ARTS IN A COLLEGE-LIKE SETTING. THEY FIND IN
	THE ACADEMY A FAST-PACED, CREATIVE ENVIRONMENT THAT CHALLENGES,
	INSPIRES AND FOCUSES THEIR TALENTS. WHILE PRODUCING MORE THAN 250
	ARTISTIC PRESENTATIONS IN THE SCHOOL YEAR, ACADEMY STUDENTS ALSO
	MASTER A RIGOROUS COLLEGE PREPARATORY ACADEMIC CURRICULUM THAT
	PREPARES THEM TO TAKE PROMINENT CONTINUED ON SCHEDULE O

4b	ode: ) (Expenses \$ 13,813,511. including grants of \$ 2,726,830. ) (Revenue \$ 14,532,303. )
	E WORLD'S PREMIER SUMMER ARTS PROGRAM FOR ASPIRING ARTISTS
	ADES 3 THROUGH 12. INTERLOCHEN ARTS CAMP ATTRACTS STUDENTS,
	CULTY AND STAFF FROM ALL 50 U.S. STATES, AND MORE THAN 40
	UNTRIES. THE WORLD'S BEST AND BRIGHTEST STUDENTS TRAIN
	TENSIVELY WITH WORLD CLASS INSTRUCTORS AND PRODUCE MORE THAN 400
	ESENTATIONS EACH SUMMER IN DANCE, THEATER, CREATIVE WRITING,
	SUAL ARTS, FILM AND NEW MEDIA AND MUSIC. DURING SUMMER 2018,
	ERE WERE 2,782 STUDENTS, OF WHICH 841 STUDENTS RECEIVED GRANTS.

 4c (Code:
 ) (Expenses \$ 2,466,698. including grants of \$ ) (Revenue \$ 3,248,299. )

 INTERLOCHEN PRESENTS BRINGS A WORLD OF SUPERB PRESENTATIONS TO THE

 DOORSTEP OF NORTHWEST LOWER MICHIGAN, ENHANCING THE REGION'S

 POSITION ON THE GLOBAL ARTS MAP. MORE THAN 600 EVENTS EACH YEAR BY

 STUDENTS, FACULTY AND DISTINGUISHED GUEST ARTISTS MAKE INTERLOCHEN

 ONE OF THE NATION'S LARGEST ARTS PRESENTERS. THERE IS A COMBINED

 SEATING CAPACITY OF 12,500 AND APPROXIMATELY 130,000 ATTENDEES

 ANNUALLY.

 4d Other program services (Describe in Schedule O.)

 (Expenses \$ 1,973,359. including grants of \$ 494. ) (Revenue \$

**4e** Total program service expenses ► 49,333,967.

325,003.

)

Form 9	90 (2018)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		x
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13	X	- 21
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
5	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
<b>.</b> -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 /f "Ves." complete Schedule I, Parts I and II.	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Page 4

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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
~	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
Dort	19? Note. All Form 990 filers are required to complete Schedule O.	38	21	
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
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	х	
JSA				(2018)

Form	990 (2018)		Р	age <b>5</b>	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,588				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х		
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	Х		
b	<b>b</b> If "Yes," enter the name of the foreign country:  ATTACHMENT 1				
	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		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
с	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		Х	
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).				
а	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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	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:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
	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.	10			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand	140		X	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>A</u>	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	16		х	
	excess parachute payment(s) during the year?	15		22	
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х	
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.	10			

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### INTERLOCHEN CENTER FOR THE ARTS

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2 <sup>-</sup>	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization based in a significant diversion of the organization of the organization based in a significant diversion of the organization based in a significant diversion of the organization of the organi	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	Х	X
b	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		х
_	with a taxable entity during the year?	16a		Λ
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			
	participation in tolor venture attangements under applicable tegeral tax law and take steps to sateduard the			
		166		
Sect	organization's exempt status with respect to such arrangements?	16b		
Sect		16b		

**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.

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ► PATRICK M KESSEL, VP FINANCE & OPERATIONS PO BOX 199 INTERLOCHEN, MI 49643 231-276-7200

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Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cont	ractors								
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in this	s Part VII				

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	erson lirect	e than c is both or/trust	an iee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)ARTHUR DEVEY	50.00									
PRESIDENT EX OFFICIO TRUSTEE	0.	x		Х				536,656.	0.	35,385.
(2)GLYNN T. WILLIAMS	1.50									
CHAIRMAN OF THE BOARD	0.	Х		Х				0.	0.	0.
(3)BECKY RUTHVEN	1.50									
VICE CHAIR	0.	x		Х				0.	0.	0.
(4)SARAH K. HARDING	1.50									
VICE CHAIR	0.	X		Х				0.	Ο.	0.
(5)DAVID P. MIN	1.50									
EX-OFFICIO TRUSTEE	0.	X						0.	0.	0.
(6)BRUCE CORNER	1.50									
EX-OFFICIO TRUSTEE	0.	X						0.	0.	0.
(7) <sup>KEITH W. BAUM</sup>	1.50									
TRUSTEE	0.	X						0.	0.	0.
(8)GORDON F. BRUNNER	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(9)ANDREW W. CORDONNIER	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(10)CASEY G. COWELL	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(11) <sup>MOHAMED</sup> EL-ERIAN	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(12)LOWELL J. GRUMAN	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(13)CYNTHIA L. HANN	1.50									
TRUSTEE	0.	Х						0.	0.	0.
(14)STEVEN E. HAYDEN	1.50		]							
TRUSTEE	0.	Х						0.	0.	0.

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# INTERLOCHEN CENTER FOR THE ARTS

Form 990 (2018)
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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	neck ss pe d a d	ition more rson irect	than of is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		(F) Estimated amount of other compensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from the organization and related organizatior	d
5) NANCY HOAGLAND TRUSTEE	1.50 0.	x						0.		0.		(
6) TIMOTHY M. JACKSON TRUSTEE	1.50 0.	x						0.		0.		
7) SUSAN KETTERING TRUSTEE	1.50 0.	x						0.		0.		
8) JAY KOJIMA TRUSTEE	1.50 0.	x						0.		0.		
9) BARBARA KRATCHMAN TRUSTEE	1.50 0.	x						0.		0.		
0) JOHN F. MANUEL TRUSTEE	1.50	x						0.		0.		
1) ELAINE MISCHLER TRUSTEE	1.50	x						0.		0.		
2) THOMAS W. MORRIS TRUSTEE	1.50	x						0.		0.		
3) WILLIAM C. NELSON TRUSTEE	1.50	x						0.		0.		
4) TOM QUINN TRUSTEE 5) BARRETT ROLLINS	1.50 0. 1.50	x						0.		0.		
TRUSTEE	0.	X						0. 536,656.		0.	35,3	00
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u></u>							2,768,501. 3,305,157.		0. 0. 0.	341,5 376,9	55
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organizatio</li> <li>3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i></li> </ul>	n ► cer, directo	20 or, or	) tru	iste	e, I	key e	mp	loyee, or highes	t compensated		Yes 3 X	1
For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15 	0,0	00?	lf	"Yes	," (	complete Schedu	le J for such		<b>4</b> X	
<ul> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li> <li>Section B. Independent Contractors</li> </ul>											5	
Complete this table for your five highest com compensation from the organization. Report of year.											; tax	
(A) Name and business add ATTACHMENT 2	dress							(B) Description of se		Con	(C) npensation	
												_

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# INTERLOCHEN CENTER FOR THE ARTS

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view and weight of the stable of the organization (W-2/1099-MISC)       (W-2/1099-MISC)       (W-2/1099-MISC)         26)       CLAIRE SKINNER       1.50       x       0.       0.         7RUSTEE       0.       x       0.       0.       0.         27)       SARA WHITING       1.50       x       0.       0.       0.         28)       KURTIS T. WILDER       1.50       x       0.       0.       0.         29)       TMOUNT DOUGHERTY       50.00       x       377,126.       0.       0.         20)       EDWARD FARENDAY       50.00       x       364,650.       0.       0.         21)       CAMINEL COLATOST       0.       x       364,650.       0.       0.         210       CAMINE LAIDLAW       50.00       x       215,246.       0.       0.         210       CAMINE LAIDLAW       50.00       x       215,246.       0.       0.         210       COMP SCRETARY       0.       x       215,246.       0.       0.         210       COMP SCRETARY       0.       x       202,032.       0.       0.         210       CAMINE LOLAWINICATIONS       0.       x       202,032.	Estimated amount o other	ar		n from	Reportable ompensation fr related	c	ortable ensation om	Repor compen fro	an	s both	ition more rson i	Posi neck ss pei	unles	box,	ny	Average hours per week (list a						
TRUSTEE       0.       x       0.       0.         27) SARA WHITING       1.50       0.       0.         TRUSTEE       0.       x       0.       0.         20) SARA WHITING       1.50       0.       0.       0.         TRUSTEE       0.       x       0.       0.       0.         28) TIMOTH DOUGHERTY       50.00       x       377,126.       0.         30) EDWARD FARADAY       50.00       x       377,126.       0.         31) PATRICK KESSEL       50.00       x       364,650.       0.         32) CAMILE COLATION PROGRAMS       0.       x       167,289.       0.         32) CAMILE COLATOSTI       50.00       x       167,289.       0.         33) KATHARINE LAIDLAW       50.00       x       167,289.       0.         34) HEATHER COVA       50.00       x       84,825.       0.         CORP SECRETARY       0.       x       9,728.       0.         35) BRITTANY VERNER       50.00       x       9,728.       0.         36) CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         36) CATHLEEN DODGE MILLER       50.00       x       202,032.	compensati from the organizatic and relate organizatio	fi org an					ization	organia			_					related organization below dotte						
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10)       EDWARD FARRADAY       50.00       x       264,933.       0.         11)       PATRICK KESSEL       50.00       x       364,650.       0.         12)       PATRICK KESSEL       50.00       x       364,650.       0.         12)       CAMILLE COLATOSTI       50.00       x       364,650.       0.         12)       CAMILLE COLATOSTI       50.00       x       167,289.       0.         13)       KATHARINE LAIDLAW       50.00       x       215,246.       0.         14)       HEATHER COVA       50.00       x       84,825.       0.         15)       BRITTANY VERNER       50.00       x       9,728.       0.         16)       CORF SECRETARY       0.       x       202,032.       0.         16)       CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         15)       BRITTANY VERNER       50.00       x       202,032.       0.         16)       CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         16)       CATHLEEN bodge MILLER       10.       1       1       1         2       Total from continuation sheets to Part VII, Section A	47,2							37				x			0	50.0				THY DOUGHER	TIM	9)
1) PATRICK KESSEL       50.00       x       364,650.       0.         2) CAMILLE COLATOSTI       50.00       x       167,289.       0.         3) KATHARINE LAIDLAW       50.00       x       167,289.       0.         4) HEATHER COVA       50.00       x       215,246.       0.         5) BRITTANY VERNER       50.00       x       84,825.       0.         6) CORP SECRETARY       0.       x       9,728.       0.         6) CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         1b Sub-total       c       x       202,032.       0.         c Total from continuation sheets to Part VII, Section A       19       19         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       19         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated for such individual .       19         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated for such individual .       19         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated for such individual .       19	35,9														0	50.0			DAY	ARD FARRADAY	EDW	0)
2)       CAMILLE COLATOSTI       50.00       X       167,289       0.         3)       KATHARINE LAIDLAW       50.00       X       215,246       0.         4)       HEATHER COVA       50.00       X       84,825       0.         5)       BRITTANY VERNER       50.00       X       9,728       0.         6)       CORP SECRETARY       0.       X       9,728       0.         6)       CATHLEEN DODGE MILLER       50.00       X       9,728       0.         6)       CATHLEEN DODGE MILLER       50.00       X       202,032       0.         7       Dodde Miller       0.       X       202,032       0.         1b       Sub-total	49,2														0	50.0			EL	RICK KESSEL	PAT	1)
3)       KATHARINE LAIDLAW       50.00       x       215,246.       0.         4)       HEATHER COVA       50.00       x       84,825.       0.         5)       BRITTANY VERNER       50.00       x       9,728.       0.         6)       CORP SECRETARY       0.       x       9,728.       0.         6)       CORP SECRETARY       0.       x       202,032.       0.         6)       CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         6)       CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         6)       Catal from continuation sheets to Part VII, Section A       >       >       -       -         c       Total from continuation sheets to Part VII, Section A       >       -       -       -         2       Total add lines 1b and 1c)       -       19       -       -       -       -         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       -       -       -         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater th	2,8														0	50.0				LLE COLATOS	CAM	2)
4)       HEATHER COVA       50.00       x       84,825.       0.         CORP SECRETARY       0.       x       9,728.       0.         5)       BRITTANY VERNER       50.00       x       9,728.       0.         6)       CATHLEEN DODGE MILLER       50.00       x       202,032.       0.         7       Total from continuation sheets to Part VII, Section A	9,5														0	50.0				HARINE LAIDI	KAI	3)
5) BRITTANY VERNER       50.00       X       9,728.0.         6) CORP SECRETARY       0.X       9,728.0.         6) CATHLEEN DODGE MILLER       50.00       X       202,032.0.         AVP ADVANCEMENT       0.X       202,032.0.       0.         1b Sub-total	9,4															+				THER COVA	HEA	4)
6) CATHLEEN DODGE MILLER       50.00       x       202,032.0.         AVP ADVANCEMENT       0.       x       202,032.0.         1b Sub-total																+			NER	TANY VERNER	BRI	5)
c Total from continuation sheets to Part VII, Section A       ▶       ↓         d Total (add lines 1b and 1c)       ▶       ↓         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 ▶       19         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       1         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? If "Yes," complete Schedule J for such individual.       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed on line 1a receive or accrue compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed for your five highest compensated independent contra	26,8			0.						х												6)
<ul> <li>employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>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? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of</li> </ul>	Yes			f	00,000 of	n \$	nore than	ceived mo	► ►	) who	ove		iste	nose		limited to	t not l	ng but not l	<b>5 and 1c)</b> dividuals (including bu	(add lines 1b an number of individ	<b>Tota</b> Total	d
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person         5 Ection B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	3 X	3	3																			3
<ul> <li>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></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of</li> </ul>	<b>4</b> X	4		the <i>uch</i>	ion from the J for such	nsa Iule	comper Schedu	complete	," C	"Yes	lf	00?	0,0	\$15	an	eater that	s gre	ations gre	related organization	zation and rel	orga	4
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of		5						elated or	unr	any	rom	on f	sati	mpen	con	accrue d	ve or	eceive or	sted on line 1a receiv	ny person listed	Did a	5
	-																					
year.	tax																				comp	1
	(C) pensation																					

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

Form	aan	(2018)	
FUIII	330	(2010)	

	(A)     (B)     (C)       Name and title     Average hours per week (list any hours for related line)     Position (do not check more than or box, unless person is both a officer and a director/truster mployee omper				an ee)	Reportable compensation from the	Reportable compensation fro related organizations	ation from a nted zations con	(F) Estimated amount of other compensation from the		
	organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS(	org ar	rom the ganization ad related anizations
) KIM ZUBRICKAS	50.00	-									
DIR HUMAN RESOURCES	0.					X		157,931.		<u>э.</u>	34,23
) KEDRIK MERWIN	50.00	-				37		150 616			22.00
DIR MUSIC	0.					Х		150,616.		<u>.</u>	33,20
) DANIEL BESSELSEN AVP FINANCE	0.	-				x		150,653.		o.	31,90
) ANDREW SCHMITT	50.00			_		А		130,033.		J.	51,50
DIR INFORMATION TECHNOLOGY	0.					x		138,195.		o.	30,68
) JEFFREY KIMPTON	50.00		$\vdash$								.,
PRESIDENT EX OFFICIO TRUSTEE	0.						x	485,277.		<b>b</b> .	30,25
				_							
	+										
Sub-total											
: Total from continuation sheets to Part V	•				•••	• • •					
Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organize	not limited to t		isted		oove	e) who	o re	ceived more than	\$100,000 of		
Did the organization list any former	officer, directo	or, or	tru	stee	e, I	key e	emp	loyee, or highes	t compensated		Yes N
employee on line 1a? If "Yes," complete Sc.	hedule J for su	ch ind	ividu	al						3	X
For any individual listed on line 1a, is t	he sum of rep	ortab	le c	om	pen	satio	n ar	nd other compens	sation from the		
organization and related organizations individual										4	X
										4	21
Did any person listed on line 1a receive for services rendered to the organization?										5	
ection B. Independent Contractors	, complo	2 001			,				<u></u>		
Complete this table for your five highest of compensation from the organization. Report year.											
(A) Name and business	address							<b>(B)</b> Description of se	rvices	(C) Compen	

Par	t VII	Statement of Reven	nue					
		Check if Schedule O co	ontains a respor	ise or note to an	y line in this Part V	<u>III</u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am Am	c	Fundraising events						
ilar İlar	d	Related organizations	1d	297,476.				
ons, Sim	е	Government grants (contribu	itions) . 1e	129,240.				
utio Jer	f	All other contributions, gifts,	grants,					
đ		and similar amounts not included	d above _ 1f	13,421,797.				
Con	g	Noncash contributions included		2,236,918.				
	h	Total. Add lines 1a-1f	<u></u>		13,848,513.			
Program Service Revenue				Business Code	46.086.061	46.086.061		
Rev	2a	STUDENT TUITION AND FEES		711130 711300	46,976,261.	46,976,261.		
ce	b	CONCERT ADMISSIONS OTHER DEPARTMENT INCOME		900099	3,090,929.	3,090,929. 581,194.		
ervi	C .	OTHER DEPARTMENT INCOME		900099	501,194.	501,194.		
a S	d							
graı	e							
Pro	f g	All other program service rev Total. Add lines 2a-2f			50,648,384.			
	3		cluding dividen					
		and other similar amounts).	e		4,170,917.			4,170,917.
	4	Income from investment of			0.			
	5	Royalties	•	•	0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	1,383,362.	115,598.				
	b	Less: rental expenses						
	c	Rental income or (loss)	1,383,362.	115,598.				
	d	Net rental income or (loss) .			1,498,960.		115,598.	1,383,362.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	46,890,695.	307,058.				
	b	Less: cost or other basis	40.000.010	007 170				
		and sales expenses	42,269,912.	297,178. 9,880.				
	C d	Gain or (loss)	4,620,783.		4,630,663.			4,630,663.
	d	Net gain or (loss)		· · · · · · · · ·	4,050,005.			4,030,003.
une	ва	Gross income from fundra	0					
evel		events (not including \$ of contributions reported on						
ъ В		See Part IV, line 18	,	0.				
Other Revenue	b	Less: direct expenses						
0	c	Net income or (loss) from fu			0.			
	9a	Gross income from gaming	activities.					
		See Part IV, line 19		0.				
	b	Less: direct expenses	b	0.				
	c	Net income or (loss) from g	aming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventor of inventor of the sales of the s		1,856,256.				
	b	Less: cost of goods sold						
	c	Net income or (loss) from sa			-160,081.			-160,081.
		Miscellaneous Revenu	le	Business Code				
	11a	OTHER SALES		900099	197,459.			197,459.
	b							
	c							
	d	All other revenue Total. Add lines 11a-11d			197,459.			
	е 12	Total Add lines 11a-11d			74,834,815.	50,648,384.	115,598.	10,222,320.

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## INTERLOCHEN CENTER FOR THE ARTS

<b>Part IX</b> Statement of Functional Exper Section 501(c)(3) and 501(c)(4) organizations		s All other organizatio	ns must complete colur	mn (A)
Check if Schedule O contains a r				
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization	าร	·		·
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domest				
individuals. See Part IV, line 22	13,220,282.	13,220,282.		
3 Grants and other assistance to foreig				
organizations, foreign governments, and foreig		2,478,505.		
individuals. See Part IV, lines 15 and 16		2,470,505.		
4 Benefits paid to or for members				
5 Compensation of current officers, director trustees, and key employees		906,226.	1,083,651.	575,493
6 Compensation not included above, to disqualifie	ed			
persons (as defined under section 4958(f)(1)) ar	nd			
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,329,372.	16,683,069.	3,400,080.	1,246,223
8 Pension plan accruals and contributions (includ				
section 401(k) and 403(b) employer contribution		1,126,591.	304,895.	116,584
9 Other employee benefits	2,094,470.	1,562,248.	407,216.	125,006
<b>10</b> Payroll taxes	1,639,805.	1,241,500.	288,388.	109,917
<b>11</b> Fees for services (non-employees):	0			
a Management	21 (04		31,684.	
<b>b</b> Legal	100 007		100,897.	
c Accounting	0.		100,097.	
d Lobbying				
e Professional fundraising services. See Part IV, line 1	1		199,261.	
f Investment management fees	••		199,201.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, colu	2 131 263	1,478,576.	553,391.	99,296
(A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion	CC0_017	12,704.	606,047.	42,066
13 Office expenses	4 724 725	3,363,614.	949,623.	421,498
14 Information technology	1 (10 0(7		1,618,067.	
15 Royalties	•			
16 Occupancy	1 005 151	848,728.	116,027.	40,416
17 Travel	1,498,685.	865,241.	424,072.	209,372
18 Payments of travel or entertainment expense	es			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	170,035.	102,471.	58,667.	8,897
20 Interest	387,089.		387,089.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization		1,560,338.	390,084.	
23 Insurance	350,261.		350,261.	
24 Other expenses. Itemize expenses not covere	ed			
above (List miscellaneous expenses in line 24e.				
line 24e amount exceeds 10% of line 25, colum				
(A) amount, list line 24e expenses on Schedule C		1,857,453.		
aARTIST FEES hFOOD COST	<u>1,857,453.</u> 	1,488,726.	11,592.	27,912
cREPAIRS AND MAINTENANCE	169,802.	157,895.	3,410.	8,497
dUBIT	25,536.		25,536.	0,197
	571,226.	379,800.	145,609.	45,817
e All other expenses 25 Total functional expenses. Add lines 1 through 24		49,333,967.	11,455,547.	3,076,994
26 Joint costs. Complete this line only if the organization reported in column (B) joint cost	ne sts			
from a combined educational campaign ar fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)	if			

0.

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following SOP 98-2 (ASC 958-720)

Form	990	(2018)

Page **11** 

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	11,306,242.	1	10,701,185.
	2	Savings and temporary cash investments	10,173.	2	10,393.
	3	Pledges and grants receivable, net	7,273,406.	3	7,159,495.
	4	Accounts receivable, net	253,935.	4	32,262.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	982,497.	8	878,177.
	9	Prepaid expenses and deferred charges	664,638.	9	1,032,131.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D <b>10a</b> 119,612,526.			
	b	Less: accumulated depreciation	56,119,923.	10c	68,868,330.
	11	Investments - publicly traded securities	105,708,254.	11	93,029,341.
	12	Investments - other securities. See Part IV, line 11	33,106,802.	12	42,957,226.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	994,686.	15	1,003,264.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	216,420,556.	16	225,671,804.
	17	Accounts payable and accrued expenses	7,602,252.	17	9,426,787.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	12,631,163.	19	13,024,281.
	20	Tax-exempt bond liabilities	25,228,569. 0.	20	25,239,284.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
bili		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	22	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	23	0.
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	555,063.	25	494,009.
	26	Total liabilities. Add lines 17 through 25	46,017,047.	26	48,184,361.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	110,909,326.	27	124,826,616.
Bal	28	Temporarily restricted net assets	27,000,245.	28	17,587,356.
pu	29	Permanently restricted net assets	32,493,938.	29	35,073,471.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
<u>эts</u>	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	170,403,509.	33	177,487,443.
	34	Total liabilities and net assets/fund balances	216,420,556.	34	225,671,804.

INTERLOCHEN	CENTER	FOR	THE	ARTS

Form 9	90 (2018)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.		<u></u>			
1						315.
2	Total expenses (must equal Part IX, column (A), line 25)	2				508.
3	Revenue less expenses. Subtract line 2 from line 1	3				307.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				509.
5	Net unrealized gains (losses) on investments	5		-3,8	84,3	373.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	17	77,4	87,4	143.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?		l	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 Department of the Treasury

OMB No. 1545-0047 20 18

Department of the Treasury       Internal Revenue Service       Open to Public       Open to Public								Open to Public Inspection	
Nam	e of t	he organization						Employer identif	ication number
INT	[ER]	LOCHEN CEN	TER FOR T	HE ARTS				38-16890	22
Ра	rt I	Reason for	r Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	3.
The	orga				t is: (For lines 1 through	-			
1		A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	X	A school desc	ribed in <b>secti</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3	$\square$	A hospital or a	a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 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 nam	ne, city, and s	tate:					
5		An organization	on operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b	)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7		An organization	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in s	ection 170(b)	<b>)(1)(A)(vi).</b> (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9		-		-	ed in <b>section 170(b)(1</b>		-		
		or university o	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the i	name, city, and state c	of the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investme organizatio	nted to its exempt f nent income and u on after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more that s section 511 tax) from e Part III.)	an 331/3 % of its
11		-	-	-	usively to test for publi	-			
12		-	-	-	-	-			carry out the purposes
									See section 509(a)(3).
	_			-				-	nes 12e, 12f, and 12g.
а				-	, supervised, or contr				
			-		regularly appoint or e		ajority of	the directors or truste	ees of the
					e Part IV, Sections A				
b					ed or controlled in co				
			-		organization vested in	the sam	e persor	is that control or mai	hage the supported
				-	, Sections A and C.	tad in a	onnoctio	n with and functions	lly intograted with
С			-		ng organization opera ns). <b>You must comple</b>				iny integrated with,
d	Г		-		porting organization of				rtad arganization(s)
u			-		nization generally mus	-			
			•	• •	omplete Part IV, Sect			•	a an allentiveness
е		-	-		a written determinatio				II Type III
•			-		ionally integrated sup				n, 1900 m
f	En				· · · · · · · · · · · · · · ·				
g	Pro	ovide the follow	ving informati	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)	C)								
(D)									
(F)									
(E)									
Tota	al								

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

## Schedule A (Form 990 or 990-EZ) 2018

38-1689022

Page 2

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

Sec	tion A. Public Support	r					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,915,943.	10,111,241.	16,506,654.	8,225,801.	13,848,513.	63,608,152.
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	14,915,943.	10,111,241.	16,506,654.	8,225,801.	13,848,513.	63,608,152.
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).						2,860,822.
6	Public support. Subtract line 5 from line 4						60,747,330.
	tion B. Total Support	1	<u>г</u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4.	14,915,943.	10,111,241.	16,506,654.	8,225,801.	13,848,513.	63,608,152.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,474,312.	4,334,073.	5,111,255.	4,771,847.	5,554,279.	23,245,766.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	99,762.	95,967.	117,293.	121,610.	115,598.	550,230.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	211,477.	252,135.	192,246.	204,679.	197,458.	1,057,995.
11	Total support. Add lines 7 through 10						88,462,143.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	241,037,316.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2018 (li		•			14	68.67 <b>%</b>
15	Public support percentage from 2017						65.98 <b>%</b>
16a	331/3% support test - 2018. If the or	-					
	box and stop here. The organization q			-			
b	331/3% support test - 2017. If the org						
	this box and <b>stop here.</b> The organizati			•			
17a	10%-facts-and-circumstances test - 2	-	•				
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
	organization						· · · · ► 🗀
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati				•		
4.0	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>					<u> 🟲 🖂</u>

Schedule A (Form 990 or 990-EZ) 2018

	INTERI	LOCHEN CEN	TER FOR THE	ARTS		38-1689	022
Schee	dule A (Form 990 or 990-EZ) 2018						Page <b>3</b>
	t III Support Schedule for Orga (Complete only if you check If the organization fails to qua	ed the box or	n line 10 of Pa	rt I or if the org			der Part II.
Sec	tion A. Public Support		T	1	Т	T	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
6	organization without charge						
	°						
1 a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6.						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	<b>First five years.</b> If the Form 990 is for	-			•		
<u> </u>	organization, check this box and stop here. tion C. Computation of Public Supp						· · · · F
<u>5ec</u> 15	Public support percentage for 2018 (line 8,			(f))		15	%
16	Public support percentage from 2017 Sche					16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization gualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions > 20

Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

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Part	e A (Form 990 or 990-EZ) 2018  Supporting Organizations (continued)			Page 5
T are			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations		24	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		24	
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sactiv	on D. All Type III Supporting Organizations	1		
Secu			Voc	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	<ul> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins</li> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see</li> </ul>		-	
Ū				No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	Schedule A (Form		990-E	Z) 2018

Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	g trust o	n Nov. 20, 1970 (expla	
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) Section B - Minimum Asset Amount	8	(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>b</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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	<b>v</b>	<b>.</b>	

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

Schedule A (Form 990 or 990-EZ) 2018

Part		Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page 8

### Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. 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.)

SCHEDULE A, PART II -	OTHER INCOME	]			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER SALES	211,477.	252,135.	192,246.	204,679.	197,458.	1,057,995.
TOTALS	211,477.	252,135.	192,246.	204,679.	197,458.	1,057,995.

# Schedule B

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

# Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

INTERLOCHEN CENTER FOR THE ARTS

38-1689022

Employer identification number

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

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

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

# General Rule

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

# **Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,010,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$987,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,000,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    6                                </u>		\$ 372,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$370,582.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$364,910.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$339,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 38-1689022

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SHARES OF PUBLICALLY TRADED SECURITIES		
3			02/22/2010
		\$	03/22/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4					
Name of organization INTERLOCHEN CENTER FOR THE ARTS	Employer identification number					
	38-1689022					
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						

th co U	10) that total more than \$1,000 for t ne following line entry. For organization ontributions of \$1,000 or less for the se duplicate copies of Part III if addition	ons completing Part I year. (Enter this info	II, enter the total rmation once. So	of exclusively religious, charitable, etc.
(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	d ZIP + 4	Relation	nship 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		
	Transferee's name, address, and ZIP + 4		Kelalio	nship 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	d ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer d ZIP + 4		nship of transferor to transferee
		·		

	IEDULE D rm 990)	OMB No. 1545-0047	
(		► 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 12	<sub>2</sub>   20 <b>18</b>
Dens	rtment of the Treasury	► Attach to Form 990.	Open to Public
Inter	nal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	
	e of the organization		Employer identification number
_		'ER FOR THE ARTS	38-1689022
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or A e if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
	Complete	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at o	nd of year	
2		f contributions to (during year)	
3		f grants from (during year)	
4		t end of year	
5		on inform all donors and donor advisors in writing that the assets held ir	n donor advised
	funds are the orga	nization's property, subject to the organization's exclusive legal control?	YesNo
6	Did the organizati	on inform all grantees, donors, and donor advisors in writing that grant fun	nds can be used
	-	purposes and not for the benefit of the donor or donor advisor, or for an	
		issible private benefit?	Yes No
Pa		tion Easements.	
1		t if the organization answered "Yes" on Form 990, Part IV, line 7.	
•			f a historically important land area
			f a certified historic structure
		n of open space	
2		through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
		ast day of the tax year.	Held at the End of the Tax Year
а	Total number of co	onservation easements	2a
b	Total acreage rest	ricted by conservation easements	2b
С	Number of conser	vation easements on a certified historic structure included in (a)	2c
d		vation easements included in (c) acquired after 7/25/06, and not on a	
			2d
3		rvation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
4	tax year ►	where property subject to conservation easement is located	
4 5		ation have a written policy regarding the periodic monitoring, inspectio	n handling of
5	•	orcement of the conservation easements it holds?	
6		hours devoted to monitoring, inspecting, handling of violations, and enforcing consu	
-	▶		
7	Amount of expens	es incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	▶\$		
8		vation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)	(4)(B)(ii)?	Yes No
9		be how the organization reports conservation easements in its revenue and o d include, if applicable, the text of the footnote to the organization's financia	•
		ounting for conservation easements.	i statements that describes the
Pa		tions Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
		if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
		n elected, as permitted under SFAS 116 (ASC 958), not to report in its re orical treasures, or other similar assets held for public exhibition, educa vide, in Part XIII, the text of the footnote to its financial statements that desc	
b	works of art, hist public service, pro	n elected, as permitted under SFAS 116 (ASC 958), to report in its revorted treasures, or other similar assets held for public exhibition, educative the following amounts relating to these items:	ation, or research in furtherance of
		ded on Form 990, Part VIII, line 1	
r.		d in Form 990, Part X.	
2	•	n received or held works of art, historical treasures, or other similar as	<b>U</b> .
-	•	required to be reported under SFAS 116 (ASC 958) relating to these items:	
a b		on Form 990, Part VIII, line 1	
-		Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1268 1.000 8914FY 701U

INTERLOCHEN CENTER FOR THE ARTS

Schee	lule D (Form 990) 2018											age <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histori	ical Tre	asures	s, or	Other	Similar As	sets (c	ontinue	d)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its											
	collection items (check all that apply):											
а	X Public exhibition		d X	Loan d	or excha	ange	prograi	ns				
b	Scholarly research	Scholarly research e Other										
С	X Preservation for future gener	rations										
4	Provide a description of the organ	nization's collections	and explai	n how t	hey fur	rther	the org	ganization's	exempt	purpos	e in	Part
	XIII.											
5	During the year, did the organization											-
	assets to be sold to raise funds rath		ained as part	t of the o	organiza	ation'	s colleo	tion?	[	Yes	Х	No
Ра	rt IV Escrow and Custodial A	•					_			. –		
	Complete if the organiza	tion answered "Ye	es" on Form	1 990, F	Part IV,	line	9, or r	eported an	amour	it on Fo	rm	
	990, Part X, line 21.											
1a	5								Г	<b>_</b>		1
	included on Form 990, Part X?			• • • •					••• -	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the folic	owing tab	ole:							
								A	mount			
c	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
1	Ending balance					1f	to dial		14-00 L	Yes		Na
2a	Did the organization include an am If "Yes," explain the arrangement in											No
-			ere ii trie exp	nanation	nas pe	en pr	ovided				-	
Га	rt V Endowment Funds. Complete if the organiza	tion answered "Ye	es" on Form	990 F	Part IV	line	10					
		(a) Current year	(b) Prior		(c) Tw			(d) Three year	rs hack	(e) Four	ears h	
		88,169,751.	109,370				978.	103,592,		84,0		
1a	Beginning of year balance	4,893,836.	1,522				554.		762.	18,3		
b	Contributions	1,055,050.	1,522	11911	57	/ = = /	5511		/021	1075	201	
С	Net investment earnings, gains,	2,905,487.	10,150	.193.	12.	574.	526.	-2,907,	937.	4.1	78.	019.
	and losses	1,235,404.	1,235				593.	1,000,				431.
	Grants or scholarships		_,	,		1		_,,		_,-	,	
е	Other expenditures for facilities	6,261,659.	31,638	,513.	2.	527,	975.	3,995,	651.	2,0	11.	887.
4	and programs	., . ,	- /		,	- ,		- , ,			,	
f	Administrative expenses End of year balance	88,472,011.	88,169	,751.	109,	370,	490.	96,587,	978.	103,5	92,	159.
g 2	Provide the estimated percentage								I			
2 a	Board designated or quasi-endowr			(inte ig,	colum	i (a)) i	ieiu as	•				
b	Permanent endowment > 39.6		_									
с	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a	ind 2c should equal 2	100%.									
3a	Are there endowment funds not in	the possession of th	ne organizati	on that	are hel	d anc	l admir	istered for th	е	_		
	organization by:									<u>ا</u>	/es	No
	(i) unrelated organizations									3a(i)		Х
	(ii) related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required	l on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u		tion's endow	ment fur	nds.							
Ра	rt VI Land, Buildings, and Equ Complete if the organization	<b>lipment.</b>	es" on Forn	000 1	Dart IV	lino	110 (	Soo Form 0	00 Pa	rt X lind	<u>1</u> 0	
	Description of property	(a) Cost or		(b) Cost (				umulated		Book val		·
		(inves		(0	ther)			eciation				
1a	Land				506,95		25 5					51.
b	Buildings				33,75			59,607.		32,37	-	
C	Leasehold improvements				01,16			68,924.		2,33		
d	Equipment.				878,21		12,5	15,665.		11,36		
e	Other				292,44					22,29		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X	, colum	n (B), lir	ne 100	C.)	<u></u>		68,86	8,3	30.

Schedule D (Form 990) 2018

#### Schedule D (Form 990) 2018 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) TREASURY INFLATION PROT SEC 5,490,692. FMV (B) INTL EQUITY, LARGE BLEND 9,613,791. FMV (C) ASSET ALLOCATION 11,437,810 FMV (D) PRIVATE EQUITY 16,414,933. FMV (E) (F) (G) (H) 42,957,226 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (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) ANNUITIES PAYABLE	494,009.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	494,009.

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

	INTERLOCHEN CENTER FOR THE ARTS			JO I.	505022		
Schedu	le D (Form 990) 2018				Page <b>4</b>		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part I	√, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	57,068,731.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
- a	Net unrealized gains (losses) on investments	2a	-3,884,373.				
b	Donated services and use of facilities	2b		1			
c	Recoveries of prior year grants.	2c		1			
d	Other (Describe in Part XIII.)	2d	-15,698,787.	1			
e	Add lines 2a through 2d	·		2e	-19,583,160.		
3	Subtract line 2e from line 1.			3	76,651,891.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i · · i					
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	199,261.				
_	Other (Describe in Part XIII.)		-2,016,337.				
b	Add lines 4a and 4b			4c	-1,817,076.		
с 5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )			5	74,834,815.		
Part				irn.			
	Complete if the organization answered "Yes" on Form 990, Part I						
1	Total expenses and losses per audited financial statements			1	49,984,797.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •		_			
	Donated services and use of facilities	2a					
a		2b		1			
b	Prior year adjustments	20 20		1			
c	Other losses.		2,016,337.	1			
d	Other (Describe in Part XIII.)	·		2e	2,016,337.		
е	Add lines 2a through 2d	• • •		3	47,968,460.		
3	Subtract line 2e from line 1	· · · ı		3	17,500,100.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		199,261.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,698,787.				
b	Other (Describe in Part XIII.)				15 000 040		
-	Add lines 4a and 4b			4c	15,898,048.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	63,866,508.		
	XIII Supplemental Information.	D = =+ 1	/ lines the and Ch. D	t. \ /	a A Dant V line		
r lovio	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	ran IV	, lines to and 20; Pa	antv, I	ine 4, Part X, line		

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

INTERLOCHEN CENTER FOR THE ARTS

SCHEDULE D, PART III, LINE 1A

Part XIII Supplemental Information (continued)

IN 1969, LELAND B GREENLEAF, PRESIDENT OF THE CONN CORPORATION, DONATED A LARGE COLLECTION OF MUSICAL INSTRUMENTS TO INTERLOCHEN CENTER FOR THE ARTS. THE COLLECTION CONSISTS OF 250 INSTRUMENTS AND A COMPLETE SET OF BRASS MOUTH PIECES. MANY OF THE INSTRUMENTS WERE MADE BEFORE 1900. THE LELAND B GREENLEAF COLLECTION WAS APPRAISED RECENTLY WITH A VALUE OF APPROXIMATELY \$275,000.

SCHEDULE D, PART III, LINE 4

AS AN EDUCATIONAL INSTITUTION FOCUSED ON THE ARTS, THE LELAND B GREENLEAF COLLECTION FURTHERS OUR EXEMPT PURPOSE BY EXPOSING OUR STUDENTS TO THE EARLY HISTORY OF MUSIC AND MUSICAL INSTRUMENTS.

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO SUPPORT ANNUAL SCHOLARSHIPS, OPERATIONS AND CAPITAL NEEDS. THE BOARD OF TRUSTEES OF INTERLOCHEN CENTER FOR THE ARTS HAS ADOPTED A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4.5 PERCENT OF ITS ENDOWMENT FUNDS' AVERAGE FAIR MARKET VALUE OVER THE PRIOR FIVE YEARS.

SCHEDULE D, PART XI, LINE 2D FINANCIAL AID: \$(15,698,787)

SCHEDULE D, PART XI, LINE 4B COST OF GOODS SOLD: \$(2,016,337)

Schedule D (Form 990) 2018

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD: \$ 2,016,337

SCHEDULE D, PART XII, LINE 4B

FINANCIAL AID: \$ 15,698,787

Department of the Treasury Internal Revenue Service

INTERLOCHEN CENTER FOR THE ARTS

Name of the organization

# Schools

OMB No. 1545-0047

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.



Employer identification number

38-1689022

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?.       1       X         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?       2       X       1       X       2       X       1       X       2       X       1	Pa	rtl			
by away, other governing instrument, or in a resolution of its governing body?       1       X         2       Does the organization inpublicade is attaneous 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?       2       X       2         3       Has the organization publicade its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.       3       X         SEEE SUPPLEMENTAL PAGE       3       X       4       X         4       Does the organization public dealing and other financial assistance are awarded on a racialing with student admissions, programs, and scholarships?       4a       X         5       Records indicating the racial composition of the student body, faculty, and administrative staff?       4d       X         4       Oces the organization used by the organization or on its behalf to solici contributions?       4d       X         4       Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       5a       X         6       Copies of all catalogues, brochures, announcements, and other written communications?       5a       X       5a       X     <				YES	NO
2       Dees 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?       2       X         3       Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcasts media during the period of solicitation for students, or during the registration period of 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.       3       X         SEE SUPPLEMENTAL PAGE       3       X       4       X         4       Dees the organization maintain the following?       4a       X       4a       X         c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4d       X         d Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         if you answered "No'to any of the above, please explain. If you need more space, use Part II.       5a       X         s Udents' fights or privileges?       5a       X       X         a Students' fights or privileges?       5a       X       X         b Admissions policies?       5a       X       5a       X         c	1				1
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       2       X         3       Has the organization publicized its racially nondiscriminatory policy 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.       3       X         SEE SUPPLEMENTAL PAGE       3       X         4       Does the organization maintain the following?       4       X         4       Does the organization maintain the following?       4       X         4       Does the organization maintain the following?       4       X         4       Does the organization maintain the following?       4       X         4       Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4d       X         5       Does the organization discriminate by race in any way with respect to:       5a       X         4       Scholarships or orther financial assistance?       5d       X         5       Does the organization discriminate by race in any way with respect to:       5a       X         6       K			1	Х	
programs, and scholarships?       2       X         3       Has the organization publicized its racially nondiscriminatory policy 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.       3       X         SEE       SUPPLEMENTAL PAGE       3       X         4       Does the organization maintain the following?       4a       X         a       Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         b       Records documenting that scholarships?       4d offf.       X         d       Copies of all catalogues, brochures, announcements, and other financial assistance are awarded on a racially nondiscriminatory basis?       4d       X         d       Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4d       X         c       Copies of all material used by the organization or on its behalf to solicit contributions?       5d       4d       X         d       Does the organization discriminate by race in any way with respect to:       5a       X       5a       X         d       Scholarships o	2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
3       Has the organization publicized its racially nondiscriminatory policy 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 serve? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.       3       X         SEE SUPPLEMENTAL PAGE       3       X       4         Mass the organization maintain the following?       4a       X       4a       X         b Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         b Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student administors, programs, and scholarships?       4d       X         d Copies of all material used by the organization or no its behalf to solicit contributions?       4d       X       4d         s Ludents' rights or privileges?       5a       X       X         d Scholarships or other financial assistance?       5d       X         g Athletic programs?       5d       X         d Scholarships or other financial assistance?       5d       X         g Athletic programs?       5d       X		brochures, catalogues, and other written communications with the public dealing with student admissions,			
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.         SEE SUPPLEMENTAL PAGE         4       Does the organization maintain the following?         a Records indicating the racial composition of the student body, faculty, and administrative staff?       4a X         b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?       4b X         c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student administors programs, and scholarships?       4c X         d Copies of all material used by the organization or on its behalf to solicit contributions?       5a X         j Uso answered "No" to any of the above, please explain. If you need more space, use Part II.       5a X         g Athletic programs?       5d X         g Athletic programs?       5d X         g Athletic programs?       5d X         if you answered "Ne" to any of the above, please explain. If you need more space, use Part II.       5a X         g Athletic programs?       5d X         g Athletic programs?       5d X         g Athletic programs?       5d X         if you answered "Ne" to any of the above, please explain. If you need more space, use Part II. <td></td> <td>programs, and scholarships?</td> <td>2</td> <td>Х</td> <td></td>		programs, and scholarships?	2	Х	
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g Athletic programs?       5g       X         h Other extracurricular activities?       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6a       X         if you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X	f	Lise of facilities?	5f		x
h       Other extracurricular activities?.       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?.       6a       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X	•				
h       Other extracurricular activities?.       5h       X         If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       5h       X         6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?.       6a       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X	n	Athletic programs?	50		х
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       Image: Construction 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?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X	9		<u> </u>		
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.       Image: Construction 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?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6b       X         If you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X	h	Other extracurricular activities?	5h		х
6a       Does the organization receive any financial aid or assistance from a governmental agency?       6a       X         b       Has the organization's right to such aid ever been revoked or suspended?       6a       X         f you answered "Yes" on either line 6a or line 6b, explain on Part II.       6b       X         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       7       X					
<ul> <li>b Has the organization's right to such aid ever been revoked or suspended?</li></ul>		ה זיט מוסאסרטע דוס נט מווי טו נווס מסטיט, פוטמסט טאפומות ווי זיטע וופטע וווטרפ פומטס, מסט ד מונ וו.			
<ul> <li>b Has the organization's right to such aid ever been revoked or suspended?</li></ul>					
<ul> <li>b Has the organization's right to such aid ever been revoked or suspended?</li></ul>					
<ul> <li>b Has the organization's right to such aid ever been revoked or suspended?</li></ul>					
<ul> <li>b Has the organization's right to such aid ever been revoked or suspended?</li></ul>	62	Does the organization receive any financial aid or assistance from a governmental agency?	62	x	
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					x
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       7       X	U		00		- 22
4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7				
	'		7	v	
FOUR FADEWOULD BELIEVE AND ALL	Ees 5		/		7) 2040

Page 2

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

SCHEDULE E, PART I, LINE 3

OUR NONDISCRIMINATION POLICY STATEMENT IS INCLUDED IN PUBLICITY RELEASES,

BROCHURES, CATALOGS, ADVERTISING MATERIALS AND ON OUR WEBSITE - ALL

AVAILABLE UPON REQUEST.

SCHEDULE E, PART I, LINE 6A

INTERLOCHEN CENTER FOR THE ARTS ("ICA") RECEIVED GRANT FUNDING FROM THE MICHIGAN COUNCIL FOR ARTS AND CULTURAL AFFAIRS. A SMALL PORTION OF THIS

GRANT IS PROVIDED BY THE NATIONAL ENDOWMENT FOR THE ARTS.

SCHEDULE F		Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047	
	m 990)				'Yes" on Form 990, Part IV,		2018	
	ment of the Treasury	►G	o to www.irs.go		to Form 990. Instructions and the latest inf	formation.	Open to Public	
	I Revenue Service of the organization				Inspection ification number			
	ERLOCHEN CENT	TER FOR THE	E ARTS	38-168				
Part		nformation o Part IV, line 14t		Outside the	United States. Compl	ete if the organizatio	n answered "Yes" or	
	assistance, the gra	antees' eligibili	ty for the grant	ts or assistance	substantiate the amount of e, and the selection criteri	a used to award the	X Yes No	
	For grantmakers. outside the United		Part V the org	anization's pro	ocedures for monitoring t	the use of its grants	and other assistance	
3	Activities per Reg	ion. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace 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) a program service, describe specific type o service(s) in the region	expenditures for	
(1)	CENTRAL AMERICA/C	ARIBBEAN	0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 26,990.	
(2)	EAST ASIA AND THE	PACIFIC	0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 1,052,600.	
(3)	EUROPE		0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 361,655.	
(4)	MIDDLE EAST AND N	ORTH AFRICA	0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 1,000.	
(5)	NORTH AMERICA		0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 426,255.	
(6)	RUSSIA/INDEPENDEN	T STATES	0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 57,200.	
(7)	SOUTH AMERICA		0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 503,225.	
(8)	SOUTH ASIA		0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 1,000.	
(9)	SUB-SAHARAN AFRIC	A	0.	0.	PROGRAM SERVICES	SCHOLARSHIPS & FIN A	ID 48,580.	
<u>(10)</u>	CENTRAL AMERICA/C	ARIBBEAN	0.	0.	INVESTMENTS		7,775,611.	
<u>(11)</u>	EUROPE		0.	0.	INVESTMENTS		8,639,322.	
<u>(12)</u>								
<u>(13)</u>								
<u>(14)</u>								
<u>(</u> 15)								
<u>(</u> 16)								
<u>(17)</u>								
3a b	Subtotal Total from sheets to Part I	continuation					18,893,438.	

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 18,893,438.

Schedule F (Form 990) 2018

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Part II	Part IV, line 15, for any	recipient who recei	ved more than \$5,000.	Part II can be	duplicated if additi	ional space is	needed.	red res on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(C) Region	(d) Purpose of grant	<b>(e)</b> 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 tax-exempt

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	CENT. AMERICA/CARIBBEAN	5.			26,990.	TUITION OFFS	FMV
(2) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	53.			1,052,600.	TUITION OFFS	FMV
(3) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	14.			361,655.	TUITION OFFS	FMV
(4) STUDENT FINANCIAL AID	NORTH AMERICA	24.			426,255.	TUITION OFFS	FMV
(5) STUDENT FINANCIAL AID	RUSSIA/NEWLY IND. STATES	1.			57,200.	TUITION OFFS	FMV
(6) STUDENT FINANCIAL AID	SOUTH AMERICA	25.			503,225.	TUITION OFFS	FMV
(7) STUDENT FINANCIAL AID	SOUTH ASIA	1.			1,000.	TUITION OFFS	FMV
(8) STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	5.			48,580.	TUITION OFFS	FMV
(9) STUDENT FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	1.			1,000.	TUITION OFFS	FMV
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

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.

Schedule F (Form 990) 2018

Schedu	le F (Form 990) 2018			Page	∍ <b>4</b>
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)	X	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	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "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)	X	Yes	No 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? <i>If</i> "Yes," <i>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)</i>	X	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	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>		Yes	X No	

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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).

SCHEDULE F, PART I, LINE 2

THE GRANTS ARE NON-CASH FINANCIAL AID THAT IS AWARDED TO ENROLLED FOREIGN

STUDENTS. THE FINANCIAL AID AWARD REDUCES THE TUITION BALANCE THAT IS

OWED BY THE STUDENT'S PARENTS. INTERLOCHEN CENTER FOR THE ARTS MAINTAINS

RECORDS TO SUBSTANTIATE THE AMOUNT OF FINANCIAL AID AWARDED AND THE

STUDENT'S ELIGIBILITY BASED ON NEED. AS THE GRANT IS NON-CASH FINANCIAL

AID, IT IS NOT NECESSARY TO MONITOR.

SCHEDULE I				Assistance t			F	OMB No. 1545-0047					
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
	Comp	lete if the or	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public					
Department of the Treasury Internal Revenue Service		► Go f		/Form990 for the I		<b>.</b>		Inspection					
Name of the organization		,	<u>e</u> e.ge.,			-	Employer identif	cation number					
INTERLOCHEN CEN	NTER FOR THE ARTS						38-1689	022					
Part I General I	nformation on Grants and	Assistance	e				ł						
1 Does the organi	zation maintain records to su	bstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	nd					
	eria used to award the grants							X Yes No					
2 Describe in Part	IV the organization's proced	ures for mon	itoring the use	of grant funds in the	e United States.								
Part II Grants an	nd Other Assistance to Do	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,					
Part IV, li	ne 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.						
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc						
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)								_					
	per of section 501(c)(3) and g							▶					
	per of other organizations liste on Act Notice, see the Instruction					<u> </u>		Schedule I (Form 990) (2018)					

JSA 8E1288 1.000 8914FY 701U

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT FINANCIAL AID	1,103.		13,220,282.	FMV	TUITION OFFSET
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	de the information re	quired in Part I,	line 2, Part III, c	column (b); and any of	ther additional

information.

SCHEDULE I, PART I, LINE 2

THE GRANTS ARE NON-CASH FINANCIAL AID THAT IS AWARDED TO ENROLLED

STUDENTS IN THE UNITED STATES. THE FINANCIAL AID AWARD REDUCES THE

TUITION BALANCE THAT IS OWED BY THE STUDENT'S PARENTS. INTERLOCHEN CENTER

FOR THE ARTS MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF FINANCIAL

AID AWARDED AND THE STUDENT'S ELIGIBILITY BASED ON NEED. AS THE GRANT IS

NON-CASH FINANCIAL AID IT IS NOT NECESSARY TO MONITOR.

38-1689022

Page 2

(Fori	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Con ► Complete if the organizatio	ectors mper on ar Atta	tion Information s, Trustees, Key Employees, and Highest nsated Employees nswered "Yes" on Form 990, Part IV, line ch to Form 990. or instructions and the latest information		OMB No. 1545-0047			
	of the organization				Employer identification				
	0	ENTER FOR THE ARTS			38-168902				
Part	Question	ns Regarding Compensation							
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m	Yes	No	
	X First-cla	ss or charter travel	Х	Housing allowance or residence for	personal use				
	Travel fo	or companions		Payments for business use of perso	nal residence				
	X Tax inde	Health or social club dues or initiati	on fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						X		
2	-	stees, and officers, including the CEC			-				
		-				2	x		
3	1a?       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee         Independent compensation consultant       X         X       Form 990 of other organizations								
4	organization of	ar, did any person listed on Form 990, or a related organization:			-				
а		verance payment or change-of-control p	-					X	
b		, or receive payment from, a suppleme					X		
С		, or receive payment from, an equity-ba y of lines 4a-c, list the persons and p				. <u>4c</u>		X	
5	For persons I	<b>501(c)(3), 501(c)(4), and 501(c)(29)</b> or isted on Form 990, Part VII, Section A n contingent on the revenues of:	-		any				
а	-	ion?						X	
b	-	rganization?				. 5b		X	
6	For persons I	e 5a or 5b, describe in Part III. isted on Form 990, Part VII, Section A n contingent on the net earnings of:	, line	a 1a, did the organization pay or accrue	any				
а		ion?						Х	
b	•	rganization?				. 6b		X	
		e 6a or 6b, describe in Part III.							
7	payments not	listed on Form 990, Part VII, Section t described on lines 5 and 6? If "Yes," d	escr	ibe in Part III				x	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject								
		I contract exception described in	-						
9	If "Yes" on I	line 8, did the organization also fol ection 53.4958-6(c)?	low	the rebuttable presumption proceed	lure described	in 📃		X	
	riogulationis S					. J A	1		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ARTHUR DEVEY	(i)	457,314.	79,342.	0.	0.	35,385.	572,041.	0.
PRESIDENT EX OFFICIO TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY KIMPTON	(i)	0.	0.	485,277.	30,250.	0.	515,527.	0.
2PRESIDENT EX OFFICIO TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY DOUGHERTY	(i)	332,008.	33,518.	11,600.	30,250.	17,049.	424,425.	0.
3 <sup>VP</sup> ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD FARRADAY	(i)	184,933.	80,000.	0.	30,250.	5,731.	300,914.	0.
VP EDUCATION PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICK KESSEL	(i)	319,441.	32,185.	13,024.	30,250.	18,880.	413,780.	0.
<b>V</b> P FINANCE & OPERATIONS <b>5</b>	(ii)	0.	0.	0.	0.	0.	0.	0.
CAMILLE COLATOSTI	(i)	152,416.	0.	14,873.	0.	2,865.	170,154.	0.
6 <sup>PROVOST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHARINE LAIDLAW	(i)	107,329.	60,000.	47,917.	0.	9,765.	225,011.	0.
7 <sup>VP MEDIA &amp; COMMUNICATIONS</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHLEEN DODGE MILLER	(i)	191,158.	10,874.	0.	21,093.	5,731.	228,856.	0.
8 AVP ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
KIM ZUBRICKAS	(i)	147,931.	10,000.	0.	17,953.	16,280.	192,164.	0.
9 DIR HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
KEDRIK MERWIN	(i)	150,616.	0.	0.	16,929.	16,280.	183,825.	0.
10 <sup>DIR MUSIC</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL BESSELSEN	(i)	139,653.	11,000.	0.	16,703.	15,203.	182,559.	0.
11 <sup>AVP FINANCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW SCHMITT	(i)	127,495.	10,700.	0.	15,760.	14,923.	168,878.	0.
12 DIR INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

#### 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.

SCHEDULE J, PART I, LINE 1B

INTERLOCHEN CENTER FOR THE ARTS ("ICA") PROVIDES A RESIDENCE FOR PERSONAL USE TO THE PRESIDENT. THE RESIDENCE FOR THE PRESIDENT IS LOCATED ON ICA'S CAMPUS, IS PROVIDED FOR THE CONVENIENCE OF ICA, AND THE PRESIDENT IS REQUIRED TO ACCEPT THE LODGING AS A CONDITION OF HIS EMPLOYMENT. THE PRESIDENT'S RESIDENCE IS USED REGULARLY FOR BUSINESS RELATED FUNCTIONS. AS SUCH, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION FOR THE PRESIDENT. ICA PAID A GROSSED-UP BONUS TO THE PRESIDENT EQUAL TO 11% OF HIS COMPENSATION AS HE WAS NOT YET ELIGIBLE TO PARTICIPATE IN ICA'S 401(A) RETIREMENT PLAN.

DURING CALENDAR YEAR 2018, ICA PURCHASED FOUR FIRST CLASS PLANE TICKETS FOR THE VICE PRESIDENT OF ADVANCEMENT FOR DONOR CULTIVATION TRIPS. THE TICKETS WERE NOT TREATED AS TAXABLE COMPENSATION FOR THE VICE PRESIDENT OF ADVANCEMENT.

LASTLY, ICA PAID THE PAYROLL TAXES FOR THE PROVOST AND VICE PRESIDENT OF STRATEGIC COMMUNICATIONS AND ENGAGEMENT ASSOCIATED WITH THEIR MOVING

ALLOWANCE PACKAGES. THE MOVING ALLOWANCES WERE TREATED AS TAXABLE

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

#### 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.

COMPENSATION FOR THE PROVOST AND VICE PRESIDENT OF STRATEGIC

COMMUNICATIONS AND ENGAGEMENT.

SCHEDULE J, PART I, LINE 4B

COMPENSATION IN THE AMOUNT OF \$485,277 FOR JEFFREY KIMPTON, FORMER

PRESIDENT EX OFFICIO, DURING THE YEAR WAS RELATED TO THE CHANGE IN

OWNERSHIP OF A SPLIT DOLLAR LIFE INSURANCE POLICY.

PAGE 47

ECON DEVELOPMENT OF GREEN LAKE

## SCHEDULE K

### (Form 990)

## 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.

20 18 **Open to Public** Inspection Employer identification number

38-1689022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INTERLOCHEN CENTER FOR THE ARTS

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	<b>(g)</b> De	efeased	(h) On behalf of issuer		(i) Pooleo financing	
						Yes	No	Yes	No	Yes	No
A ECON DEVELOPMENT CORP OF THE TWNSHP OF GREEN LAKE	52-2043802	393096AB8	08/11/2004	26,300,000.	SEE SCHEDULE K, SUPPLEMENTAL INFO		Х		х		х
В											
<u>C</u>											<u> </u>
D											l

Ра	rt I Proceeds								
			Α		В	C	2	D	)
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
	Total proceeds of issue		94,241.						
4	Gross proceeds in reserve funds								
	Capitalized interest from proceeds								
	Proceeds in refunding escrows								
7	Issuance costs from proceeds		19,656.						
8	Credit enhancement from proceeds								
	Working capital expenditures from proceeds								
	Capital expenditures from proceeds		75,169.						
	Other spent proceeds	18,9	99,416.						
	Other unspent proceeds								
	Year of substantial completion	200	6						
		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)?	Х							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х						
16	Has the final allocation of proceeds been made?	Х							
	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х							
For	Panarwork Reduction Act Notice, see the Instructions for Form 000								

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

Schedule K (Form 990) 2018

JSA

8E1295 1.000

Sche	dule K (Form 990) 2018								Page <b>2</b>
Pa	rt III Private Business Use ECC	ON DEVE	LOPMENT	OF GREE	N LAKE				
			Α		В		0	]	כ
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of							1	
	bond-financed property?		Х						
3a	Are there any management or service contracts that may result in private							1	
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside							1	
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of							1	
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other							1	
	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		%		%		%		%
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,		0/		%		0/		0/
	another section 501(c)(3) organization, or a state or local government		%		%		%		<u>%</u>
<u>6</u> 7	Total of lines 4 and 5         Does the bond issue meet the private security or payment test?	X	70		/0		/0		/0
-		21							
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?		x					1	
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
b	disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		/0		/0
U	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
5	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Pa	rt IV Arbitrage								
			A		В		C	[	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
	Exception to rebate?	Х							
	No rebate due?		Х						
	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?	Х							

Schedule K (Form 990) 2018

38-1689022

art IV Arbitrage (Continued)		A		В		2	D		
the the energiestics of the recommendation entered into a condition	Yes	No	Yes	No	Yes	No	Yes	N	
A Has the organization or the governmental issuer entered into a qualified	163	X	163		163	NO	163		
hedge with respect to the bond issue?		21							
Name of provider									
Term of hedge									
Was the hedge superintegrated?									
Was the hedge terminated?	X								
Were gross proceeds invested in a guaranteed investment contract (GIC)?									
b Name of provider	PALLAS CA	2.000							
c Term of GIC		2.000 X							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X							
Were any gross proceeds invested beyond an available temporary period?		X							
Has the organization established written procedures to monitor the									
requirements of section 148?	Х								
art V Procedures To Undertake Corrective Action									
		A		B	c		D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	N	
				1					
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
	o questio	x ns on Sche	dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	o questio		dule K. S	ee instruct	ions				

Page 4

Schedule K (Form 990) 2018

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, COLUMN F

THE PURPOSE OF THE BOND WAS TO REFUND THE \$16,100,000 BOND ISSUE THAT WAS

DONE IN JUNE 1997, REFUND A \$2,850,000 BANK TERM NOTE, CONSTRUCT THE NEW

CREATIVE WRITING BUILDING, CONSTRUCT AN ADDITION TO THE HARVEY THEATER

BUILDING, AND MISCELLANEOUS CAPITAL ITEMS.

SCHEDULE K, PART II, LINE 3

THE TOTAL PROCEEDS OF THE BOND ISSUE ARE \$194,241 GREATER THAN THE BONDS

ISSUE PRICE OF \$26,300,000 DUE TO INVESTMENT EARNINGS.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION WAS PERFORMED ON JULY 31, 2009.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

20**18** Open to Public Inspection

Name of the organization

#### INTERLOCHEN CENTER FOR THE ARTS

Employer identification number 38-1689022

Par	t I Types of Property			·			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( Method of noncash contri		
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	X	51.	2,236,918.	SEE PT II	SUPPLE	MENI
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other $\blacktriangleright$ ()						
26	Other $\blacktriangleright$ ()						
27 28	Other ►() Other ►()						
	Number of Forms 8283 received	by the org	nization during the tax y	oor for contributions for			
29	which the organization completed I				29		2.
	which the organization completed i	0111 0203,	Fait IV, Dollee Acknowledg			Yes	
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through		
	28, that it must hold for at least the				- 1		
	to be used for exempt purposes for	-				30a	X
b	If "Yes," describe the arrangement i		enang penear i i i i i i				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
•	contributions?			-		31 X	
32a	Does the organization hire or use						
	contributions?	•	•	•		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,		

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, LINE 9(D)

THE AVERAGE PRICE BETWEEN THE HIGHEST AND LOWEST QUOTED SELLING PRICE ON THE DATE THE SECURITY IS RECEIVED IS USED TO DETERMINE THE CONTRIBUTION REVENUE THAT IS RECORDED. IF THERE ARE NO SALES ON THE DATE THE SECURITY IS RECEIVED THEN THE AVERAGE PRICE BETWEEN THE HIGHEST AND LOWEST SALES PRICE ON THE NEAREST DATE BEFORE AND ON THE NEAREST DATE AFTER THE SECURITY IS RECEIVED IS USED TO DETERMINE THE CONTRIBUTION REVENUE THAT IS RECORDED, ASSUMING THAT THERE WERE SALES OF THE SECURITY WITHIN A REASONABLE PERIOD BEFORE AND AFTER THE DATE IT IS RECEIVED.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 INTERLOCHEN CENTER FOR THE ARTS
 38–168

FORM 990, PART III, LINE 4A - CONTINUED ROLES IN A WHOLE UNIVERSE OF PROFESSIONAL ENDEAVORS. DURING SCHOOL YEAR 2018/2019 THERE WERE 532 STUDENTS; 391 STUDENTS RECEIVED GRANTS.

FORM 990, PART III, LINE 4D

EXPENSES: \$1,726,689. GRANTS: \$0. REVENUE: \$0. INTERLOCHEN PUBLIC RADIO ("IPR") THROUGH TWO LISTENER-SUPPORTED BROADCAST SERVICES, CONNECTS NORTHWEST LOWER MICHIGAN WITH ARTS, NEWS AND CULTURE ON A GLOBAL SCALE. IPR ALSO GIVES SIGNIFICANT FOCUS TO LOCAL AND REGIONAL NEWS, INFORMATION AND ARTISTS, PROVIDING A TRUSTED CONTEXT FOR COMMUNITY DISCUSSION AND SHOWCASING THE VITALITY AND DIVERSITY OF THE GRAND TRAVERSE REGION. SERVING LISTENERS ALL OVER NORTHERN MICHIGAN – AND ALL OVER THE WORLD VIA THE INTERNET – IPR VALUES ITS POTENTIAL TO IMPACT INDIVIDUAL LIVES EVERY DAY, 24 HOURS A DAY. COVERAGE AREA INCLUDES MOST OF THE NORTHERN TWO-THIRDS OF LOWER MICHIGAN AND THE EASTERN THIRD OF THE UPPER PENINSULA OF MICHIGAN.

EXPENSES: \$246,670. GRANTS: \$494. REVENUE: \$325,003. INTERLOCHEN COLLEGE OF CREATIVE ARTS OFFERS AN ENGAGING - AND EVOLVING -SERIES OF CLASSES AND PROGRAMS FOR ADULTS CALLED "INTERLOCHEN FOR LIFE." MEMBERS OF THE INTERLOCHEN COMMUNITY - OF ALL AGES - THRIVE ON OPPORTUNITIES TO LEARN AND EXPRESS THEMSELVES CREATIVELY AND ON THE STRONG RELATIONSHIPS THAT RESULT FROM SUCH MEANINGFUL ENDEAVORS.

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED BY INTERLOCHEN CENTER FOR THE ARTS ("ICA") EXTERNAL ACCOUNTING FIRM, BDO. BY BOARD OF TRUSTEE POLICY, THE DRAFT OF THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE, PRESIDENT, AND THE CHAIR OF BOARD OF TRUSTEES.

#### FORM 990, PART VI, LINE 12C

INTERLOCHEN CENTER FOR THE ARTS ("ICA") CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE REQUIREMENTS COVER ALL BOARD OF TRUSTEE MEMBERS (ELECTED AND EX-OFFICIO) AND OFFICERS. THE ANNUAL DISCLOSURES ARE ACCUMULATED AND MAINTAINED BY THE CORPORATE SECRETARY. THEY ARE AVAILABLE FOR REVIEW BY THE ICA PRESIDENT AND CHAIR OF THE BOARD OF TRUSTEES. IF A BOARD OF TRUSTEE MEMBER HAD A CONFLICT INVOLVING A MATTER BEFORE THE BOARD THEN THEY WOULD REMOVE THEMSELVES FROM THE DELIBERATION AND DECISION MAKING PROCESS.

#### FORM 990, PART VI, LINE 15A

THE BOARD OF TRUSTEES CREATES AN AD HOC PRESIDENTIAL REVIEW COMMITTEE WHICH ANNUALLY REVIEWS THE COMPENSATION OF INTERLOCHEN CENTER FOR THE ARTS PRESIDENT. THERE ARE A VARIETY OF INPUTS FOR THE COMMITTEE, INCLUDING A SELF-EVALUATION, GOALS COMPLETION, AND THE BALANCE BETWEEN VARIOUS EMPLOYEE CLASSES. IN ADDITION, THE COMMITTEE REVIEWS NATIONAL COMPENSATION COMPARISONS WITH NON-PROFITS OF SIMILAR SIZE AND STATURE TO INTERLOCHEN CENTER FOR THE ARTS. ONCE THE REVIEWS ARE COMPLETE, THE COMMITTEE MAKES A SALARY RECOMMENDATION TO THE FULL BOARD OF TRUSTEES WHICH THEN VOTES ON THE MATTER. THIS PROCESS WAS LAST UNDERTAKEN IN

Employer identification number 38-1689022

Page 2

OCTOBER 2018.

THE BOARD OF TRUSTEES ANNUALLY CREATES AN AD HOC PRESIDENTIAL REVIEW COMMITTEE. THE INTERLOCHEN CENTER FOR THE ARTS ("ICA") PRESIDENT MAKES COMPENSATION RECOMMENDATIONS FOR ICA'S OFFICERS TO THE PRESIDENTIAL REVIEW COMMITTEE. THE PRESIDENT'S RECOMMENDATIONS ARE BASED ON SELF-EVALUATIONS, GOALS COMPLETION, AND THE BALANCE BETWEEN VARIOUS EMPLOYEE CLASSES. THE PRESIDENT ALSO REVIEWS NATIONAL COMPENSATION COMPARISONS WITH NON-PROFITS OF SIMILAR SIZE AND STATURE TO ICA. THE PRESIDENT'S COMPENSATION RECOMMENDATIONS ARE DISCUSSED AND REVIEWED BY THE PRESIDENTIAL REVIEW COMMITTEE HOWEVER THEY ARE NOT FORMALLY VOTED UPON. THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER 2018 FOR THE FOLLOWING ICA EMPLOYEE POSITIONS: VICE PRESIDENT OF FINANCE AND OPERATIONS, INTERIM VICE PRESIDENT OF ADVANCEMENT, VICE PRESIDENT OF STRATEGIC COMMUNICATIONS AND ENGAGEMENT, AND PROVOST.

FORM 990, PART VI, LINE 19 INTERLOCHEN CENTER FOR THE ART'S ("ICA") GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON ICA'S WEBSITE.

ATTACHMENT 1

CANADA

CAYMAN ISLANDS

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

LUXEMBOURG

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018	Page <b>2</b>
Name of the organization	Employer identification number
INTERLOCHEN CENTER FOR THE ARTS	38-1689022
	ATTACHMENT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTO	RS
NAME AND ADDRESS DESCRIPTION OF SE	COMPENSATION

SPENCE BROTHERS 800 HASTINGS ST. SUITE A TRAVERSE CITY, MI 49686	CONSTRUCTION	9,091,545.
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT 9560 WILSHIRE BLVD BEVERLY HILLS, CA 90210	ARTIST MANAGER	304,000.
MITCHELL GRAPHICS 2363 MITCHELL PARK DRIVE PETOSKEY, MI 49770	BULK MAILING	288,700.
GOLDMAN SACHS AND CO 71 S WACKER DR SUITE 500 CHICAGO, IL 60614	INVESTMENT MANAGER	199,261.
VP DEMAND CREATION SERVICES 2779 AERO PARK DRIVE TRAVERSE CITY, MI 49685-2236	MARKETING CONSULTANT	188,549.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

38-1689022

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

SCHEDULE R

(Form 990)

INTERLOCHEN CENTER FOR THE ARTS

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
_(2)					
(3)					
_(4)					
(5)					
(6)					

#### Part II

## Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled iity?
						Yes	No
(1) CANADIAN FRIENDS OF INTERLOCHEN PO BOX 9401, STATION A TORONTO, ONTARIO CA M5W 4E	SCHOLARSHIPS	CA	501(C)(3)	7	ICA	x	
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)							
(7)							

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

Schedule R (Form 990) 2018

Page **2** 

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		inere related erg		e de de de p	aranoromp aaning ar	e lan yean							
Na	(a) ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging ner?	<b>(k)</b> Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)( control entity
(1)							Yes N
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2018

Note: Complete line 1 if an	y entity is listed in Parts II, III, or IV of this schedule.				Y	es N
During the tax year, die	d the organization engage in any of the following transactions	with one or more related organizations I	isted in Parts II-IV?			
a Receipt of (i) interest, (	(ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				la	
<b>b</b> Gift, grant, or capital c	contribution to related organization(s)				lb	
	contribution from related organization(s)				lc	Х
	ees to or for related organization(s)				ld	
	ees by related organization(s)				le	
f Dividends from related	d organization(s)				1f	
	ed organization(s)				lg	
	om related organization(s)				h	
	ith related organization(s).				1i	
	ipment, or other assets to related organization(s)				1j	
<b>, E</b> ouco of fuorintico, oqu						
k Lease of facilities equ	ipment, or other assets from related organization(s)			1	lk	
	es or membership or fundraising solicitations for related organ			· · · · · ⊢		X
	es or membership or fundraising solicitations for related organi			· · · · · ⊢	m	
					ln	
	quipment, mailing lists, or other assets with related organization					X
o Sharing of paid employ	yees with related organization(s)			· · · · ·	lo	
Defailement of a state				1	m	
•	o related organization(s) for expenses				l p	
q Reimbursement paid t	by related organization(s) for expenses			· · · · ·	lq	
r Other transfer of cash	or property to related organization(s)				1r	
<ul><li>r Other transfer of cash</li><li>s Other transfer of cash</li></ul>	or property to related organization(s)			1 	1r Is	
<ul><li>r Other transfer of cash</li><li>s Other transfer of cash</li></ul>	or property to related organization(s) or property from related organization(s) the above is "Yes," see the instructions for information on wh	o must complete this line, including cov	vered relationships and trans	1 action thresh	1 r I s olds.	
<ul><li>r Other transfer of cash</li><li>s Other transfer of cash</li></ul>	or property to related organization(s)	o must complete this line, including cov	/ered relationships and transa	action thresh	1 r Is olds.	
Other transfer of cash Other transfer of cash	or property to related organization(s) or property from related organization(s) the above is "Yes," see the instructions for information on wh	o must complete this line, including cov	vered relationships and trans	1 action thresh	1 r Is olds. d) determ	nining
<ul><li>r Other transfer of cash</li><li>s Other transfer of cash</li></ul>	or property to related organization(s)	o must complete this line, including cov (b) Transaction	/ered relationships and transa	action thresh Method of	1 r Is olds. d) determ	nining
<ul> <li>r Other transfer of cash</li> <li>s Other transfer of cash</li> <li>If the answer to any of</li> </ul>	or property to related organization(s)	o must complete this line, including cov (b) Transaction	/ered relationships and transa	action thresh Method of	1 r Is olds. d) determ	nining
r Other transfer of cash s Other transfer of cash If the answer to any of CANADIAN FRIEND	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and transa (c) Amount involved	action thresh Method of amount	1 r Is olds. d) determ	nining
<ul> <li>r Other transfer of cash</li> <li>s Other transfer of cash</li> <li>e If the answer to any of</li> <li>) CANADIAN FRIEND</li> </ul>	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and transa (c) Amount involved	action thresh Method of amount	1 r Is olds. d) determ	nining
r Other transfer of cash s Other transfer of cash lf the answer to any of ) CANADIAN FRIEND	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and transa (c) Amount involved	action thresh Method of amount	1 r Is olds. d) determ	nining
<ul> <li>r Other transfer of cash</li> <li>s Other transfer of cash</li> <li>2 If the answer to any of</li> <li>1) CANADIAN FRIEND</li> <li>2)</li> <li>3)</li> </ul>	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and transa (c) Amount involved	action thresh Method of amount	1 r Is olds. d) determ	nining
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r Other transfer of cash s Other transfer of cash 2 If the answer to any of 1) CANADIAN FRIEND 2) 3) 4) 5)	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and transa (c) Amount involved	action thresh Method of amount	1 r Is olds. d) determ	nining
<ul> <li>r Other transfer of cash</li> <li>s Other transfer of cash</li> <li>2 If the answer to any of</li> </ul>	or property to related organization(s)	to must complete this line, including cov (b) Transaction type (a-s)	/ered relationships and trans (c) Amount involved 297,476.	action thresh Method of amount	1r Is olds. d) determ involve	nining ed

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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organia	e) partners tion (c)(3) zations?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	amount in box 20 managing of Schedule K-1 partner? (Form 1065)		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
(16)													
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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.