### EXTENDED TO AUGUST 15, 2022

**Return of Organization Exempt From Income Tax** 

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

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

Department of the Treasury Internal Revenue Service

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

Α	For the	lpha 2020 calendar year, or tax year beginning $$ OCT $$ $$ 1 , $$ $$ $$ $$ $$ 2 $$ $$ 0 $$ $$ $$ and endir	ing SE	EP 30,	2021			
В	Check if applicable	C Name of organization		D Employe	r identific	cation number		
	Addre	ARTSFUND						
	Name chang				83964			
F	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address)  P.O. BOX 19780	m/suite	E Telephon				
	—lreturn/ termin	•	<u> </u>	206-281-9050 <b>G</b> Gross receipts \$ 15,089,352.				
	ated Ameno return	City or town, state or province, country, and ZIP or foreign postal code  SEATTLE, WA 98109-6780		G Gross receipts \$ 15,089,352.  H(a) Is this a group return				
F	Applic				ordinates			
	pendir	NO 1 4 6 6	WA			cluded? Yes No		
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or □	527			list. See instructions		
		e: NWW.ARTSFUND.ORG				n number		
K	Form of	organization: X Corporation Trust Association Other				1 State of legal domicile; WA		
	art I	Summary			•			
	1	Briefly describe the organization's mission or most significant activities: STRENGT	CHEN	THE CO	MMUNI	TY BY		
Governance		SUPPORTING THE ARTS THROUGH LEADERSHIP, ADVO						
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more th	han 25% of i	ts net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	31		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				31		
es 2	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				14		
Activities &	6	Total number of volunteers (estimate if necessary)				60		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····			0.		
				Prior Yea		Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		7,032,	924.	14,807,415. 276,997.		
Revenue	9	Program service revenue (Part VIII, line 2g)		8,210,		4,140.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			882.	-30,275.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 4	L5,405,		15,058,277.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		L2,527,		13,334,839.		
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		14,541,	0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,128,		1,082,258.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.	0.		
oeu	h	Total fundraising expenses (Part IX, column (D), line 25)   363,187.	.			• •		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		544,	640.	493,675.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,201,		14,910,772.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,204,	281.	147,505.		
Net Assets or	G		Begi	inning of Curr		End of Year		
sets	20	Total assets (Part X, line 16)		5,213,		5,262,172.		
t As	21	Total liabilities (Part X, line 26)			404.	72,344.		
<u>S</u>	22	Net assets or fund balances. Subtract line 21 from line 20		5,042,	323.	5,189,828.		
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s		•		knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer h	as any knowle	dge.			
		Signature of officer		I Date				
Sig		, -		Date				
He	re	MICHAEL GREER, PRESIDENT & CEO Type or print name and title						
			Da	nte	Check	PTIN		
Pai	d	Print/Type preparer's name  COLLEEN RAMIRES  COLLEEN RAMIRES		 5/28/22	I ., L	<b></b>		
	u parer	Firm's name MOSS ADAMS LLP	ĮU C			91-0189318		
	Only	Firm's address 999 THIRD AVENUE, SUITE 2800			S EIIV -	<u> </u>		
536	Unity	SEATTLE, WA 98104		Phor	ne no 20	6-302-6500		
— Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No		

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Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  ARTSFUND STRENGTHENS THE COMMUNITY BY SUPPORTING THE ARTS THROUGH  LEADERSHIP, ADVOCACY, AND GRANT MAKING.
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 X No  If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,326,469. including grants of \$ 13,334,839.) (Revenue \$ 251,997.)  ARTSFUND PROVIDES GENERAL OPERATING SUPPORT TO NONPROFIT IRC 501(C)(3)
	ARTS ORGANIZATIONS. AWARDS ARE MADE THROUGH AN "ALLOCATION PROCESS" AND
	TAKE INTO CONSIDERATION EACH ORGANIZATION'S MISSION AND ART, MANAGEMENT
	AND FINANCIAL CONDITION, AND COMMITMENT TO AND IMPACT ON THE COMMUNITY.
	FOR THE YEAR ENDED SEPTEMBER 30, 2021, 80 ORGANIZATIONS WERE GRANTED OPERATING SUPPORT.
	OFERALING SUFFORI:
	ARTSFUND, IN PARTNERSHIP WITH THE WASHINGTON STATE DEPARTMENT OF
	COMMERCE, DISTRIBUTED \$10.78 MILLION IN RECOVERY GRANTS TO 702
	NONPROFITS IN 34 COUNTIES THROUGHOUT THE STATE. THE NONPROFIT COMMUNITY
	RELIEF (NCR) GRANT PROGRAM WAS DESIGNED TO PROVIDE CRITICAL FUNDING TO
	NONPROFIT ARTS, CULTURAL, SCIENCE, (CONTINUED ON SCHEDULE O)  (Code: ) (Expenses \$ 675,282. including grants of \$ 0.) (Revenue \$ 25,000.)
4b	(Code:) (Expenses \$ 675,282. including grants of \$ 0.) (Revenue \$ 25,000.)  ARTSFUND CONDUCTS A VARIETY OF PROGRAMS TO BENEFIT THE CULTURAL SECTOR:
	AN ASSOCIATES PROGRAM TO EQUIP VOLUNTEERS WITH LEADERSHIP AND
	FUNDRAISING SKILLS; BOARD LEADERSHIP TRAINING CLASSES ON LEGAL AND
	FINANCIAL RESPONSIBILITIES, STRATEGIC PLANNING, FUNDRAISING AND BEST
	GOVERNANCE PRACTICES; CONVENINGS TO SHARE RESOURCES, PRACTICES AND
	PERSPECTIVES TO EXPAND THE CAPACITY OF THE CULTURAL SECTOR; STUDY OF
	THE ECONOMIC IMPACT OF THE ARTS; AND FISCAL SPONSOR FOR BUILDING FOR THE ARTS.
	THE ARIS.
4c	
	CULTURAL RESOURCE COLLECTIVE (CRC) HAD NO ACTIVITY DURING FY21 AS PLANNED DUE TO THE COVID-19 IMPACT. ARTSFUND WILL CONTINUE TO MANAGE
	AND SERVE AS FISCAL AGENT FOR THE CULTURAL RESOURCE COLLECTIVE, A
	SECURE PATRON DATABASE USED BY 34 REGIONAL ARTS AND CULTURAL GROUPS TO
	DEVELOP AND MAINTAIN AUDIENCES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 14,001,751.
	Form <b>990</b> (2020)

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# Form 990 (2020) ARTSFUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8	Х	
0	Schedule D, Part III	<b>├°</b>	- 21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,	. <u> </u>		_ <del>_</del> _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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	_	v	
1	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		^
D	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			
	, ,	25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del> </del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
00	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?			v
o <del>-</del>	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	1	1	I

#### Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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### 020) ARTSFUND Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No	
<b>2</b> a	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	<b>2</b> a	14				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37	
				3a		<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		·	40		х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	iccour	it)?	4a		21	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FRΔR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		` ′ ′	5a		Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	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 ser	vices p	provided to the payor?	7a	X		
				7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		v	
	to file Form 8282?			7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year			70		Х	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
				9b			
10	Section 501(c)(7) organizations. Enter:	مدا	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1				
۱۱ ء	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	1				
h	Gross income from other sources (Do not net amounts due or paid to other sources against	110					
-	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	<b>Note:</b> 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	ı	,				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c	1	14a		X	
	14a Did the organization receive any payments for indoor tanning services during the tax year?						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.			ıJ			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
		_		_			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	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 have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA MADISON - 206-281-9050			
	100 W. HARRISON ST., SOUTH TOWER, SUITE S-150, SEATTLE, WA 9811	9		

ARTSFUND 91-0839644 <u> Page</u> **7** Form 990 (2020)

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Posi (do not check r					nne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee.			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		99	n pen		(W-2/1099-MISC)		organization and related
	below	dual t	ntiona	_	nploy	st cor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUNG YANG	1.00		_			1				
CHAIR		Х		Х				0.	0.	0.
(2) ERIN HOBSON	1.00									
CHAIR-ELECT		Х		Х				0.	0.	0.
(3) PATRICK EVANS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) KAREN BERGIN	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(5) M. THOMAS KROON	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(6) ROD FUJITA	1.00									
BOARD TREASURER (THRU 11/20)	0.30	Х		X				0.	0.	0.
(7) ANTHONY R. MILES	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(8) CAROL POWELL	1.00									
IMMEDIATE PAST CHAIR (THRU 11/20)		Х		Х				0.	0.	0.
(9) FRANCES AMES	0.50									
TRUSTEE (FROM 03/21)		Х						0.	0.	0.
(10) KUMI YAMAMOTO BARUFFI	0.50									
TRUSTEE		Х						0.	0.	0.
(11) CARL G. BEHNKE	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(12) MICHAEL P. BENTLEY	0.50	l								
TRUSTEE		Х						0.	0.	0.
(13) AARON BLANK	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(14) SHAVONDELIA BROWN	0.50	l								
TRUSTEE	0.50	Х						0.	0.	0.
(15) STEPHAN COONROD	0.50									
TRUSTEE		Х						0.	0.	0.
(16) PETE DAPPER	0.50									
TRUSTEE	0.55	Х				_		0.	0.	0.
(17) KEVIN P. FOX	0.50									
TRUSTEE		X						0.	0.	0.
032007 12-23-20				_						Form <b>990</b> (2020)

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

(A) Name and title	(B) (C) Average Position (do not check more than one							(D) Reportable	(E) Reportable			(F)	
Name and title	hours per			heck ı	more	than		compensation	compensation		l	nount o	
	week		cer ar					from	from related		l	other	
	(list any	ector						the	organization		ı	pensa	
	hours for related	or dir	ee e			ated		organization	(W-2/1099-MIS	SC)	l	om the	
	organizations	rustee	trust		99	ubeus		(W-2/1099-MISC)			ı -	anizati d relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	er				l	anizatio	
	line)	Indivi	Instit	Officer	Key er	Highe	Former						
(18) JACKIE JONES	0.50	.,											
TRUSTEE (FROM 11/20)	0 50	Х	_			_		0.		0.			0.
(19) TOM LEONIDAS	0.50	37								^			^
TRUSTEE (FROM 11/20)	0.50	Х	$\vdash$			$\vdash$		0.		0.			0.
(20) DANA LORENZE TRUSTEE	0.50	Х						0.		0.			0.
(21) ELIZABETH MACPHERSON	0.50	Λ	$\vdash$			$\vdash$		0.		0.			<u> </u>
TRUSTEE	0.50	Х						0.		0.			0.
(22) RACHEL MCCALL	0.50	Λ	┢			$\vdash$		0.		0.			<u> </u>
TRUSTEE	0.30	Х						0.		0.			0.
(23) SANDY MCDATE	0.50												
TRUSTEE	0.50	х						0.		0.			0.
(24) BRIAN PAULEN	0.50												
TRUSTEE		Х						0.		0.			0.
(25) MARY PIGOTT	0.50												
TRUSTEE	0.30	Х						0.		0.			0.
(26) BILL PREDMORE	0.50												
TRUSTEE		Х						0.		0.			0.
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part VII	, Section A						▶	423,410.		0.		3,86	
d Total (add lines 1b and 1c)							▶	423,410.		0.	0. 43,866.		<u> 56.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			_
compensation from the organization												T	3
												Yes	No
3 Did the organization list any <b>former</b> officer,													v
line 1a? If "Yes," complete Schedule J for so											3		X
4 For any individual listed on line 1a, is the su											4	х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	-22	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	piete Scrieduit	<i>3 U T</i>	UI SL	<i>ICIT</i>	JEIS	OH							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs tl	hat received more than \$	100,000 of comp	oensa	tion fro	m	
the organization. Report compensation for t	•	•							•				
(A)								(B)			(0	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	compe	nsatior	1
-													
O Talahanah Ci i i i i i i i i	1	- 1 "							11				
2 Total number of independent contractors (ir \$100,000 of compensation from the organize	ŭ	ut III	mec	J 10 1	tnos )	_	ced	above) who received mo	ore than				

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 ARTSFUND 91-0839644

Form 990 ARTSFUND									91-083	9644
Part VII   Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	9e or 0	stee			satec		(***2/1099-101130)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idual	tution	ъ	old me	estoc	ıer			3
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) STEPHEN P. REYNOLDS	0.50									
TRUSTEE	0.30	Х						0.	0.	0.
(28) LINDSAY SIEVERKROPP	0.50									
TRUSTEE (FROM 07/21)		Х						0.	0.	0.
(29) CINDY SNYDER	0.50									
TRUSTEE		Х						0.	0.	0.
(30) NINA TESSIORE	0.50									
TRUSTEE		Х						0.	0.	0.
(31) LINDA WALTON	0.50									
TRUSTEE		Х						0.	0.	0.
(32) CHRIS KOA	0.50									
TRUSTEE		Х						0.	0.	0.
(33) JIM DUNCAN	0.50									
TRUSTEE (THRU 11/20)		Х						0.	0.	0.
(34) JIM ROSE	0.50									
TRUSTEE		Х						0.	0.	0.
(35) MICHAEL R. GREER	55.00									
PRESIDENT & CEO	0.50			Х				212,296.	0.	15,868.
(36) SARAH SIDMAN	55.00									
VP OF STARTEGIC INITIATIVES & COMMUN						Х		104,344.	0.	14,800.
(38) SARAH FRIEDMAN	55.00									
VP OF DEVELOPMENT						Х		106,770.	0.	13,198.
			L							
Total to Part VII, Section A, line 1c								423,410.		43,866.

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## Form 990 (2020) ARTSFUN Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10.10	4.	Fodoveted compaigns					
발		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	151 017				
S, (		Fundraising events 1c	151,817.				
a g	d	Related organizations 1d	841,000.				
is,	е	Government grants (contributions)	10,929,090.				
ig	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	2,885,508.				
달	g	Noncash contributions included in lines 1a-1f	10,856.				
a C	h	Total. Add lines 1a-1f		14,807,415.			
			Business Code				
ø.	2 a	CONTRACT MANAGEMENT FEES	900099	215,600.	215,600.		
Š	_ b		900099	36,397.	36,397.		
Program Service Revenue	c		900099	25,000.	25,000.		
E S	_						
gra Be	d						
ĕ	е						
ъ		All other program service revenue		076 007			
$\rightarrow$	g	Total. Add lines 2a-2f		276,997.			
	3	Investment income (including dividends, inte					
		other similar amounts)	<b>&gt;</b>	4,140.			4,140.
	4	Income from investment of tax-exempt bond	proceeds >				
	5	Royalties	<b></b>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	( )				
	h	Less: cost or other basis					
ø)	U						
ž	_	and sales expenses 7b					
eke		Gain or (loss)					
ther Revenue		Net gain or (loss)	······				
the the	8 a	Gross income from fundraising events (not					
Ò		including \$ 151,817. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8	<b>b</b> 31,075.				
	С	Net income or (loss) from fundraising events	<b>_</b>	-30,275.			-30,275.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	а				
	b		b				
		Gross sales of inventory, less returns					
		• •	Da				
	h		Ob				
		Net income or (loss) from sales of inventory					
-		Net income of (loss) from sales of inventory	Business Code				
S <sub>D</sub>	44 -						
ee ee	11 a						
llan	b						
Miscellaneous Revenue		c					
Σ		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<b></b>	15,058,277.	276,997.	0.	-26,135.

032009 12-23-20

# Form 990 (2020) ARTSFUND Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	13,334,839.	13,334,839.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	219,443.	96,555.	65,833.	57,055.					
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$ ) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	680,554.	303,153.	204,616.	172,785.					
8	Pension plan accruals and contributions (include	0- 00-	44.050		E 400					
	section 401(k) and 403(b) employer contributions)	25,097.	11,058.	6,631.	7,408. 21,081.					
9	Other employee benefits	81,080.	35,675.	24,324.	21,081.					
10	Payroll taxes	76,084.	33,477.	22,825.	19,782.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	60 225		60 225						
С	Accounting	62,335.		62,335.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	,	104 (10	74 404	02 150	7 055					
	column (A) amount, list line 11g expenses on Sch 0.)	104,618.	74,404. 3,584.	23,159.	7,055.					
12	Advertising and promotion	4,349.	27,580.	49,032.	26,952.					
13	Office expenses	103,564.	21,300.	49,032.	20,932.					
14	Information technology									
15	Royalties	111 626	17 111	26,790.	27 205					
16	Occupancy	111,626. 183.	47,441.	20,790.	37,395. 66.					
17	Travel	103.	90.	21.	00.					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	8,440.	4,328.	550.	3,562.					
19	Conferences, conventions, and meetings	0,440.	4,340.	330.	3,304.					
20	Payments to affiliates									
21	Depreciation, depletion, and amortization	11,296.		11,296.						
22 23	1	15,322.		15,322.						
23 24	Other expenses. Itemize expenses not covered	13,322.		15,522.						
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.) COLLABORATIONS AND PART	26,387.	26,387.	0.	0.					
a		17,591.	20,307.	17,591.	0.					
b	FEES AND TAXES		0.							
C	BAD DEBT ART EVENTS	13,293. 8,632.	3,174.	13,293.	4,007.					
d		6,032.	3,1/4.	1,451.						
	All other expenses Add lines 1 through 24s	14,910,772.	14,001,751.	545,834.	6,039. 363,187.					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	14,310,114.	14,UU1,/U1.	J4J,0J4•	JUJ, 10/•					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				<b>5 000</b> (2222)					

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Part X | Balance Sheet ARTSFUND

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,378,542.	1	1,848,819.
	2	Savings and temporary cash investments			3,497,166.	2	3,140,979.
	3	Pledges and grants receivable, net			182,060.	3	82,854.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			37,190.	9	54,663.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	532,906.			
	b			·	83,901.	10c	99,989.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li			24.050	13	24.050
	14	Intangible assets			34,868.	14	34,868.
	15	Other assets. See Part IV, line 11			E 012 E0E	15	F 060 1F0
	16	Total assets. Add lines 1 through 15 (must e			5,213,727.	16	5,262,172.
	17	Accounts payable and accrued expenses			22,314.	17	72,344.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		·		00	
Lia	00	controlled entity or family member of any of t		22			
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela		Г	149,090.	24	0.
	25	Other liabilities (including federal income tax,			140,0000	24	
	25	parties, and other liabilities not included on li					
		(0.1				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			171,404.	26	72,344.
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓			1=75==
es		and complete lines 27, 28, 32, and 33.					
auc	27				4,642,910.	27	4,790,415.
Bal	28				399,413.	28	4,790,415. 399,413.
p		Organizations that do not follow FASB ASG					
F.		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		T T		31	
Net Assets or Fund Balances	32				5,042,323.	32	5,189,828.
-	33	Total liabilities and net assets/fund balances			5,213,727.	33	5,262,172.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,91		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,04	2,3	<u>23.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,18	9,8	28.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>)</b> .			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	=	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1
			Form	990	(2020)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** Name of the organization ARTSFUND 91-0839644 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3581806.	4932038.	3321888.	7032406.	14807415.	33675553.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3581806.	4932038.	3321888.	7032406.	14807415.	33675553.
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)						7303786.
6	Public support. Subtract line 5 from line 4.						26371767.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3581806.	4932038.	3321888.	7032406.	14807415.	33675553.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	308,665.	238,216.	338,900.	156,115.	4,140.	1046036.
9	Net income from unrelated business		-	-			
	activities, whether or not the						
	business is regularly carried on	35,354.	35,906.	0.	30,812.	0.	102,072.
10	Other income. Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						34823661.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	660,278.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	75.73 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	60.25 %
16a	33 1/3% support test - 2020. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a <u>, 16b, 17a, or 1</u> 7b	o, check this box a	nd see instructions	s
•	-						or 990-F7) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	T
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ū		•	•		
<u> </u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi			. (0)		T .= T	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
				no 12 ook ma (4)\		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18   23 1/3% and line 1	7 is not
198	33 1/3% support tests - 2020. If the						<b>.</b> .
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
41-		
4b		
4-		
4c		
5a		
5b		
5c		
30		
6		
J		
7		
•		
8		
9a		
9b		
9с		
50		
40		
10a		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	nization (see
	instructions).			

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Pai	t v   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations <sub>(continue</sub>	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	5	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			I	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

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d Excess from 2019e Excess from 2020

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.)