

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

| | we Service ▶ The organization may have to use a copy of this return to satisfy sta | te reporting req | un en lents. | Inspection |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|---------------------------------------|
| \ For th | e 2009 calendar year, or tax year beginning 10/01 , 2009, and en | | 9/30 | , 20 10 |
| 3 Check if a | pplicable Please C Name of organization WESTERN STATES ARTS FEDERATIO | N | D Employe | er identification numbe |
| ☐ Address | change change label or Doing Business As | | 23 | 7255426 |
| Name ch | lange type. | n/suite | E Telepho | ne number |
|] initial ret | um See 1743 Wazee Street Suite 300 | | (303) | 626-1166 |
| Terminat | ed Instruc- City or town, state or country, and ZIP + 4 | | | |
| Amende | treturn bons Denver, CO 80202 | | G Gross rec | ceipts \$ 3,774,65 |
| Applicatio | · | H(a) is the | s a group return | for affiliates? ☐ Yes ☑ I |
| T | 1743 Wazee Street, Suite 300, Denver, CO 80202 | | | ncluded? 🗆 Yes 🗀 I |
| | mpt status. | | | list (see instructions) |
| | te: ► www.westaf.org organization | | exemption num | |
| Part I | Summary | mation 1972 | IN State of | legal domicile: CO |
| _ | 14.0 | STAF's miss | ion is to s | trengthen the |
| | Briefly describe the organization's mission or most significant activities Wiffinancial, organizational, and policy infrastructure of arts in the West. Ut | | | - |
| စ္ပ - | grantmaking, and other services, we encourage the creative developmen | | | |
| - T | regionally and through a national network of customers and alliances. | it and preserv | valion or ti | ile aits |
| Š se | Check this box ► ☐ if the organization discontinued its operations or disposed of more than if | 25% of its not ass | ote | |
| ố 2 (≸ 3 I | Vumber of voting members of the governing body (Part VI, line 1a). | 2376 OF ILS TIEL dSS | .e.s. | 19 |
| 8 3 1 2 4 1 | Number of voting members of the governing body (Part VI, line Ta) | | . 4 | 19 |
| | Fotal number of employees (Part V, line 2a) | ; 10) | 5 | 18 |
| | Fotal number of volunteers (estimate if necessary) | | . 6 | (|
| ` | Fotal gross unrelated business revenue from Part VIII, column (C), line 12. | | . 7a | (|
| | Net unrelated business taxable income from Form 990-T, line 34 | | . 7b | |
| | | Prior Y | ear | Current Year |
| . в | Contributions and grants (Part VIII, line 1h) | 1, | ,628,049 | 2,019,58 |
| = 1 | Program service revenue (Part VIII, line 2g) | | ,443,802 | 1,564,53 |
| 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | -13,816 | 13,23 |
| | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3 | ,058,035 | 3,597,34 |
| 13 (| Grants and similar amounts paid (Part IX column (A), lines 1-3) | | 636,374 | 1,104,29 |
| <u>,</u> 14 l | Benefits paid to or for members (Rarttx, column (A), line 4) | | 0 | |
| 15 | Salanes, other compensation, employee benefits (Part 18) column (A), lines 5–10) | 1, | ,011,975 | 1,062,84 |
| | Professional fundraising fees (Part IX, column, (A), Interitie) | | 0 | |
| ~ | Fotal fundraising expenses Part IX Column (D), line 25 | | | |
| 17 (| Other expenses (Part IX, column (A), lines 11a-11d (11-24f) | | ,276,685 | 1,298,70 |
| 18 | Total expenses. Add lines 13-17-must-equal Rart IX, column (A), line 25). | 2 | ,925,034 | 3,465,84 |
| | Revenue less expenses. Subtract in 18 th haline 12 | | 133,001 | 131,500 |
| ances | Fold conduct (Do 1 V. 1 40) | Beginning of C | ,742,108 | End of Year 2,096,50 |
| 발 20] | Total assets (Part X, line 16) | • | 498,819 | 509,83 |
| | Fotal liabilities (Part X, line 26) | | ,243,289 | 1,586,66 |
| Part II | Signature Block | • 1 | ,,, | 1,000,00 |
| Cir C II | Under penalties of perjury, I declare that I have examined this return, including accompanying so | hedules and state | ments, and to | the hest of my knowler |
| | and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based | | | |
| | VI WA | i | 5.16. | . 11 |
| ian | 1 1000 TYREYOU | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| - | Signature of officer | Da | te | |
| - | Signature of officer Kate McRae, Finance Officer | Da | te | |
| - | , • | Da | | |
| - | Kate McRae, Finance Officer Type or print name and title | Da Check if | | lentifying number |
| lere | Kate McRae, Finance Officer Type or print name and title | Check if self-employed ▶ □ | Preparer's id | |
| lere aid | Kate McRae, Finance Officer Type or print name and title Preparer's Date | self- | | |
| lere aid reparer's | Kate McRae, Finance Officer Type or print name and title Preparer's signature Date Date | self- | | |
| eign lere aid reparer's | Kate McRae, Finance Officer Type or print name and title Preparer's signature Date | self- employed ▶ □ | (see instructi | |





| Par | t III Statement of Program Service Accomplishments |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ì | Briefly describe the organization's mission: WESTAF, the Western States Arts Federation, is a nonprofit arts service organization dedicated to the creative advancement and preservation of the arts. Based in Denver, Colorado, WESTAF fulfills its mission to strengthen the financial, organizational and policy infrastructure of the arts by providing innovative programs and services to artists and arts organizations in the West and nationwide. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 502,131 including grants of \$ 497,995) (Revenue \$ 497,995) Through an ARRA award from the National Endowment for the Arts, WESTAF provided funding to 16 |
| | not-for-profit arts organizations in the thirteen western states to preserve arts sector jobs that were threatened by the economic downturn. |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 733,651 including grants of \$ 606,303) (Revenue \$ 731,861) With support from the National Endowment for the Arts, WESTAF provided grants to fund presenting, touring, and exhibiting organizations in the thirteen western states. These performances and exhibitions showcased 3, 000 artists benefited 335,000 people in under-served communities, including 191,000 children. |
| | |
| 4c | (Code:) (Expenses \$ 1,728,799 including grants of \$ 0) (Revenue \$ 2,354,370) WESTAF provided professional development, research and information technology services, and technical assistance to communities and art and arts professionals in the thirteen western states in the disciplines of performing, visual, media, literary, folk, and multicultural arts. |
| | |
| | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
| 40 | Total program service expenses > 2 964 581 |

| Par | t 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 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | 4 | 1 | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | 1 |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | 1 |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | ✓ | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | 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 | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. | | ' | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | ✓ | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| _ | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | _ | V |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | 1 |
| 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 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | 1 |
| <u>20</u> | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | L | ✓ |

| Pai | t IV Checklist of Required Schedules (continued) | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| • | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ✓ | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 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 | | _✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | ✓_ |
| 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 | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | 1 | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | 1 |
| 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 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | | |
| 38 | Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 37 | 1 | / |
| | | _ ~~ | | |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|--------------|
| • | | _ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | ✓ | |
| 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 18 | | | <u> </u> |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓ | - |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | 1 |
| h | this return? | 3b | | |
| | 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 | | 1 |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| | Prohibited Tax Shelter Transaction? | 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? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | ļ | | |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | , |
| | required to file Form 8282? | 7c | | - |
| | in res, indicate the number of rorms ozoz filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | / |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | | ļ |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| _ | required? | 7h | | - |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | l |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ť | | |
| - | Did the organization make any taxable distributions under section 4966? | 9a | | 1 |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | l |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 |] | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | į l | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 45 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | 1 |

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

| Sec | tion A. Governing Body and Management | , | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|--------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | ľ | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | ليسا |
| | any other officer, director, trustee, or key employee? | 2 | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | / |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? | 6 | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | _ | | , |
| | of the governing body? | 7a | | / |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | - |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | -J |
| _ | | 8a | V | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | - | |
| 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 | | | , |
| 500 | tion B. Policies (This Section B requests information about policies not required by the Inte | 9a | | |
| | enue Code.) | iiiai | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| ~ | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | \ | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | ✓ | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | , | |
| | describe in Schedule O how this is done | 12c | | <u> </u> |
| 13 | Does the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | ✓ | <u> </u> |
| 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? | 40- | | نـــــا |
| | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| b | Other officers or key employees of the organization | 15b | - | |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 16a | <u> </u> | 1 |
| | with a taxable entity during the year? | IVa | | _ |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ | | • | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | ,,-,- | | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of int | erest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rds o | f the | |
| | organization: ► The Organization, (303)629-1166 | | | |
| | 1743 Wazee Street Suite 300 Denver CO 80202 | | | |

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee. | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|----------------------|----------|----------------|------------------------------|----------|---------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | ndividual trustee or director | nstitutional trustee | Officer | ৰ Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Sandra Albano | 2 | | | | | | | 0 | o | 0 |
| Trustee | _ | ✓ | _ | | _ | | | J | | |
| Margo Aragon | 2 | ١. | ļ | | | | | o | ol | 0 |
| Trustee | _ | ✓ | | | | | | | | |
| Robert Booker | 2 | | | | | | | o | o | 0 |
| Trustee | ļ - | ✓ | | | _ | ļ | | | | |
| Luis Cancel | 2 |] | | | | | | 0 | o | 0 |
| Trustee | | / | | _ | | | _ | _ | - | |
| Christine D'Arcy | 2 | ١. | | | | | | o | o | 0 |
| Trustee | | / | | - | _ | | | | | |
| Dale Erquiaga | 2 | | | | | | | o | l ol | 0 |
| Chair | ļ | ✓ | - | _ | | - | | | | |
| Annette Evans Smith | 2 | , | | | | | | o | o | 0 |
| Trustee | ļ | ✓ | _ | - | ┝ | | - | | | |
| Charlotte Fox | 2 | , | | | | | | o | o | 0 |
| Trustee | | ✓ | | | | | | · | | |
| Ricardo Frazer | 2 | , | | | | | | o | o | 0 |
| Secretary | | 1 | ┡ | - | _ | | _ | | | |
| Bill Frazier | 2 | , | | | | | | 0 | o | 0 |
| Trustee | | / | ├ | | _ | | | | | |
| Tony Garcia | 2 | ١, | | | | | | 0 | o | 0 |
| Trustee | | / | ┢ | ⊢ | - | | | | | |
| Virginia Gowski | 2 | ١, | | | | | | o | o | 0 |
| Treasurer Erin Graham | | / | - | ├ | - | | - | | | |
| | 2 | ١, | | | | | | о | O | 0 |
| Trustee | | / | ├ | ├ | - | | | | | |
| Eric Hayashi | 2 | , | | ļ | | | | о | 0 | 0 |
| Trustee | | / | <u> </u> | ├ | H | | | | | |
| Michael Hillerby | 2 | 1 | 1 | 1 | | | | 0 | o | 0 |
| Trustee | | _ | \vdash | - | \vdash | | - | | | |
| Margaret Hunt | 2 | ١, | 1 | 1 | | | | 0 | o | 0 |
| Trustee | L | 1 | <u>L_</u> | <u> </u> | <u></u> | L | | | L | |

| Aaron Miles Aaron Miles Aaron Miles Trustee 2 | Part VII Section A. Officers, Directors, Tro | ustees, Key | / Emp | loy | ees, | an | d Hig | hes | t Compensated | l Employees (co | ntınued, | |
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| Aaron Miles 2 Vi December 1 Aaron Miles 2 Vi December 1 Visite Compensation from related or compensation from the compensation on len 1a, set seum of reportable compensation and other compensation from the compensation compensation from compensation from the compensation compensation from the compen | | (B) | | | ((| C) | | | (D) | (E) | | (F) |
| week 1 | Name and title | | Positi | on (d | check | k all | that ap | pty) | | | | |
| Aaron Miles Trustee 2 | | | 익方 | 2 | Q | 8 | a, ∓ | Б | | | | |
| Aaron Miles Trustee 2 | | W COR | dire | Ē | icer | y eq | | me | the | organizations | comp | ensation |
| Aaron Miles Trustee Trustee 1 | | | ct o | ĝ | , , | 뤛 | \ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\etx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \text{\text{\text{\ti}\titt{\text{\text{\text{\text{\text{\ti}}\tittt{\text{\text{\ti}\tittt{\text{\text{\ti}\til\titt{\text{\text{\text{\text{\text{\texi}\titt{\text{\text{\ti}\tittt{\text{\titil\tint{\text{\tii} | 7 | organization | (W-2/1099-MISC) | | |
| Aaron Miles Trustee Trustee 1 | | 1 | ੇ ਫ਼ੁ | ଥ | | ğ | 퓕 | 1 | (44-2/1055-14113C) | | | |
| Aaron Miles Trustee Trustee 1 | | | Ê | uste | | | ens | | | | orgar | izations |
| Aaron Miles Trustee Trustee 1 | | | | ď | | | atex | | | | | |
| Trustee 2 | Aaron Miles | | | \vdash | | | | | | | | |
| Trustee 2 | | 2 | 1 | | | ł | | | 0 | 0 | | 0 |
| Trustee 2 | Tev Marianna Nunn | | _ | | T | 1 | | l | - | | | |
| Trustee 2 | | 2 | 1 | | | | | | 0 | 0 | | U |
| Trustee 2 | Malissa Feruzzi Shriver | _ | | | | | | | | _ | | |
| Trustiee 2 | Trustee | 2 | 1 | | | | | | 0 | 0 | | 0 |
| Anthony Radich Executive Director Sylvain Billere Assoc Dir Fin/Admin - Jan - Sept Assoc Dir Fin/Ada - Dir Jan - | Kris Tucker | _ | Ť | | T | | | | | | | |
| Executive Director Sylvain Biliere Assoc Dir Fin/Admin - Jan - Sept 45.00 V 57,000 0 3,452 Kate McRae Finance Officer - Sept - Dec 45.00 V 24,429 0 1,827 Ib Total 1b Total 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person 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. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Cection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person (C) Compensation Resources BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Techology Development 8 179,322 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 2 Total number of independent contractors (including but not limited to those listed above) who received | Trustee | 2 | 1 | 1 | | | | | 0 | 0 | | U |
| Sylvain Billiere Assoc Dir Fin/Admin - Jan - Sept 45.00 45.00 24,429 0 1,827 Sylvain Billiere | Anthony Radich | | T T | | T | | | | 440.007 | | | 44.040 |
| Assoc Dir Fin/Admin - Jan - Sept 45.00 | Executive Director | 45.00 | İ | | 1 | | | | 119,627 | U | | 11,246 |
| Kate McRae Finance Officer - Sept - Dec 45.00 1,827 | Sylvain Billere | | | | T | 1 | | | 57.000 | | | 0.450 |
| Finance Officer - Sept - Dec 45.00 | Assoc Dir Fin/Admin - Jan - Sept | 45.00 | | | 1 | | | 1 | 57,000 | U | | 3,452 |
| Total | Kate McRae | 45.00 | | | | | | | 04.400 | 0 | | 1 007 |
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| the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual | • • | | | | | | | | | | | <u> </u> |
| Individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Techology Development 8 179,322 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 | | | | | | | | | | | | 1 |
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| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Techology Development 8 179,322 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 2 Total number of independent contractors (including but not limited to those listed above) who received | services rendered to the organization? If | Yes," com | plete | Sch | sau iedu | ıle . | I for s | suct | n person . | | 5 | √ |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | | | | | |
| (A) Name and business address BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 Total number of independent contractors (including but not limited to those listed above) who received | 1 Complete this table for your five highest of | compensate | ed ind | lepe | ende | ent (| contra | acto | rs that receive | d more than \$1 | 00,000 | of |
| Name and business address Description of services Compensation BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Techology Development & 179,322 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 2 Total number of independent contractors (including but not limited to those listed above) who received | compensation from the organization. | | | | | | | | | | | |
| BrownRice Internet Inc, 201 Camino de la Merced, Taos, NM 87571 Techology Development 8 179,322 Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 2 Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | | (B) | | | |
| Software Developers Inc, 20665 Fourth Street, Suite 101, Saratoga, CA 9507 Technology Development 115,541 2 Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | <u> </u> | | | Compen | |
| Total number of independent contractors (including but not limited to those listed above) who received | | | | | | | | | | | | |
| | Software Developers Inc, 20665 Fourth Street | et, Suite 10 | 1, Sa | rato | ga, | CA | 9507 | 7 Te | echnology Dev | elopment | | 115,541 |
| | | | - | | | | | ╄ | | | | |
| | | | | | | | | - | | | | |
| | | | | | - | - | | <u> </u> | | | | |
| | | | | | | to to | those | list | ted above) who | received | | |

| | 90 (20 | | | | | | | | Page 9 |
|--------------------------------------------------------|--------|--------------------------------------------------|-------------------|--------|-------------------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| Part | VIII | Statement of Re | venue | | | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns | | 1a | 0 | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues | | 1b | 0 | | | | |
| | С | Fundraising events . | | 1c | 0 | 1 | | | |
| | d | Related organizations | | 1d | 0 | | | | |
| a, iii | е | Government grants (contr | ributions). | 1e | 2,018,356 | | | | |
| er i | f | All other contributions, gifts, | grants, | | | | | | |
| ë f | | and similar amounts not inclu | ided above | 1f | 1,225 | | | | |
| g g | • | Noncash contributions include | ed in lines 1a-11 | f: \$ | 0 | | | | |
| <u>o</u> e | h | Total. Add lines 1a-1f | | | <u>•</u> | 2,019,581 | _ | | |
| e E | | | | | Business Code | | | | |
| Ne l | 2a | Internet/web services | | | 518210 | 608,688 | 608,688 | 0 | 0 |
| Program Service Revenue | b | License & Use Fees | | | 519100 | 336,865 | 336,865 | 0 | 0 |
| vice | С | Income from flow-thro | ough entity | | 518210 | 183,932 | 183,932 | 0 | 0 |
| æ | d | Research Services | | | 900099 | 108,000 | 108,000 | 0 | 0 |
| шщ | е | State Participation Fe | | • | 541900 | 317,390 | 317,390 | 0 | 0 |
| 'ogr | f | All other program servi | | | | 9,658 | 9,658 | 0 | 0 |
| <u>~</u> | 9 | Total. Add lines 2a-2f | | • | <u></u> > | 1,564,533 | | | |
| | 3 | Investment income (inc | cluding divid | iends | s, interest, and | | | _ | 45.000 |
| | | other similar amounts) | | | ▶ | 15,080 | 0 | 0 | 15,080 |
| | 4 | Income from investment of | of tax-exempt | t bon | d proceeds 🕨 | 0 | 0 | 0 | 0 |
| | 5 | Royalties | | ٠. | • | 0 | 0 | 0 | 0 |
| | | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | | | |
| | | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | | 0 | 0 | | | | |
| | d | Net rental income or (le | | • | | | | | i |
| | 7a | Gross amount from sales of | (i) Securitie | | (ii) Other 1,705 | | | | |
| | | assets other than inventory | 1/3 | ,760 | 1,705 | | | | |
| | b | Less cost or other basis | 177 | ,311 | o | | | | |
| | | and sales expenses . | | ,551 | 1,705 | | | | |
| | 1 . | Gain or (loss) | | | 1,705 | -1.846 | 1,705 | 0 | -3,551 |
| - | d | Net gain or (loss) | | • | | -1,040 | 1,700 | | 0,001 |
| evenue | 8a | Gross income from | | | | | | | |
| Ş. | | events (not including \$ | | | | | | | |
| æ | | of contributions reporte See Part IV, line 18 | | | | | | | ' |
| ē | ۱ . | Less: direct expenses | | a b | | | | | |
| Other | | Net income or (loss) from | | | vents ▶ | | | | |
| • | 1 | | | _ | | | | | |
| | уа | Gross income from gan See Part IV, line 19 | | | | | į | | |
| | b | Less: direct expenses. | | | | | | | |
| | | Net income or (loss) fr | | | | | " | | |
| | 1 | Gross sales of inv | | | | | | | |
| | | returns and allowances | | | | | | | |
| | Ь | Less: cost of goods so | | | | i i | | | |
| | | Net income or (loss) fro | | | | | | | |
| | | Miscellaneous Rev | venue | | Business Code | | | | |
| | 11a | | | | | | | | |
| | Ъ | | | | | | | | |
| | | | | | | | | | |
| | 4 | All other revenue | | | | | | | |
| | 1 | Total. Add lines 11a-1 | | | | 0 | | | |
| | | | structions. | | | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete colu | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,104,298 | 1,104,298 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | 217,581 | 141,428 | 76,153 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | |
| 7 | Other salaries and wages | 664,063 | 597,657 | 66,406 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 17,189 | 15,470 | 1,719 | |
| 9 | Other employee benefits | 98,308 | 88,477 | 9,831 | |
| 10 | Payroll taxes | 65,700 | 52,560 | 13,140 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| | Legal | 42,749 | 34,199 | 8,550 | |
| С | Accounting | 20,394 | | 20,394 | |
| đ | Lobbying | 124,471 | | 124,471 | |
| е | Professional fundraising services. See Part IV, line 17 | | | 4.554 | <u> </u> |
| f | Investment management fees | 4,551 | | 4,551 | |
| g | Other | 224,836 | 220,339 | 4,497 | |
| 12 | Advertising and promotion | 12,526 | 04.407 | 12,526 | |
| 13 | Office expenses | 80,534 | 64,427 | 16,107 | |
| 14 | Information technology | 142,714 | 135,578 | 7,136 | |
| 15 | Royalties | 04 200 | 75 420 | 10.000 | _ |
| 16 | Occupancy | 94,299 | 75,439 | 18,860 | |
| 17 | Travel | 137,126 | 116,208 | 20,918 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 49,193 | 32,847 | 16,346 | |
| 19 | Conferences, conventions, and meetings . | 61,634 | 49,307 | 12,327 | |
| 20 | Interest | 1,903 | | 1,903 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization. | 224,300 | 190,655 | 33,645 | |
| 23 | Insurance | 13,991 | | 13,991 | i |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | Publications | 27,702 | 27,148 | 554 | 0 |
| b | Credit card fees | 11,696 | 0 | 11,696 | 0 |
| c | Design fees | 7,916 | 7,916 | 0 | 0 |
| d | Property taxes | 2,883 | 0 | 2,883 | 0 |
| е | Dues and subscriptions | 3,255 | 2,604 | 651 | 0 |
| f | All other expenses | 10,030 | 8,024 | 2,006 | |
| <u> 25</u> | Total functional expenses. Add lines 1 through 24f | 3,465,842 | 2,964,581 | 501,261 | 0 |
| 26 | Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part | X Balance Sheet | (A) Beginning of year | | (B) End of year |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|
| | | , | | |
| | Cash—non-interest-bearing | 480,105 | 1 | 385,769 |
| - 1 | 2 Savings and temporary cash investments | | 3 | |
| ; | Pledges and grants receivable, net | 123,497 | | 104 505 |
| ' | Accounts receivable, net | 123,497 | 4 | 191,585 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of | | 5 | |
| 1. | Schedule L | | | |
| | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| ر ا | 7 Notes and loans receivable, net | | 7 | |
| Assets | 3 Inventories for sale or use | | 8 | |
| ، اتخ | Prepaid expenses and deferred charges | 33,630 | 9 | 25,332 |
| | Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b Less: accumulated depreciation 10b 1,290,282 | 567,774 | 10c | 679,967 |
| 1. | | 478,497 | 11 | 528,504 |
| 1: | · · · · · · · · · · · · · · · · · · · | | 12 | |
| 1: | | | 13 | |
| 14 | • • | , | 14 | |
| 15 | | 58,605 | 15 | 285,343 |
| 10 | | 1,742,108 | 16 | 2,096,500 |
| 13 | Accounts payable and accrued expenses | 83,902 | 17 | 199,667 |
| 11 | · | | 18 | |
| 19 | · · | 381,912 | 19 | 300,950 |
| 20 | | | 20 | |
| 8 2 | | | 21 | |
| Liabilities 5 | | | | |
| 7 | persons. Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 81H 8 |
| 24 | Unsecured notes and loans payable to unrelated third parties | 11,422 | | 0 |
| 2 | | | | 9,222 |
| <u>2</u> | Total liabilities. Add lines 17 through 25 | 498,819 | 26 | 509,839 |
| Ö | complete lines 27 through 29, and lines 33 and 34. | | | |
| E 2 | 7 Unrestricted net assets | 1,243,289 | 27 | 1,586,661 |
| 8 2 | | 0 | 28 | 0 |
| 된 2 | Permanently restricted net assets | | 29 | 0 |
| Net Assets or Fund Balances の の の の の の の | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| इ 3 | Capital stock or trust principal, or current funds | | 30 | |
| စ္တို ဒ | | | 31 | |
| Ž 3: | · · · · · · · · · · · · · · · · · · · | | 32 | |
| ₩ 3 | Total net assets or fund balances | 1,243,289 | 33 | 1,586,661 |
| <u> </u> | Total liabilities and net assets/fund balances | 1,742,108 | 34 | 2,096,500 |

| Page | 1 | 2 |
|------|---|---|
| | | |

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

Form **990** (2009)

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| WE | STE | RN STATES | ARTS FEDERA | TION | _ | | | | 23 | 7 | 7255426 |
|-----|-----------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------|--------------------------|-------------|------------------|-------------|--------------|----------------------|
| Pa | rt I | Reason | for Public Ch | arity Status (All org | ganizatıc | ons mus | t comple | ete this p | part.) Se | e instruc | ctions. |
| The | oraa | anization is no | ot a private foun | dation because it is: | (For lines | 1 throug | h 11, ch | eck only | one box | .) | |
| 1 | | | | ches, or association | | | | | | | |
| 2 | | | | n 170(b)(1)(A)(ii). (Att | | | | | , ,, ,, | | |
| 3 | _ | | hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | | | | tion operated in conj | | | | | | |)(Δ)(iii). Enter the |
| • | | hospital's na | me, city, and sta | ate: | | | | | | | |
| 5 | | section 170 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | V | | | receives a substantia 1)(A)(vi). (Complete P | | its suppo | ort from a | governm | ental un | t or from | the general public |
| 8 | | | | I in section 170(b)(1) | - | omplete | Part II.) | | | | |
| 9 | ī | | | receives: (1) more that | | | | n contrib | utions, n | nembersh | ip fees, and gross |
| | | receipts from | activities relate | d to its exempt funct | tions—su | bject to d | certain ex | ceptions | , and (2) | no more | than 331/3 % of its |
| | | support from | n gross investme | ent income and unre | lated bus | siness tax | xable inc | ome (les | s section | 511 tax |) from businesses |
| | | acquired by | the organization | after June 30, 1975. | See sec | tion 5 <mark>0</mark> 9(| a)(2). (Co | mplete F | Part III.) | | |
| 10 | П | An organizat | ion organized ar | nd operated exclusive | elv to test | for publ | ic safety. | See sec | tion 509 | (a)(4). | |
| 11 | \exists | | | nd operated exclusiv | | | | | | | r to carry out the |
| • • | _ | purposes of | one or more put | olicly supported organ | nizations | describe | d in secti | on 509(a) | (1) or se | ction 509 | (a)(2). See section |
| | | 509(a)(3). Ch | neck the box that | t describes the type | of suppo | rtina oraz | anization | and com | plete line | es 11e thi | rough 11h. |
| | | a ☐ Type | _ | | | e III–Fun | | | | | Type III-Other |
| _ | | | | ify that the organizat | | | | | | | • • |
| C | ш | persons other | er than foundation | n managers and other | r than one | e or more | oublicly | supporte | d organi | zations de | escribed in section |
| | | | section 509(a)(2). | | | | μασ, | | J | | |
| f | | | | a written determinati | on from | the IDS | that it is | a Type I | Type II | or Type | III supporting |
| • | | - | , check this box | a writteri determinati | on nom | lile ino | נווםנ ונ וס | a Type I | , Type i | i, or Type | |
| _ | | | | the organization acce | ntod an | · · · · | ontribution | on from a | ny of the | | |
| g | | following per | | ine organization acce | spied any | giit oi c | Ontribute |) O C | ary Or tire | • | |
| | | • . | | · indirectly controls, e | ather ale | ne or too | other wil | h norson | e deecri | hed in (ii) | Yes No |
| | | | | ning body of the sup | | | | ii person | is descri | Dea III (II) | 11g(i) |
| | | , , | _ | | | - | | | | | 11g(ii) |
| | | | | rson described in (i) a of a person described | | | | | | | 11g(iii) |
| h | | | - | ation about the suppo | | | | | | | <u> </u> |
| | | e of supported | (ii) EIN | (iii) Type of organization | | organization | | ou notify | (vi) | Is the | (vii) Amount of |
| (*) | | ganization | (., | (described on lines 1-9 | in col (i) li | sted in your | the organ | nization in | organiza | tion in col | support |
| | | | | above or IRC section (see instructions)) | governing | document? | | of your port? | | zed in the | |
| | | | | (ooo mon oonong) | Yes | No | Yes | No | Yes | No | |
| | | | | - | 100 | 115 | | | 1.55 | | |
| | | | | | | | | | | | |
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| _ | | | | | | | | | | | |
| | | | | | | ļ | | | | - | |
| | | | | | | | | | | | |
| | | | 1 | i | | | | | | | |

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 1,900,017 1,780,006 1,581,603 1,945,429 2,336,971 9,544,026 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,900,017 1,780,006 1.581,603 9,544,026 1.945.429 2,336,971 Total. Add lines 1 through 3 . . . 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) 9,544,026 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 1,900,017 1,945,429 2,336,971 9,544,026 1,780,006 1,581,603 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 41.819 17.240 6.473 11,529 102.882 25.821 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or 10 loss from the sale of capital assets 546,926 853,203 942.074 972,019 1.237.783 4,552,005 (Explain in Part IV) 14,198,913 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 67.22 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

| Sched | dule A (Form 990 or 990-EZ) 2009 | | | | | | | Page 3 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|-------------------|------------|----------------|------|--------------|
| Par | Support Schedule for Organ (Complete only if you checke | | | | 1)(2) | | | • |
| | tion A. Public Support | | | | | | | |
| Ca | llendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) | 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | : | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | _ | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | ļ | | | ļ | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | Add lines 7a and 7b | | | | | <u> </u> | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | | |
| | tion B. Total Support | | T | | | | | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) | 2009 | (f) Total |
| 9 | Amounts from line 6 | | | | | - | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| 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 carned on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 13 | Total support . (Add lines 9, 10c, 11, and 12) | | | | | | | |
| 14 | First five years. If the Form 990 is for to organization, check this box and stop | here | <u> </u> | nd, third, fourti | | | | |
| Sec | tion C. Computation of Public Su | pport Perce | ntage | | | Ţ | | |
| 15 | Public support percentage for 2009 (lin | | | | | 15 | | % |
| 16 | Public support percentage from 2008 Stion D. Computation of Investmen | | | | | 16 | | % |
| | | | <u>-</u> | al budina 40 | alumas (A) | 17 | | |
| 17 18 | Investment income percentage for 2009 Investment income percentage from 20 | | | | | 18 | | % % |

33½ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
 33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies 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 ▶

| Schedule A (Form 990 or 990-EZ) 2009 Page 4 | | | | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. | | | | | |
| | xplanation - Other income includes program service revenue but does not include state participation fees, | | | | | |
| which are | included on line 1. | | | | | |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

| • ; | Section 501(c)(3) organizations | : Complete Parts I-A and B Do not co | implete Part I-C | | | | |
|-------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| • ; | Section 501(c) (other than sect | ion 501(c)(3)) organizations Complete | Parts I-A and C bel | ow. Do not comp | olete Part | I-B. | |
| • ; | Section 527 organizations Cor | mplete Part I-A only. | | | | | |
| • : | Section 501(c)(3) organizations | s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election ur | nder section 501(h)) | Complete Part II | l-A Do no | ot complete Part II- | |
| If the | organization answered "Ye | that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox | | (h)). Complete Pa | ırt II-B. Do | not complete Part | t II-A. |
| • : | Section 501(c)(4), (5), or (6) org | anizations. Complete Part III | | | | | |
| | ne of organization | | | | Employe | r identification num | ber |
| | STERN STATES ARTS FE | | | | 23 | 7255426 | |
| Par | t I-A Complete if the | e organization is exempt unde | er section 501(| c) or is a sect | ion 527 | organization. | |
| 1 2 3 | · | ne organization's direct and indirect | | - | | | |
| Par | t I-B Complete if the | e organization is exempt und | er section 501 | c)(3). | | | |
| | Enter the amount of any elements of the organization incurred Was a correction made? If "Yes," describe in Part | | managers under m 4720 for this y | section 4955 . ear? | ► \$ | . Yes [| No No |
| Par | - | e organization is exempt und | | | | U1(C)(3). | |
| 1 | activities | expended by the filing organizati | | | ▶ \$ | | |
| 2 | 527 exempt function activ | | | | ▶ \$ | | |
| 3 | | penditures. Add lines 1 and 2. Er | | | DL, ▶ \$ | | <u></u> |
| 4 | Did the filing organization | file Form 1120-POL for this year? | | | | . ∐ Yes | No |
| 5 | were made. For each organic contributions received that | s and employer identification numbe zation listed, enter the amount paid f were promptly and directly delivered mmittee (PAC). If additional space is | rom the filing organ to a separate polit | nization's funds. A | Also ente , such as | r the amount of po | olitical |
| | (a) Name | (b) Address | (c) EIN | (d) Amount par filing organiza funds If none, e | tion's | (e) Amount of policontributions receive promptly and directly delivered to a sepapolitical organization none, enter -0- | ed and ectly arate on If |
| | | | | | | | |
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| | | | | | | | |

| Pa | rt II-A Complete if the organizati under section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 | (election |
|----|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|-----------------------------|
| | Check ► ☑ if the filing organization Check ► ☐ if the filing organization | belongs to an affiliated group. checked box A and "limited control" provision | ons apply. | |
| | | oying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 16 | Total lobbying expenditures to influence | e public opinion (grass roots lobbying) | 0 | 0 |
| 1 | Total lobbying expenditures to influence | e a legislative body (direct lobbying) | 124,471 | 0 |
| • | : Total lobbying expenditures (add lines | 1a and 1b) | 124,471 | 0 |
| • | | | 3,339,479 | 860,746 |
| • | Total exempt purpose expenditures (ad | d lines 1c and 1d) | 3,463,950 | 860,746 |
| 1 | | amount from the following table in both | 323,198 | 154,112 |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e. | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| • | Grassroots nontaxable amount (enter 2 | 5% of line 1f) | 80,800 | 38,528 |
| ı | Subtract line 1g from line 1a. If zero or | less, enter -0 | 0 | 0 |
| į | Subtract line 1f from line 1c. If zero or | less, enter -0 | 0 | 0 |
| j | If there is an amount other than zero on section 4911 tax for this year? | either line 1h or line 1i, did the organization file Fo | rm 4720 reporting | ☐ Yes ☐ No |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobb | ying Expenditures | During 4-Year A | veraging Period | | |
|----------------------------------------------------------------|-------------------|-----------------|-----------------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | 268,453 | 287,022 | 298,320 | 323,198 | 1,176,993 |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,765,490 |
| c Total lobbying expenditures | 95,887 | 109,631 | 99,861 | 124,471 | 429,850 |
| d Grassroots nontaxable amount | 67,113 | 71,756 | 74,580 | 80,800 | 294,249 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 441,374 |
| f Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

Schedule C (Form 990 or 990-EZ) 2009

| Ţ, | (a) | | (a) | | (b) |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|
| | Yes | No | Amount | | |
| uring the year, did the filing organization attempt to influence foreign, national, state or local | | | | | |
| gislation, including any attempt to influence public opinion on a legislative matter or | | | | | |
| eferendum, through the use of: | | | | | |
| olunteers? | | | | | |
| aid staff or management (include compensation in expenses reported on lines 1c through 1i)? . | | | | | |
| 1edia advertisements? | | | | | |
| lailings to members, legislators, or the public? | | | | | |
| ublications, or published or broadcast statements? | | | | | |
| irants to other organizations for lobbying purposes? | | | | | |
| | | | | | |
| | | | | | |
| ther activities? If "Yes," describe in Part IV | | | | | |
| otal. Add lines 1c through 1i | | | | | |
| ,,,, | | | | | |
| | | | | | |
| "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | | | |
| the filing organization incurred a section 4912 tax, old it file Form 4/20 for this year? | 1/0\/ | <u> </u> | - acetica | | |
| | r(C)(| <i>ა</i> ე, | Section | | |
| | | | Yes | | |
| Vere substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| | : : | | 2 | | |
| | | | 3 | | |
| "Yes." | Α, ΙΙ | | is answere | | |
| | | • | | | |
| | Cai | | | | |
| | | 2a | | | |
| • | • | | | | |
| | • | | | | |
| odal | • | 3 | | | |
| finotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | | | | | |
| | tha | | | | |
| | | | | | |
| xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobby | | 4 | | | |
| | | 4 | | | |
| | delia advertisements? Idailings to members, legislators, or the public? Idailings to members, legislators, or the public? Idailings to other organizations for lobbying purposes? Idailings to other organizations for lobbying purposes? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Idailies, demonstrations, or a legislative body? Idailies, demonstrations, or a legislative body? Idailies, demonstrations, or a legislative body? Idailies, demonstrations, seminars, conventions, speeches, lectures, or a legislative body? Idailies, demonstrations, seminar amounts from members Idailies, demonstrations of legislative body? Idailies, demonstrations, seminar amounts from members Idailies, demonstrations, seminar amounts from members Idailies, demonstrations, seminar amounts from members | dedia advertisements? dailings to members, legislators, or the public? ublications, or published or broadcast statements? urants to other organizations for lobbying purposes? irrect contact with legislators, their staffs, government officials, or a legislative body? alliles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? If "Yes," describe in Part IV otal. Add lines 1c through 1i did the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912 "Yes," enter the amount of any tax incurred by organization managers under section 4912 the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)). Were substantially all (90% or more) dues received nondeductible by members? Ind the organization make only in-house lobbying expenditures of \$2,000 or less? Ind the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines, and 2 are answered "No" OR if Part III-A, lines, assessments and similar amounts from members lection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | dedia advertisements? dailings to members, legislators, or the public? ublications, or published or broadcast statements? irrants to other organizations for lobbying purposes? irrect contact with legislators, their staffs, government officials, or a legislative body? alliles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? If "Yes," describe in Part IV otal. Add lines 1c through 11 ind the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912 "Yes," enter the amount of any tax incurred by organization managers under section 4912 the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Ind the organization make only in-house lobbying expenditures of \$2,000 or less? Ind the organization agree to carryover lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 "Yes." Pues, assessments and similar amounts from members vection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

| WES | TERN STATES ARTS FEDERATION | 23 | : | 7255426 | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------------|------|
| Par | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other | nds or | Accounts | s. Complete | if |
| | (a) Donor advised funds | (b) F | unds and oth | er accounts | |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal control | | | ☐ Yes ☐ | No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, purpose conferring impermissible private benefit? | or for a | any other | Yes 🗌 |] No |
| Pai | | Form 9 | 90, Part IV | , line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | | | | |
| • | ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation o | f an his | torically imp | ortant land ar | ea |
| | ☐ Protection of natural habitat ☐ Preservation of | of a cer | tified histor | ic structure | |
| | ☐ Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year | n in the | form of a c | onservation | |
| | | | Held at th | e End of the Tax | Year |
| а | Total number of conservation easements | . 2 | a | | |
| b | Total acreage restricted by conservation easements | . 2 | b | | |
| С | Number of conservation easements on a certified historic structure included in (a) | | С | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | . 2 | d | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terr the tax year ▶ | nınated | by the org | anızatıon dur | ıng |
| 4 | Number of states where property subject to conservation easement is located ▶ | . | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds? | | | ☐ Yes ☐ |] No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation | easem | ents during | the year | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease ▶\$ | ements | during the | year | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements (170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | | Yes |] No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenu balance sheet, and include, if applicable, the text of the footnote to the organization's fi | e and e nancial | expense sta statements | tement, and that that describ | es |
| | the organization's accounting for conservation easements. | | | | |
| Pa | Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | ther Si | milar Asso | ets. | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or reseprovide, in Part XIV, the text of the footnote to its financial statements that describes the | earch in | furtherance | | |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items | arch in 1 | furtherance | of public ser | vice |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar a following amounts required to be reported under SFAS 116 relating to these items: | | | gain, provide | the: |
| а | Revenues included in Form 990, Part VIII, line 1 | | . ▶ \$ | | |
| b | Assets included in Form 990, Part X | | | | |

| Page | 2 |
|------|---|
| raye | _ |

| Par | t III Organizations Maintaining | g Collections | of Art, H | storica | al Treasures | , or O | ther Similar As | sets (cc | ntinued) |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------|----------|-----------------------------|------------------------------------------------|-------------------------|----------|----------------|
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | | d | | oan or excha | | | | |
| b | Scholarly research | | е | | Other | | | | |
| С | Preservation for future generatio | ns | | | | | | | |
| 4 | Provide a description of the organizat Part XIV | ion's collections | s and exp | lain hov | w they further | the o | rganization's exe | mpt purp | ose in |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| Par | Escrow and Custodial Arr IV, line 9, or reported an arr | | | | | answei | red "Yes" to For | m 990, I | Part |
| | | | | | | | | ¹ 🗌 Ye | s 🗌 No |
| b | If "Yes," explain the arrangement in P | art XIV and con | nplete the | follow | ng table: | | | | |
| | | | | | | - | | nount | |
| C | Beginning balance | | | | | . 1c | | | |
| | Additions during the year | | | | | . 1d | | | |
| е | Distributions during the year | | | | | . <u>1e</u> | | | |
| f | Ending balance | | | | | . <u>l_1f</u> | | | |
| b | Did the organization include an amound if "Yes," explain the arrangement in P | art XIV. | | | | | | | s ∐ No ———— |
| Par | t V Endowment Funds. Com | | 1 | | | | | | |
| | | (a) Current year | (b) Pric | or year | (c) Two years | back | (d) Three years back | (e) Four | years back |
| 1a | Beginning of year balance | | | | ļ | | | - | |
| | Contributions | | | | ļ | | | ļ | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f g | Administrative expenses End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of | the year end ba | lance hel | d as: | | | | | |
| а | Board designated or quasi-endowmen | nt ▶ | % | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | |
| С | Term endowment ▶ % | | | | | | | | |
| За | Are there endowment funds not in the | possession of the | ne organiz | ation th | at are held ar | nd adm | inistered for the | _ | |
| | organization by: | | | | | | | - | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(II), are the related organ | | | | | • • | | 3b | |
| , 1000 | Describe in Part XIV the intended use | | | | | | line 10 | - | |
| Par | t VI Investments—Land, Buil | | | | | | | | |
| | Description of investment | (a) Cost or o | nent) | | ost or other sis (other) | (c) / de | Accumulated epreciation | (d) Bool | value |
| 1a | Land | . | 0 | | 0 | | | | <u> </u> |
| b | Buildings | | 0 | | | | 0 | | 0 |
| С | Leasehold improvements | . | 0 | | 2,500 | | 896 | | <u>1,604</u> |
| d | Equipment | . | 0 | <u> </u> | 1,967,749 | | 1,289,386 | | 678,363 |
| <u>e</u> | Other | <u>. </u> | 0 | | (D) (= 10(-1 | | | | 0 |
| ota | II. Add lines 1a through 1e (Column (d) m | ust equal Form 9 | 190, Part X | , columi | 1 (B), line 10(c) | <u>.) . </u> | | | 679,967 |

| Part VII Investments—Other Securities | . See Form 990, Part X, I | ine 12. | |
|-------------------------------------------------------------------------|---------------------------|------------------------------------------------|----------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mar | |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related | d See Form 990 Part Y I | ine 13 | |
| | | | ·· |
| (a) Description of investment type | (b) Book value | (c) Method of valua Cost or end-of-year ma | rket value |
| | | | |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. See Form 990, Pa | rt X, line 15. | | |
| | (a) Description | | (b) Book value |
| Intercompany receivable | | | 3,820 |
| Security deposit | | | 8,500 |
| Investment in subsidiary | | | 273,023 |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (| (B) line 15.) | · · · · · · · · · · · | 285,343 |
| Part X Other Liabilities. See Form 990, | | | 200,040 |
| 1. (a) Description of liability | (b) Amount | | |
| Federal income taxes | 0 | - | |
| Current portion of capital lease obligation | 3,513 | 1 | |
| Capital lease obligation, net of current | 5,709 | | |
| | , | | |
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| | | 4 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 9,222 | | |

2. FIN 48 Footnote. In Part XIV, 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.

| | t XI Reconciliation of Change in Net Assets from Form 990 to | o Audited | Financial Sta | tements | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------|--------------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | 3,597,348 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 3,465,842 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | 131,506 |
| 4 | Net unrealized gains (losses) on investments | | <u>L</u> | 4 | 45,513 |
| 5 | Donated services and use of facilities | | | 5 | 0 |
| 6 | Investment expenses | | | 6 | 0 |
| 7 | Prior period adjustments | | – | 7 | 0 |
| 8 | Other (Describe in Part XIV) | | | 8 | -9,472 |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | 36,041 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine | e lines 3 a | and 9 | 10 | 167,547 |
| Pai | t XII Reconciliation of Revenue per Audited Financial State | ements v | Vith Revenue | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,627,133 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | _ 1 | 45.540 | , | |
| а | Net diffealized gains of investments | 2a | 45,513 | | |
| b | Donated Services and use of facilities | 2b | 0 | | |
| C | necoveries of phot year grants | 2c | 0 | | |
| d | Other (Describe in Factory) | 2d | 0 | <u> </u> | 4= =4= |
| е | Add lines 2a through 2d | | | 2e | 45,513 |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,581,620 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |] | |
| а | investment expenses not included on Form 390, Fait vin, line 70 . | 4a | 4,551 | | |
| | Other (Describe III Fait XIV.) , , , , , , , , , , , | 4b | 11,177 | 4- | 45 700 |
| c | Add lines 4a and 4b | | | 4c | 15,728 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | | 5 | 3,597,348 |
| | t XIII Reconciliation of Expenses per Audited Financial Stat | ements | with Expense | 1 | 3,459,586 |
| 1 | Total expenses and losses per audited financial statements | | | | 3,433,300 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 20.1 | 0 | | |
| a | Donated services and use of facilities | 2a 2b | 0 | 1.3 | |
| b | Prior year adjustments | 2C | 0 | | |
| C | | 2d | -1,705 | 4 | |
| | Other (Describe III Fair XIV.) | | -1,703 | 2e | -1,705 |
| | Add lines 2a through 2d | | | 3 | 3,461,291 |
| е | | • • • | | -3 | 0,401,231 |
| е 3 | Subtract line 2e from line 1 | | | | |
| e 3 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 40 | A 551 | , | |
| e 3 4 a | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 4,551 | | |
| e 3 4 a b | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIV.) | 4a 4b | 4,551 0 | | 4 551 |
| e 3 4 a b c | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4b | | 4c | 4,551 3.465.842 |

Schedule D, Part X - Income Taxes WESTAF is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and as such is subject to Federal income taxes on unrelated business income. WESTAF had no unrelated business income for the years ended September 30, 2010 and 2009. WESTAF is not a private foundation within the meaning of Section 509(a) of the Internal Revenue Code. WESTAF's affiliate, ZAPP, has elected to be treated as a Partnership for income tax purposes. Accordingly, taxable income and losses of ZAPP are reported on the income tax returns of ZAPP's members, of which WESTAF is a member.

Schedule D, Part XI, Line 8 - There is a difference of \$9,472 between the income from the flow-through entity recorded in the audited financial statements and the income per the tax return reflected in the Form 990.

Schedule D, Part XII, Line 4b - Gain on disposal of assets of \$1,705 is not included in revenue per audited financial statements, but is a reduction of expense. There is a difference of \$9,472 in the income per books of the flow-through

| Part XIV - Supplemental Information (Continued) entity recorded in the audited financial statements and the income per tax return recorded in the Form 990. | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
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| Schedule D, Part XIII, Line 2d - Gain on sale of fixed assets recorded as revenue on Form 990, while is recorded as a reduction in expense in audited financial statements. | | | | | |
| reduction in expense in addited infancial statements. | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▼ Attach to Form 990.

≗ □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 80 7255426 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (9) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant . . . Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (**b)** EIN Enter total number of other organizations **WESTERN STATES ARTS FEDERATION** 1 (a) Name and address of organization or government Name of the organization Sch I, Stmt 1

Schedule I (Form 990) 2009

Part III

Schedule I (Form 990) 2009 (f) Description of non-cash assistance on a set of criteria established by WESTAF and the National Endowment for the Arts. The organizations receiving the awards were required to submit detailed documentation of program expenditures prior to receiving the grant funds. Additionally, all awardees went through a desk audit before the final installment of their Schedule I, Part I, Line 2 - Awards to presenting and touring organizations are determined via jury selection, and all awardees must meet the criteria specified by reports are reviewed and validated by the program manager prior to disbursing the award. ARRA awardees were selected through a jury process as well, based WESTAF and the National Endowment for the Arts. All grantees must submit final reports detailing the nature of the activities supported by the grant(s). These Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance grant was disbursed. Part IV

Schedule I, Part IV, Statement 1

funding

Form Schedule I

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Amount of cash grant | Amount of non-cash assistance |
|-------------------------|--------------------------------------------------------------|----------------------|-------------------------------|
| Name and address | Central District Forum for Arts & Ideas PO Box 22824 | 20,000 | |
| | Seattle, WA 98122-0824 | | |
| EIN | 91-1954917 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | The Western States Arts Federation received an | | |
| | ARRA grant from the National Endowment for the | | |
| | Arts to preserve staffing at non-for-profit arts | | |
| | organizations during the recent economic downtown | | |
| | Central District Forum was one of the awardees for | | |
| | this stimulus funding | | |
| Name and address | Childsplay Inc | 23,979 | |
| | 900 South Mitchell Drive | | |
| | Tempe, AZ 85281 | | |
| EIN | 86-0336473 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | The Western States Arts Federation received an | | |
| | ARRA grant from the National Endowment for the | | |
| | Arts to preserve staffing at non-for-profit arts | | |
| | organizations during the recent economic downtown | | |
| | Childsplay was one of the awardees for this stimulus funding | | |
| | | | |
| Name and address | | 20,456 | |
| | 4725 High Street | | |
| EIN | Denver, CO 80216 | | |
| EIN IRC code section | 74-2440659 | | |
| Method of valuation | 501(c)(3) | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | The Western States Arts Federation received an | | |
| r arpose or grant | ARRA grant from the National Endowment for the | | |
| | Arts to preserve staffing at non-for-profit arts | | |
| | organizations during the recent economic downtown | | |
| | El Centro Su Teatro was one of the awardees for this | | |
| | stimulus funding | | |
| Name and address | Great Leap Inc | 24,500 | |
| | 1145 Wilshire Blvd Suite 100-D | 5.,500 | |
| | Los Angeles, CA 90017 | | |
| EIN | 95-3337990 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | * * * * | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | The Western States Arts Federation received an | | |
| | ARRA grant from the National Endowment for the | | |
| | Arts to preserve staffing at non-for-profit arts | | |
| | organizations during the recent economic downtown | | |
| | Great Leap was one of the awardees for this stimulus | | |
| | funding | | |

| rs federation |
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| Schedule | ı, | Part | I۷, | Statement | 1 |
|----------|----|------|-----|-----------|---|
|----------|----|------|-----|-----------|---|

Method of valuation Description of noncash assistance

Purpose of grant The Western States Arts Federation received an

ARRA grant from the National Endowment for the Arts to preserve staffing at non-for-profit arts organizations during the recent economic downtown Northwest Museum of Art and Culture was one of the

awardees for this stimulus funding

Name and address Perseverance Theater

914 Third Street

Douglas, AK 99824 92-0071124

EIN IRC code section 501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant The Western States Arts Federation received an

> ARRA grant from the National Endowment for the Arts to preserve staffing at non-for-profit arts organizations during the recent economic downtown

Perseverence Theater was one of the awardees for

this stimulus funding

Name and address Portland Institute for Contemporary Art

224 NW 13th Number 305

Portland, OR 97209

EIN 93-1177971 IRC code section 501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant The Western States Arts Federation received an

> ARRA grant from the National Endowment for the Arts to preserve staffing at non-for-profit arts organizations during the recent economic downtown Portland Institute for Contemporary Art was one of

the awardees for this stimulus funding

Sierra Arts Foundation Name and address

17 South Virginia Street

Suite 120

Reno, NV 89501-2905

EIN 88-0113398 IRC code section 501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant The Western States Arts Federation received an

> ARRA grant from the National Endowment for the Arts to preserve staffing at non-for-profit arts organizations during the recent economic downtown Sierra Arts Foundation was one of the awardees for

this stimulus funding

Name and address Southwest Association for Indian Arts

PO Box 969

Sante Fe, NM 87504

EIN 85-0210254

IRC code section 501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant The Western States Arts Federation received an **WESTERN STATES ARTS FEDERATION**

39,586

31.467

14,038

36,667

| Schedule I, Part IV, | Statement 1 | WESTERN STATES ARTS FEDERATION |
|----------------------|------------------------------------------------------|--------------------------------|
| • | ARRA grant from the National Endowment for the | |
| | Arts to preserve staffing at non-for-profit arts | |
| | organizations during the recent economic downtown | |
| | Southwest Association for Indian Arts was one of the | |
| | awardees for this stimulus funding | |
| Name and address | | 25,449 |
| Maille allu audiess | The Museum at Warm Springs PO Box 909 | 25,449 |
| | Warm Springs, OR 97761 | |
| CIN | | |
| EIN | 93-0639711 | |
| IRC code section | 501(c)(3) | |
| Method of valuation | | |
| Description of non- | | |
| cash assistance | The Western Over And Edition | |
| Purpose of grant | The Western States Arts Federation received an | |
| | ARRA grant from the National Endowment for the | |
| | Arts to preserve staffing at non-for-profit arts | |
| | organizations during the recent economic downtown | |
| | The Museum at Warm Springs was one of the | |
| | awardees for this stimulus funding | |
| Name and address | Tucson Pima Arts Council | 30,396 |
| | 10 East Broadway | |
| | Tucson, AZ 85701 | |
| ĖIN | 86-0465675 | |
| IRC code section | 501(c)(3) | |
| Method of valuation | | |
| Description of non- | | |
| cash assistance | | |
| Purpose of grant | The Western States Arts Federation received an | |
| . dipose of grain | ARRA grant from the National Endowment for the | |
| | Arts to preserve staffing at non-for-profit arts | |
| | organizations during the recent economic downtown | |
| | Tucson Pima Arts Council was one of the awardees | |
| | for this stimulus funding | |
| | | |
| Name and address | Wind River Tribal College | 15,833 |
| | PO Box 8300 | |
| | Ethete, WY 82520 | |
| EIN | 83-0336501 | |
| IRC code section | 501(c)(3) | |
| Method of valuation | | |
| Description of non- | | |
| cash assistance | | |
| Purpose of grant | The Western States Arts Federation received an | |
| | ARRA grant from the National Endowment for the | |
| | Arts to preserve staffing at non-for-profit arts | |
| | organizations during the recent economic downtown | |
| | Wind River Tribal College was one of the awardees | |
| | for this stimulus funding | |
| Name and address | El Centro Su Teatro | 11,875 |
| | 4725 High Street | • |
| | Denver, CO 80216 | |
| EIN | 74-2440659 | |
| IRC code section | 501(c)(3) | |
| Method of valuation | | |
| Description of non- | | |
| cash assistance | | |
| Purpose of grant | Presenting and touring | |
| | | E 600 |
| Name and address | Moapa Valley Performing Arts Council | 5,588 |
| | Box 1617 | |
| EIN | Overton, NV 89040 | |
| EIN | 88-0311497 | |

IRC code section 501(c)(3)

| WESTERN STATES ARTS | S FEDERATION |
|---------------------|--------------|
|---------------------|--------------|

| Schedule I, Part IV, S | Statement 1 | WESTERN STATES ARTS FEDE | RATION |
|----------------------------------------|----------------------------------------|--------------------------|--------|
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | Presenting and touring | | |
| Name and address | Museum of Contemporary Craft | 25,000 | |
| | 724 Northwest Davis Street | | |
| | Portland, OR 97209 | | |
| EIN | 93-6028398 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | To support visual arts touring | | |
| Name and address | San Jose Museum of Quilts and Textiles | 33,650 | |
| | 520 South First Street | | |
| | San Jose, CA 95113-2806 | | |
| EIN | 77-0123939 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | To support visual arts touring | | |
| Name and address | SOMArts Cultural Center | 18,652 | |
| | 934 Brannan Street | | |
| | San Francisco, CA 94103 | | |
| EIN | 94-2655955 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | To support visual arts touring | | |
| Name and address | Western Arts Alliance | 9,000 | |
| | 715 Southwest Morrison Street | | |
| | Suite 600 | | |
| F151 | Portland, OR 97205-3102 | | |
| EIN | 95-3497056 | | |
| IRC code section Method of valuation | 501(c)(3) | | |
| | | | |
| Description of non- cash assistance | | | |
| Purpose of grant | Conference support | | |
| Name and address | Nevada Museum of Art | 25,000 | |
| Name and address | 160 West Street | 25,000 | |
| | Reno, NV 89501-1916 | | |
| EIN | 88-6003042 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | To support visual arts touring | | |
| Name and address | Whatcom Museum Society Inc | 10,000 | |
| | 121 Prospect Street | | |
| | Bellingham, WA 98225 | | |
| EIN | 91-6174771 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Description of non- | | | |
| cash assistance | | | |
| Purpose of grant | To support visual arts touring | | |
| Nome and address | Torono AdM so | 10,000 | |

10,000

Name and address Tacoma Art Museum

Schedule I, Part IV, Statement 1

WESTERN STATES ARTS FEDERATION

1701 Pacific Avenue

Tacoma, WA 98402

EIN

91-0697444

IRC code section

501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant

To support visual arts touring

2316 West First Avenue Spokane, WA 99201

Name and address Northwest Museum of Arts and Culture

10,000

EIN

32-8040011

IRC code section 501(c)(3)

Method of valuation Description of non-

cash assistance

Purpose of grant To support visual arts touring

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number **WESTERN STATES ARTS FEDERATION** 23 7255426 Form 990, Part III. Line 2 - In 2009, WESTAF was named as a prime recipient of an American Reinvestment and Recovery Act Grant (ARRA) through the National Endowment for the Arts. With this grant, WESTAF provided funding to 16 not-for-profit arts organizations in the thirteen western states to preserve arts sector jobs that were threatened by the economic downturn. Form 990, Part VI, Section B, Line 11 - The Form 990 was distributed to members of the Executive Committee of the Board prior to filing. Form 990, Part VI, Section B, Line 12c - Board members complete a conflict-of-interest disclosure form annually. All disbursements of the organization are reviewed by the Finance Officer to ensure that payments made are in compliance with all organizational policies. Form 990, Part VI, Section B, Line 15 - The Executive Director compensation is determined annually by the Executive Committee of the Board of Directors, most recently in 2008. The Executive Committee has access to salary surveys from comparable organizations. The Executive Director sets compensation for key employees, based on a market review of salaries for similar positions. Form 990, Part VI, Section C, Line 19 - Governing documents, conflict of interest policies, and financial statements are available to the public upon request. Form 990, Part IX, Line 18 - Public Official Travel: Per the organization's by-laws, WESTAF's board allots five positions to Executive Directors of the State Arts Agencies from its 13 western-state region. WESTAF expects trustees to attend all board meetings and thus funds required travel to the three scheduled board meetings each year, and to the Executive Committee meeting if applicable. In furtherance of its mission, WESTAF provides professional development opportunities, seminars, and symposia for the Executive Directors of its region, and funds travel to these seminars and conferences. On occasion, WESTAF may engage speakers for these seminars and conferences who are public officials, and WESTAF will also fund this travel.