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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 10-01-2009	and ending 09-30-2010						
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization Corporate Council for the Arts DBA ArtsFu	nd		D	Employer	identi	fication number	
☐ Add	dress ch	nange	use IRS label or	·			<b>—</b>	91-0839			
┌ Na	me cha	inge	print or	Doing Business As				Telephone	numi	oer .	
┌ Init	al retu	ırn	type. See Specific	Number and street (or P O box if mail is	not delivered to street address	s) Room/	suite -	(206) 28			
<b>Г</b> Теі	mınate	ed	Instruc- tions.	PO Box 19780			G	Gross rece	pts \$ 3	,759,723	
┌ Am	ended	return		City or town, state or country, and ZIP +	4						
_		n pending		Seattle, WA 981096780							
, , , , , ,		. pe		L ne and address of principal officer					_		
				F TUNE			Is this a affiliates	group ref	urn fo	r □ Yes 🔽 No	
				RRISON STREET 200			aa.coo			, , , , , , , ,	
			SEATT	LE,WA 98109				iliates inc			
——— т Та	x-exen	npt status	✓ 501(c)	(3) ◀ (insert no )						ee instructions)	
					327	H(c)	Group e	xemption	nume	er 🕶	
			w artsfund o		l						
<b>K</b> For	n of or	ganızatıon	✓ Corporat	ion Trust Association Other 🕨		<b>L</b> Yea	r of forma	tion 1969	M St WA	ate of legal domicile	
Pa	rt I	Sum	mary						WA		
			•	e organization's mission or most sig	nificant activities						
		•	90, part III	-							
Governance											
<u> </u>											
ξ	2	Check	this hox	if the organization discontinued its	onerations or disposed of	of more	than 259	% of its n	et ass	ets	
ဒီ	3		,	nembers of the governing body (Part						7.5	
	4		_	dent voting members of the governi					_	7 5	
Activities &									+ - 5	8	
톧	5			nployees (Part V, line 2a)				_			
돌 작	6			lunteers (estimate if necessary) .					6 _ 7-	144	
-		_		ted business revenue from Part VIII		•			_	26,306	
	ь	Net unr	elated busi	ness taxable income from Form 990	-1, line 34				<b>7b</b> ⊤	25,306	
	_						Prior Y		_	Current Year	
9	8			d grants (Part VIII, line 1h)			3	,381,04	+	3,322,978	
eu	9			revenue (Part VIII, line 2g)				182,17	_	171,135	
Ravenue	10			ne (Part VIII, column (A), lines 3, 4	,			2,158	+	2,151	
_	11		•	art VIII, column (A), lines 5, 6d, 8c				69,77	3	39,112	
	12			dd lines 8 through 11 (must equal Pa	, , , , , , , , , , , , , , , , , , , ,		3	,635,15	ι	3,535,376	
	13			ar amounts paid (Part IX, column (A)		2	,148,830		2,035,420		
	14	Benefi	ts paid to o	r for members (Part IX, column (A),	line 4)					0	
en.	15	Saları	es, other co	ompensation, employee benefits (Pai	t IX, column (A), lines 5-	-					
86		10)						747,269	<del>}</del>	733,251	
Expenses	16a			raising fees (Part IX, column (A), lin	·					0	
ठ	Ь			enses (Part IX, column (D), line 25) 🕨 <u>433,9</u>					_		
	17			Part IX, column (A), lines 11a-11d			931,721 764,				
	18		•	Add lines 13–17 (must equal Part I)				,827,820	+	3,532,994	
	19	Reven	ue less exp	penses Subtract line 18 from line 12	· · · · · ·			-192,669	-	2,382	
Net Assets or Fand Balances						Begi	inning of Yeaı	Current		End of Year	
iege Sperio	20	Total	assets (Par	t X, line 16)				,363,73	3	4,333,367	
r As	21			Part X, line 26)				,499,55!	+	1,466,807	
<u> </u>	22			d balances Subtract line 21 from lir				,864,178	+	2,866,560	
	1111		ature Blo					,001,17	1	2,000,000	
				rjury, I declare that I have examined this re	turn, including accompanying s	chedules	and state	nents, and	to the	best of my knowledge	
				correct, and complete Declaration of prepare							
C:		1				ı					
Sign Here		**** Sian	*** ature of office	er			2011-03-: Date	10			
	_	[ ]					Date				
		JAM Type	ES F TUNE PR e or print nam	ESIDENT & CEO e and title							
				Т	Data	hoelt if	1_	rone re-de-ed		a number	
<b>.</b>		Preparei signatur		(ELLER	se	heck if elf-	(	reparer's id see instruct		у нитирег	
Paid			<u> </u>		er	npolyed l	• <u>                                    </u>				
•	arer's		ame (or yours mployed),	Moss Adams LLP			E	IN 🕨			
Use (	Juli		and ZIP + 4	999 Third Avenue Suite 2800			<b>-</b> ⊢				
				Seattle, WA 98104			P	hone no 🕨	(206)	302-6500	
May	the ID	C dican	as this ratio	rn with the preparer shown above? (s	and instructions)	•				Vas ENO	

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

ARTSFUND STRENGTHENS THE ARTS IN THE REGION BY RAISING AND RESPONSIBLY ALLOCATING FUNDS TO PROMOTE ARTISTIC AND ORGANIZATIONAL EXCELLENCE AND BY ADVOCATING FOR ALL OF THE ARTS

						Farm 000 (2000					
4e	Total program serv	vice expenses►\$	2,811,32	4							
	(Expenses \$	615,229 inc	luding grants o	of\$	) (Revenue \$	39,752)					
4d	Other program ser	vices (Describe in Sch	edule O ) <b>See</b> a	also Additional Data fo	r Description						
		Fund is the fiscal sponsor and by community-level organiz				ional program is developing online					
4c	(Code	) (Expenses \$	90,021	including grants of \$	) (Revenue \$	)					
	economic advantage t		a riscal agent for f	muauves to rurther the goal	or celebrating and promoting the	ans and culture as a strategic					
4b	(Code	) (Expenses \$	70,654	including grants of \$	) (Revenue \$ of celebrating and promoting the	154,375 )					
		grants and designated gifts	ng support to non	profit 301(C)(3) organization	is During the year entitling Septem	ibel 30, 2010, 02 diganizations					
4a	(Code	) (Expenses \$	2,035,420	including grants of \$	2,035,420 ) (Revenue \$ us During the year ending Septen	) ober 20, 2010, 62 organizations					
		s, the total expenses, a			<u> </u>						
4	Section 501(c)(3) a	and 501(c)(4) organizat	ions and section	on 4947(a)(1) trusts a	largest program services b re required to report the am	•					
	If "Yes," describe these changes on Schedule O										
3		n cease conducting, or r • • • • • • •	_	<del>-</del>	nducts, any program	┌ Yes ┌ No					
	If "Yes," describe these new services on Schedule O										
2	_	n undertake any signific or 990-EZ?			which were not listed on	✓ Yes  No					

art TV	Check	list of	Peguired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νo
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
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		N o
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		N o
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		N o
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		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
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		N o
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		N o
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	Yes	
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	Yes	
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		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	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	38	Yes	

Form	Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No							
Pai	rt V	Statements Regarding Other IRS Filings and Tax Complian	e					
							Yes	No
1a		the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						

b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Gross income from members or shareholders			
	Section 501(c)(12) organizations. Enter			
	facilities  Section FO1(a)(13) aggregations Enter			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
10	Section 501(c)(7) organizations. Enter			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
7 2	Did the organization make any taxable distributions under section 4966?	9a		
<b>.</b>	business holdings at any time during the year?	8		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	711		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
5a	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		No
c	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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
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			
_	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
b <del>1</del> a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	return?	3a	Yes	
3a	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	103	
b	return	2b	Yes	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	of U.S. Information Returns. Enter -0- if not applicable			

10 Harrison Street Suite 200 seattle, WA 981094509

(206) 281-9050

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 75			
ь	Enter the number of voting members that are independent 1b 75			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) 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 interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	<b>.</b> ►
	Cheryl Oliver			

## Part VIII 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, and current key employees 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, or 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 or former officer, director, trustee or key employee											
<b>(A)</b> Name and Title	(B) Average hours per	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

1b 2	Total	0		12,875
2	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
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		No
Se	ection 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) Name and business address  (B) Description of services		( <b>C</b> Comper	
	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			(2009)

Form 99			f. B					Page <b>9</b>
Part	<del>/111</del>	Statement o	ткечепие		(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	1a	Federated camp	_	72,763				
gra nou	b	Membership du						
સંક્રેલ ⊪ સા	c d	Fundraising eve	ents 1c ations 1d	350,000				
% ⊞	e	Government grants						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	2,900,215				
Cont	h	lines 1a-1f \$ <b>Total.</b> Add lines	3 1a-1f	▶	3,322,978			
<u> </u>				Business Code				
ven	2a	Cultural Access Fun	nd	443,120	154,375	154,375		
Program Serwce Revenue	b c	OTher		443,120	16,760	16,760		
	d							
	e							
Gran	f	All other progra	ım service revenue					
چ	g	Total. Add lines	; 2a-2f		171,135			
	3		ome (including dividend		,			
			aramounts)	-	2,151			2,151
	4 5		tment of tax-exempt bond p	· · · · . +				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	240,467	, ,				
	ь	Less rental expenses	224,347					
	С	Rental income or (loss)	16,120					
	d	Net rental incor	me or (loss)		16,120		26,306	-10,186
	7a b	Gross amount from sales of assets other than inventory Less cost or	(i) Securities	(II) O ther				
		other basis and sales expenses						
	С	Gain or (loss)	,					
	d 8a	Gross income fi	s)					
Other Revenue		events (not incl \$	luding reported on line 1c)					
her	ь	Less direct exp	penses <b>b</b>					
ŏ	с	Net income or (	loss) from fundraising (	events 🗠				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19                 a					
	b c		penses <b>b</b> loss) from gaming activ	vities				
	10a	Gross sales of i returns and allo	wances .					
	ь		a   oods sold b   loss) from sales of inve	entory				
	С	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	MANAGEMENT		511,120	22,992	22,992		
	ь							
	С							
	d	All other revenu	l					
	e	Total. Add lines	3 11a-11d	▶	22,992			
	12	Total revenue.	See Instructions	. ▶	3,535,376	194,127	26,306	-8,035

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,035,420		3	
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	174,821	97,900	33,216	43,705
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	453,890	207,862	92,406	153,622
8	Pension plan contributions (include section 401(k) and section	733,030	207,002	32,700	133,022
J	403(b) employer contributions)	13,333	6,020	2,774	4,539
9	Other employee benefits	53,898	22,756	11,692	19,450
10	Payroll taxes	37,309	16,531	7,380	13,398
11	Fees for services (non-employees)				
а	Management				
ь	Legal				_
с	Accounting	32,607		32,607	
d	Lobbying	33,536	33,536		
- -	Professional fundraising See Part IV, line 17	33,330	33,330		
f	Investment management fees				
	Other	137,994	100,047	424	37,523
g 12	Advertising and promotion	235	92	42	101
13	Office expenses		38,638	11,064	44,628
	·	94,330	38,638	11,064	44,628
14	Information technology				
15	Royalties				
16	Occupancy	69,095	26,692	12,563	29,840
17	Travel	29,493	23,912	2,178	3,403
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	123,267	79,938	1,665	41,664
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,032	55,667	12,031	21,334
23	Insurance	22,664		22,664	
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	CULTURAL DISTRICT EXPEN	37,118	37,118		_
	Bad Debt	30,206	, ==	30,206	
c	COMMUNICATIONS	19,291	7,147	2,234	9,910
	IN-KIND EXPENSES	16,389	8,858	322	7,209
	BANK FEES	10,744	-,-30	10,744	
	All other expenses	18,322	13,190	1,522	3,610
25	Total functional expenses. Add lines 1 through 24f	3,532,994	2,811,324	287,734	433,936
26		3,332,394	2,011,324	207,734	433,330
20	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				
		-			

Pa	rt X	Balance Sheet								
				(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing		128,131	1	173,295				
	2	Savings and temporary cash investments	•	1,078,621	2	944,154				
	3	Pledges and grants receivable, net		679,388	3	898,419				
	4	Accounts receivable, net		60	4	121				
	5	Receivables from current and former officers, directors, trustees	, key employees, and							
		highest compensated employees Complete Part II of								
		Schedule L			5					
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II or								
Assets		Schedule L			6					
	7	Notes and loans receivable, net			7					
	8	Inventories for sale or use	use							
	9	Prepaid expenses and deferred charges		65,967	9	71,136				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	3,719,336 <b>10a</b>							
	ь	Less accumulated depreciation	<b>10b</b> 1,478,296	2,411,566	10c	2,241,040				
	11	Investments—publicly traded securities			11					
	12	Investments—other securities See Part IV, line 11			12					
	13	Investments—program-related See Part IV, line 11			13					
	14	Intangible assets		14						
	15	Other assets See Part IV , line 11	0	15	5,202					
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		4,363,733	16	4,333,367				
	17	Accounts payable and accrued expenses .		99,455	17	103,576				
	18	Grants payable	e							
	19	Deferred revenue	nue							
, e	20	Tax-exempt bond liabilities	bond liabilities							
<u>0</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	dial account liability Complete Part IV of Schedule D							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ä		persons Complete Part II of Schedule L			22					
	23	Secured mortgages and notes payable to unrelated third parties		475,319	23	465,488				
	24	Unsecured notes and loans payable to unrelated third parties			24					
	25	Other liabilities Complete Part X of Schedule D			25					
	26	Total liabilities. Add lines 17 through 25		1,499,555	26	1,466,807				
بې		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	ete lines 27							
Fund Balance		through 29, and lines 33 and 34.								
<u>8</u>	27	Unrestricted net assets		2,160,652	27	2,254,923				
ă	28	Temporarily restricted net assets		703,526	28	611,637				
필	29	Permanently restricted net assets			29					
五		Organizations that do not follow SFAS 117, check here ► and	d complet e							
ō	30	lines 30 through 34.  Capital stock or trust principal, or current funds			30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31					
<u>ئ</u> 2	32	Retained earnings, endowment, accumulated income, or other ful			32					
	33	Total net assets or fund balances	ius	2,864,178	33	2,866,560				
Net										
l	34	Total liabilities and net assets/fund balances		4,363,733	34	4,333,367				

## Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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)

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Public Charity Status and Public Support** 

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

Inspection

**Employer identification number** 

Corpor	ate Co	uncil for th	e Arts DBA Arts	Fund					. ,			
D-		D		alia Charita Ctat	/ All				91-0839644			
	tΙ			olic Charity Stat						ructions		
	rganii			e foundation because					)			
1	<u> </u>			on of churches, or as:				(1)(A)(I).				
2	<u>'</u>			in section 170(b)(1)			•	170/5)/1)/4	\(:::\)			
3	<u> </u>			perative hospital serv						/ <b>A</b>	41	
4	'			organization operate y, and state	ea in conjunc	ction with a n	ospital descr	ibed in <b>Sectio</b>	on 170(B)(1)	( <b>A</b> )(III). Ente	ertne	
5	$\Gamma$	An orga	ınızatıon ope	rated for the benefit	of a college	or university	owned or op	erated by a g	overnmental	unıt descrıb	— ed ın	
		section	170(b)(1)(A	<b>A)(iv).</b> (Complete Pa	rt II )							
6	$\sqcap$	A feder	al, state, or	local government or	government	al unit descri	bed in <b>sectio</b>	n 170(b)(1)(	A)(v).			
7	<b>▽</b>	describ	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		l part of its s	upport from a	government	al unit or fron	n the genera	l public	•
8	$\Gamma$	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>(Compa)</b>	olete Part II	)				
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% of	fıts support f	rom contribut	tions, membe	ership fees, a	nd gro	ss
		receipts	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	l (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 tax	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee <b>sect ion 5</b> 0	<b>9(a)(2).</b> (Co	mplete Part I	II)			
10	$\sqcap$	Anorga	nızatıon org	anızed and operated	exclusively	to test for pu	ublic safety S	ee <b>section 5</b> 0	09(a)(4).			
11	Γ	one or i	more publicly	anized and operated y supported organiza pes the type of suppo <b>b</b> Type II	tions descri orting organi	bed in section zation and co	n 509(a)(1)	or section 50 11e through	9(a)(2) See	•	a)(3).	Check
e	Γ	By chec	king this bo	x, I certify that the con managers and oth	rganızatıon	ıs not contro	lled directly	or indirectly b	oy one or mor	e disqualifie	d pers	ons
f		If the o check t	rganization r his box	eceived a written de						supporting	organız	ation,
g			-	006, has the organiz	ation accep	ted any gift o	r contributio	n from any of	the			
			g persons? rson who dir	ectly or indirectly co	introls eithe	ralone orto	aether with n	ersons descr	ihed in (ii)		Yes	No
				governing body of the	•			crooms deser	ibea iii (ii)	11g(i)	163	140
				r of a person describ		_				11g(ii)		<del></del>
			•	ed entity of a person			ove?			11g(iii)	_	
h				g information about t						9(/	1	
		1101140		g miormation about t	ine supporte	a organizatio	,,,(3)					
	(i) Name uppo ganiz	e of	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	e on in anized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1					

Total

## Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

- C	(Complete only if yo	и спескей тпе	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,261,89	0 469,522	4,432,257	3,381,045	3	3,322,978	15,867,692
2	Tax revenues levied for the organization's benefit and either							
_	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	4,261,89	0 469,522	4,432,257	3,381,045	3	3,322,978	15,867,692
	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							2,793,455
6	(f) <b>Public Support.</b> Subtract line 5							13,074,237
	from line 4							
	ection B. Total Support endar year (or fiscal year		T				$\overline{}$	
Car	beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 20	)09	<b>(f)</b> Total
7	A mounts from line 4	4,261,890	75,903	4,432,257	3,381,045	3	,322,978	15,867,692
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	318,283	75,903	147,349	253,411		242,618	1,037,564
9	Net income from unrelated business activities, whether or not the business is regularly carried on				16,767		26,306	43,073
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets				25,024		22,992	48,016
11	Total support (Add lines 7 through 10)							16,996,345
12	Gross receipts from related activities	es, etc (See inst	tructions )			12		877,950
13	First Five Years If the Form 990 is to check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	eation, ▶☐
<u></u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		76 920 %
- · 15	Public Support Percentage for 2008	•		22 001411111 (17)		15		
	33 1/3% support test—2009. If the			v on line 13 and l	ine 14 is 33 1/3%		checkt	72 520 %
	and <b>stop here.</b> The organization qua	lifies as a public	ly supported orga	nızatıon				<b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test—is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not d acts and circums	organization check a box on lin tances" test, che	ne 13, 16a, or 16b ck this box and <b>st</b>	and line	e 14 Explain	<b>▶</b>
b	organization 10%-facts-and-circumstances test-	<b>-2008.</b> If the ora	anization did not i	check a box on lin	ie 13, 16a, 16b o	r 17a an	ıd line	<b>►</b>
,	15 is 10% or more, and if the organ Explain in Part IV how the organizate supported organization	iization meets th	e "facts and circu	ımstances" test, o	check this box and	d stop he	ere.	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	, 16a, 16b, 17a oi	r 17b, check this	box and	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, 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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 91-0839644

Name: Corporate Council for the Arts DBA ArtsFund

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

## 4d. Other program services (Code ) (Expenses \$ 615,229 including grants of \$ ) (Revenue \$ 39,752)

Now in its 11th year, ArtsFund's Board leadership training provides ArtsFund volunteers and members of current cultural organization boards crucial training on such topics as legal and financial responsibilities, strategic planning, fundraising and best governance practices With The Boeing Company, ArtsFund established the State of Washington Building for the Arts program in 1991 to provide state resources for a share of worthy arts capital project all around the state. The program has been supported in the state budget in every biennium since 1991 ArtsFund routinely consults with senior staff and board of cultural organizations to help them address various management and governance issues. TakePartInArt orgallows anyone to see event listings from more than 100 cultural organizations on a single website Listings are posted by the cultural organizations. Economic Impact Study - Since 1993, ArtsFund has conducted comprehensive economic impact studies of arts and heritage organizations at about five year intervals, the next study will be completed in FY2011 (work began in FY2010) Cultural Database - ArtsFund serves as fiscal agent to provide database services for cultural groups in this community.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion ( that a	(che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
jo lynn Allen board of Trustees	50	Х						0	0	0	
Kım A Anderson Secretary	50	Х		х				0	0	0	
John Bauer board of Trustees	50	Х						0	0	0	
Judi Beck Immediate Past Chair	1 00	Х		х				0	0	0	
Douglas P Beighle board of Trustees	50	Х						0	0	0	
Michael Bentley board of Trustees	50	X						0	0	0	
deborah L Bevier board of Trustees	50	Х						0	0	0	
robert c Blethen board of Trustees	50	Х						0	0	0	
BERNT O BODAL BOARD OF TRUSTEES	50	Х						0	0	0	
MICHAEL A BOOTH BOARD OF TRUSTEES	50	Х						0	0	0	
Maggie Brown board of Trustees	50	Х						0	0	0	
David D Buck bOARD OF TRUSTEES	1 00	Х						0	0	0	
gary J Carpenter board of Trustees	50	Х						0	0	0	
SCOTT E CARSON BOARD OF TRUSTEES	50	Х						0	0	0	
KIM ACKERLEY CLEWORTH BOARD OF TRUSTEES	50	Х						0	0	0	
Elizabeth Coppinger BOARD OF TRUSTEES	50	Х						0	0	0	
Melanie K Curtice board of Trustees	50	Х						0	0	0	
PETER DAVIS BOARD OF TRUSTEES	50	Х						0	0	0	
Melanie J Dressel board of Trustees	50	Х						0	0	0	
james duncan CHAIR-elect	1 00	Х		х				0	0	0	
PETER S EHRLICHMAN BOARD OF TRUSTEES	50	Х						0	0	0	
paul s Ficca TREASURER	50	Х		Х				0	0	0	
KEVIN P FOX BOARD OF TRUSTEES	50	Х						0	0	0	
brian L Grant MD board of Trustees	50	Х						0	0	0	
Ken Grant BOARD OF TRUSTEES	50	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( that a	che	)		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
R Danner Graves board of Trustees	50	Х						0	0	0	
joshua Green III board of Trustees	50	Х						0	0	0	
MAUREEN HALLIGAN BOARD OF TRUSTEES	50	x						0	0	0	
DARREN HAMBY BOARD OF TRUSTEES	50	Х						0	0	0	
AYA S HAMILTON BOARD OF TRUSTEES	50	Х						0	0	0	
Ray Heacox VICE CHAIR	50	×		x				0	0	0	
paul P Heppner Board of Trustees	50	Х						0	0	0	
JOHN WP HOLT BOARD OF TRUSTEES	50	Х						0	0	0	
Peter A Horvitz board of Trustees	50	Х						0	0	0	
Andrea Jones BOARD OF TRUSTEES	50	Х						0	0	0	
bradley Jones board of Trustees	50	Х						0	0	0	
MARY JUSTICE BOARD OF TRUSTEES	50	Х						0	0	0	
Stellman Keehnel BOARD OF TRUSTEES	50	Х						0	0	0	
Kenneth M Kirkpatrick BOARD OF TRUSTEES	50	Х						0	0	0	
M THOMAS KROON BOARD OF TRUSTEES	50	Х						0	0	0	
Dr charlotte Lin board of Trustees	50	Х						0	0	0	
howard C Lincoln board of Trustees	50	Х						0	0	0	
keith Loveless board of Trustees	50	Х						0	0	0	
JEFFREY S LYON BOARD OF TRUSTEES	50	Х						0	0	0	
scott w MacCormack board of Trustees	50	Х						0	0	0	
RICHARD MAGNUSON BOARD OF TRUSTEES	50	Х						0	0	0	
Douglas W McCallum board of Trustees	50	Х						0	0	0	
SANDY MCDADE BOARD OF TRUSTEES	50	Х						0	0	0	
SANDS MCKINLEY BOARD OF TRUSTEES	50	Х						0	0	0	
william H Neukom board of Trustees	50	×						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	organization (W- organization (W- 2/1099-MISC) (W- 2/1099-MISC)		organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
GLENNA OLSON BOARD OF TRUSTEES	50	Х						0	0	0	
george Pagos board of Trustees	50	Х						0	0	0	
NANCY PELLEGRINO BOARD OF TRUSTEES	50	Х						0	0	0	
MARY PIGOTT BOARD OF TRUSTEES	50	X						0	0	0	
CAROL R POWELL BOARD OF TRUSTEES	50	Х						0	0	0	
bill Predmore board of Trustees	50	Х						0	0	0	
david A Pritchard board of Trustees	50	Х						0	0	0	
james d Raisbeck board of Trustees	50	Х						0	0	0	
scott Redman Chair	1 00	Х		х				0	0	0	
stephen P Reynolds board of Trustees	50	Х						0	0	0	
pete Rose VICE CHAIR	50	Х		х				0	0	0	
skip rowley board of Trustees	50	Х						0	0	0	
Leonard Rozek board of Trustees	50	Х						0	0	0	
stanley D Savage board of Trustees	50	Х						0	0	0	
John A Schukar board of Trustees	50	Х						0	0	0	
david skinner board of Trustees	50	X						0	0	0	
mary e Snapp BOARD OF TRUSTEES	50	Х						0	0	0	
Carlyn Steiner board of Trustees	50	Х						0	0	0	
EMORY THOMAS JR BOARD OF TRUSTEES	50	Х						0	0	0	
danıel M Waggoner board of Trustees	50	Х						0	0	0	
sandy walsh board of Trustees	50	Х						0	0	0	
LAURA N WHITAKER BOARD OF TRUSTEES	50	Х						0	0	0	
Shaun L Wolfe Board of Trustees	50	Х						0	0	0	
charles B Wright III Board of Trustees	50	Х						0	0	0	
James F Tune President & CEO	40 00			х				168,915	0	12,875	

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CULTURAL DISTRICT EXPEN	37,118	37,118		
Bad Debt	30,206		30,206	
COMMUNICATIONS	19,291	7,147	2,234	9,910
IN-KIND EXPENSES	16,389	8,858	322	7,209
BANK FEES	10,744		10,744	

DLN: 93493104004161

## OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

• Se	ction 501(c)(3) organizations that	t have filed Form 5768 (election under	section 501(h)) (	Complete Part II-A Do not cor	mplete Part II-B
		t have NOT filed Form 5768 (election u			
		s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or For	m 990-EZ, line 35a (regard	ding proxy tax), then
	ction 501(c)(4), (5), or (6) organi me of the organization	zations Complete Part III		Employaridan	tification number
	porate Council for the Arts DBA ArtsFund	d		Employer iden	tilication number
				91-0839644	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polıtı	cal campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
		ganization is exempt under			
1	·	e tax incurred by the organization un			\$
2		e tax incurred by organization manag		n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par		ganization is exempt under			.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	zation's funds Also enter the cal organization, such as a	he amount of political		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
<b>\</b>	Check   If the filing organization belongs to a	an affiliated group		
3	Check	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)		
d	Other exempt purpose expenditures		3,298,280	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	3,298,280	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	314,914	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	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		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	78,729	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

# 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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying non-taxable amount	58,416	365,077	328,992	314,914	1,067,399
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					1,601,099
c	Total lobbying expenditures	1,200		75,413	33,536	110,149
d	Grassroots non-taxable amount	14,604	91,269	82,248	78,729	266,850
e	Grassroots ceiling amount (150% of line 2d, column (e))					400,275
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a) (b		<u>)                                    </u>
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493104004161

OMB No 1545-0047

**SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

Department of the Treasury Internal Revenue Service

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

Open to Public

	ne of the organization porate Council for the Arts DBA ArtsFund		Emplo	oyer identificat	ion numbe	er
_	O and allow Materials Brook	disade also other civiles		839644	C 1-1	
261	rt I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unas o	r Accounts.	Comple	te ir the
		(a) Donor advised funds	(E	) Funds and ot	her accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	nor advis	ed	☐ Yes	Г No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny other	purpose	☐ Yes	☐ No
ar	t II Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	to Form	990, Part IV	<u>, lıne 7.</u>	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of a	certified	historic struct	•	a
	casement on the last day of the tax year			Held at the	End of the	Year
а	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe			e organization o	luring	
	Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han		violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents du	ring the year 🕨	-	
	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easement	s during	the year 🟲 🖇 🗕		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of se	ction		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia	•	•		
ar	Complete if the organization answered '		or Oth	er Similar A	Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furt			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		0
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		14,750
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		or financ	·		
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

3	Using the organization's accession and othe		ofthe	following t	hat ar	e a significa				ontinued)
	items (check all that apply)			_						
а	Public exhibition		d	Loan	orexc	hange progr	ams			
ь	Scholarly research		e	✓ Other	PRI	ATE DISP	_A Y			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how	they furthe	rthe	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	of art,	historical	treası	ures or othe	sım	nılar		
_	assets to be sold to raise funds rather than t								Yes	✓ No
Par ——	Part IV, line 9, or reported an an					n answere	d "Y	es" to Form 9	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions	or other ass	ets ı		☐ Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the 1	followir	ng table		Г		Ar	nount	
c	Beginning balance						1c			
d	Additions during the year					<u></u>	1d			
e	Distributions during the year						1e			
f	Ending balance					T	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	217			L			☐ Yes	
	If "Yes," explain the arrangement in Part XIV								,	,
	rt V Endowment Funds. Complete		ansv	vered "Ye	s" to	Form 990.	Par	t IV. line 10.		
		(a)Current Year		Prior Year				Three Years Back	(e)Four '	Years Back
1a	Beginning of year balance	11,647,264		11,244,57	5					
ь	Contributions	126,536		481,05	3					
С	Investment earnings or losses	862,094		268,15	0					
d	Grants or scholarships									
e	Other expenditures for facilities and programs	372,992		290,02	4					
f	Administrative expenses	65,629		56,49	0					
g	End of year balance	12,197,273		11,647,26	4					
2	Provide the estimated percentage of the yea	r end balance held a	ıs						•	
а	Board designated or quasi-endowment 🕨	%								
ь	Permanent endowment ► 96 000 % %									
c	Term endowment ► 4 000 % %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	nat are held	anda	administered	l for	the		
									Yes	No
	organization by									
	(i) unrelated organizations							3a	(i)	Νο
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a		No
	(i) unrelated organizations		d on Sc	hedule R?					ii) Yes	
4	(i) unrelated organizations (ii) related organizations		d on Sc lowmer	hedule R? nt funds				3a(	ii) Yes	
4	(i) unrelated organizations		d on Sc lowmer	hedule R? nt funds ee Form 9	90, P	art X, line		3a(	ii) Yes	
4	(i) unrelated organizations (ii) related organizations		d on Sc lowmer	hedule R? nt funds	90, Po		ther	3a(	ii) Yes b Yes	
4 Par	(i) unrelated organizations (ii) related organizations		d on Sc lowmer	hedule R? It funds EE Form 9  (a) Cost or	90, Po	art X, line	ther er)	(c) Accumulated	ii) Yes b Yes	
4 Par	(i) unrelated organizations (ii) related organizations		d on Sc lowmer	hedule R? It funds EE Form 9  (a) Cost or	90, Po	(b)Cost or o	ther er) ,963	(c) Accumulated	b Yes  d (d) B	ook value
Par	(i) unrelated organizations		d on Sc lowmer	hedule R? It funds EE Form 9 (a) Cost or	90, Po	(b)Cost or o basis (othe	ther er) ,963	(c) Accumulated depreciation	b Yes  d (d) B	ook value 1,162,963
Par 1a b	(i) unrelated organizations		d on Sc lowmer	hedule R? It funds EE Form 9 (a) Cost or	90, Po	(b)Cost or o basis (other	ther er) ,963	(c) Accumulated depreciation	b Yes  (d) B	00k value 1,162,963
1a b c	(i) unrelated organizations		d on Sc lowmer	hedule R? It funds EE Form 9 (a) Cost or	90, Po	(b)Cost or o basis (other 2,019	ther er) ,963 ,034	(c) Accumulated depreciation	(d) B (3)	ook value 1,162,963 878,071

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	]	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Part	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t tional information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	<b>Explanat ion</b>
Part III, Line 4		DONATED ARTWORK IS DISPLAYED IN THE CENTURY BUILDING LOBBY AND THROUGHOUT THE ARTSFUND OFFICE
Part V , Line 4	Description of Intended Use of Endowment Funds	ArtsFund Foundation provides management of endowment funds for ArtsFund for the purpose of distributing grants to IRC 501(c) (3) nonprofit arts organizations
		Part X, Line 2 ArtsFund and the Foundation are not-for-profit corporations, exempt from Federal income tax, except for unrelated business, income under Section 501(c)(3) of the Internal Revenue Code In addition, ArtsFund and the Foundation have been classified as entities that are not private foundations within the meaning of Section 509(a) and qualify for deductible contributions as provided in Section 170(b)(1)(A) (vi) Unrelated business income tax, if any, is insignificant and no tax provision has been made in the accompanying financial statements On January 2, 2007, ArtsFund made the election by an eligible 501(c)(3) Organization to make expenditures to influence legislation under the provisions of Section 501(h) of the Internal Revenue Code The Organization adopted the provisions of FASB Accounting Standards Codification (ASC) 740-10, Income Taxes, relating to accounting for uncertain tax positions on September 30, 2009, which had no financial statement impact to the Organization The Organization recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained or examination by the authorities, based on the technical merits of the position The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The Organization had no unrecognized tax benefits which would require an adjustment to the October 1 2009 beginning balance of net assets and had no unrecognized tax benefits at September 30, 2010. The Organization files an exempt organization return and applicable unrelated business income tax return in the U.S. federal jurisdiction. The Organization is no longer subject to income tax examinations by taxing authorities for years before 2006 for its federal filings.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493104004161

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

## **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

Inspect ion Employer identification number

Corporate Council for the Arts DBA A	rts Fund						
						91-0839644	
Part I General Informatio  1 Does the organization maintain the selection criteria used to aw	records to substanti ard the grants or as	ate the amount of the					✓ Yes 「
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule	ssistance to Gove 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Cor	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>							62

Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization answered "Yes" to Form 990	, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE MAJORITY OF THE GRANTS ARE FOR GENERAL OPERATING USE AND, AS SUCH, DO NOT REQUIRE REPORTS BE GIVEN TO ARTSFUND SOME GRANTS ARE FOR SPECIFIC PROJECTS (DIVERSITY) AND ARE REPORTED ON AS REQUIRED BY THE DONOR

Software ID:

**Software Version:** 

**EIN:** 91-0839644

Name: Corporate Council for the Arts DBA ArtsFund

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (e) A mount of non-

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
5th Avenue Theatre1326 Fifth Avenue Suite 735 Seattle, WA 98101	91-1087612	501(c)(3)	24,955	0			promotion of the arts
ACT Theatre700 Union Street Seattle,WA 98101	91-0787792	501(c)(3)	103,140	0			promotion of the arts
Artist Trust1835 12th Avenue Seattle, WA 98122	91-1353974	501(c)(3)	15,360	0			promotion of the arts
ArtsWest Playhouse & GalleryPO Box 16152 Seattle,WA 98116	91-1440032	501(c)(3)	4,775	0			promotion of the arts
Auburn Symphony Orchestra PO Box 2186 Auburn, WA 98071	91-1719873	501(c)(3)	2,870	0			promotion of the arts
Bellevue Arts Museum510 Bellevue Way NE Bellevue, WA 98004	91-6028261	501(c)(3)	3,770	0			promotion of the arts
Book-It Repertory Theatre Seattle Center 305 Harrison Street Seattle, WA 98109	91-1514734	501(c)(3)	25,655	0			promotion of the arts
Broadway Center901 Broadway Suite 700 Tacoma, WA 98402	91-1106878	501(c)(3)	51,345	0			promotion of the arts
Central District Forum for Arts & Ideas1404 E Yesler Place Ste 202 Seattle, WA 98122	91-1954917	501(c)(3)	8,475	0			promotion of the arts
Early Music Guild2366 Eastlake Ave E 335 Seattle, WA 98102	91-0999643	501(c)(3)	7,870	0			promotion of the arts

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 94-3051610 501(c)(3) 0 Earshot Jazz Society of promotion of the arts Seattle3429 Fremont PI N 5,870 309 Seattle, WA 98103 0 Experience Music ProjectSci-91-1626784 501(c)(3) promotion of the arts Fi Museum2901 Third 4,070 Avenue Suite 400 Seattle, WA 98121 501(c)(3) 0 promotion of the arts Federal Way SymphonyPO 23-7310860 Box 4513 30819 14th Ave S 1,870 Ste C Federal Way, WA 98063 Frye Art Museum704 Terry 91-0659435 501(c)(3) promotion of the arts Avenue 3,155 Seattle, WA 98104 Giant Magnet (formerly SICF) 91-1253397 501(c)(3) 0 promotion of the arts 305 Harrison St 8,440 Seattle, WA 98109 0 Henry Art Gallery University 23-7052537 501(c)(3) promotion of the arts of Washington Box 351410 68,805 351410 Seattle, WA 98195 501(c)(3) 0 INTIMAN TheatrePO Box 23-7328587 promotion of the arts 19760 94,315 Seattle, WA 98109 91-0776606 501(c)(3) 0 Jack Straw Productions 4261 promotion of the arts Roosevelt Way NE 3,545 Seattle, WA 98105 501(c)(3) 0 Kirkland Arts Center620 91-6059395 promotion of the arts Market Street 3,350 Kirkland, WA 98033 Kirkland Performance Center 91-3129859 501(c)(3) 0 promotion of the arts 350 Kirkland Avenue 2,670 Kırkland, WA 98033

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Nordic Heritage Museum 3014 Northwest 67th Street Seattle, WA 98117	91-1107537	501(c)(3)	15,055	0			promotion of the arts			
Northwest Film Forum610 19th Ave E Seattle, WA 98112	91-1702331	501(c)(3)	6,040	0			promotion of the arts			
Northwest Puppet Center 9123 15th Avenue NE Seattle, WA 98115	94-3034275	501(c)(3)	6,940	0			promotion of the arts			
Northwest SinfoniettaPO Box 1154 Tacoma, WA 98401	91-1590964	501(c)(3)	7,440	0			promotion of the arts			
On the Boards100 W Roy St Seattle, WA 98109	91-1081983	501(c)(3)	41,610	0			promotion of the arts			
Pacific Northwest Ballet301 Mercer Street Seattle, WA 98109	91-0897129	501(c)(3)	200,685	5,220	) FMV	AIRLINE VOUCHER	promotion of the arts			
Pratt Fine Arts Center1902 S Main Street Seattle, WA 98144	91-1186639	501(c)(3)	5,675	0			promotion of the arts			
Richard Hugo House1634 11th Avenue Seattle, WA 98122	91-1718383	501(c)(3)	7,455	0			promotion of the arts			
Seattle Art Museum1300 First Avenue Seattle, WA 98101	91-0640788	501(c)(3)	207,660	3,480	) FMV	AIRLINE VOUCHER	promotion of the arts			
Seattle Arts & Lectures105 S Main Street Suite 201 Seattle, WA 98104	91-1384964	501(c)(3)	12,030	0			promotion of the arts			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Seattle Baroque Orchestra 911 Pine St Seattle, WA 98101	91-1785410	501(c)(3)	2,545	0			promotion of the arts				
Seattle Chamber Music Society10 Harrison Street Suite 306 Seattle, WA 98109	91-1169836	501(c)(3)	17,945	0			promotion of the arts				
Seattle Children's Theatre 201 Thomas Street Seattle, WA 98109	51-0172421	501(c)(3)	122,080	0			promotion of the arts				
Seattle Choral Company 1518 NE 143rd Street Seattle, WA 98125	91-1223378	501(c)(3)	4,575	0			promotion of the arts				
Seattle Men's ChorusSea Women's Chorus319 12th Avenue Seattle, WA 98112	91-1183859	501(c)(3)	10,570	0			promotion of the arts				
Seattle OperaPO Box 9248 Seattle, WA 98109	91-0760426	501(c)(3)	204,600	6,090	FMV	AIRLINE VOUCHER	promotion of the arts				
Seattle Pro Musica1756 NW 56th Street Seattle, WA 98107	51-0175286	501(c)(3)	12,780	0			promotion of the arts				
Seattle Repertory Jazz OrchestraPO Box 45592 Seattle, WA 98145	91-1928901	501(c)(3)	7,710	0			promotion of the arts				
Seattle Repertory Theatre 155 Mercer Street PO Box 900923 Seattle, WA 98109	91-0756535	501(c)(3)	161,270	3,480	FMV	AIRLINE VOUCHER	promotion of the arts				
Seattle Shakespeare CompanyPO Box 19595 305 Harrison St Seattle, WA 98109	91-1512717	501(c)(3)	25,945	0			promotion of the arts				
i											

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Seattle Symphony Orchestra PO Box 21906 Seattle, WA 98111	91-0667412	501(c)(3)	178,410	6,090	FMV	AIRLINE VOUCHER	promotion of the arts			
Seattle Theatre Group911 Pine Street Seattle, WA 98101	94-3130227	501(c)(3)	11,045	0			promotion of the arts			
Seattle Youth Symphony Orchestras11065 Fifth NE Suite A Seattle, WA 98125	91-0493840	501(c)(3)	7,870	0			promotion of the arts			
SIFF (Cinema Seattle)400 9th Avenue North Seattle, WA 98109	91-1489660	501(c)(3)	7,825	0			promotion of the arts			
Spectrum Dance Theater800 Lake Washington Boulevard Seattle, WA 98122	91-1263530	501(c)(3)	5,970	0			promotion of the arts			
Tacoma Art Museum1701 Pacific Avenue Tacoma, WA 98402	91-0697444	501(c)(3)	49,285	0			promotion of the arts			
Tacoma Musical Playhouse 7116 6th Avenue Tacoma, WA 98406	94-3198670	501(c)(3)	5,040	0			promotion of the arts			
Tacoma Opera917 Pacific Ave Suite 407 Tacoma, WA 98402	91-1237511	501(c)(3)	8,400	0			promotion of the arts			
Tacoma Philharmonic901 Broadway 4th Flr Tacoma, WA 98402	91-0787331	501(c)(3)	4,980	0			promotion of the arts			
Tacoma Symphony738 Broadway Suite 100 Tacoma,WA 98402	91-6032976	501(c)(3)	14,940	0			promotion of the arts			

Form 990,Schedule I, Par	t II, Grants an	ıd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tacoma Youth Symphony901 Broadway Plaza Suite 500 Tacoma, WA 98402	23-7005522	501(c)(3)	9,970	0			promotion of the arts
Taproot Theatre CompanyPO Box 30946 Seattle,WA 98103	91-0971237	501(c)(3)	7,370	0			promotion of the arts
The Esoterics4523A 40th Avenue SW Seattle, WA 98116	91-1617663	501(c)(3)	1,870	0			promotion of the arts
The Vera Project305 Harrison St Seattle, WA 98109	31-1816016	501(c)(3)	2,870				promotion of the arts
Three Dollar Bill Cinema 1122 East Pike Street 1313 Seattle, WA 98122	91-1708195	501(c)(3)	4,155	0			promotion of the arts
Town Hall Association1119 8th Ave Seattle, WA 98101	91-1910904	501(c)(3)	17,195	0			promotion of the arts
UW World Series at Meany HallUniversity of Washington Box 351150 351150 Seattle, WA 98195	91-3079137	501(c)(3)	12,555	0			promotion of the arts
Vashon Allied ArtsPO Box 576 Vashon Island, WA 98070	51-0183051	501(c)(3)	3,970	0			promotion of the arts
Velocity Dance Center915 East Pine Street 200 Seattle, WA 98122	91-2030037	501(c)(3)	4,020	0			promotion of the arts
Vıllage Theatre303 Front Street N Issaquah, WA 98027	91-1077130	501(c)(3)	102,585	0			promotion of the arts

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Wing Luke Asian Museum 407 Seventh Avenue S Seattle, WA 98104	91-6067431	501(c)(3)	24,070	0			promotion of the arts		
Wing-It Productions5510 University Way NE Seattle, WA 98105	91-1730761	501(c)(3)	1,750	0			promotion of the arts		

**Compensation Information** 

DLN: 93493104004161

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of '	t he	orga	niza	ıt io	n		
Corpora	ate (	Coun	cıl for	the	Arts	DBA	ArtsF	und

**Employer identification number** 

91-0839644

Pa	<b>Tible</b> Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all Compensation committee					
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>ب</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ie applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	ın Part III	<b>.</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		Νο
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		incentive reporta		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
James F Tune	(II)	158,915 0	0 0	10,000	3,467 0	9,408 0		0 0

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation	
F	Part I, Line 1a	ARTSFUND PAID DUES TO THE RUINS	

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization Corporate Council for the Arts DBA ArtsFund

**Employer identification number** 

					91-0839644			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of d reven	- etermı	nıng	
1	Art—Works of art	аррпсаые		I I I				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
7								
	Intellectual property			10010				
	Securities—Publicly traded .	X	3	40,946	MARKET VALUE (S	OLD)		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	VARIOUS IN-KIND							
25	Other (DONATIONS)	X	29	16,387	THRIFT SHOP VAL	UE		
	airline			·				
26	Other►( <u>voucher</u> )	X	1	24,360	donor value (FMV)			
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received				29			
	for which the organization compl	etea Form a	5265, Part IV, Donee Ackr	iowiedgement			Yes	No
30a	During the year, did the organiza	ition receiv	e hy contribution any prope	erty renorted in Part I. lines	1-28 that it		165	110
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangeme					30a		
31	•			rayyaw of any non-standard	contributions?	31		Νo
	Does the organization have a gif							
JZā	contributions?	· · ·		· · · · · · · · · ·		32a	Yes	
ь	If "Yes," describe in Part II							
33		revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use		ARTSFUND USES MCADAMS WRIGHT RAGEN TO SELL DONATED SECURITIES

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 91-0839644

Name: Corporate Council for the Arts DBA ArtsFund

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DLN: 93493104004161

OMB No 1545-0047

2009

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

**Supplemental Information to Form 990** 

Inspection

Name of the organization

**SCHEDULE 0** 

Department of the Treasury

Internal Revenue Service

(Form 990)

Corporate Council for the Arts DBA ArtsFund

**Employer identification number** 

91-0839644

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Project Audience, Cultural Database (see description in Program service accomplishments)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE BY-LAWS WERE AMENDED AND RE-STATED BY THE BOARD ON 9/23/10 (APPROVED AT BOARD MEETING) THE AMENENDMENT ADDRESSED ELECTRONIC (EMAIL) NOTIFICATIONS AND THE ASSOCIATES PROGRAM

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE BOARD OF TRUSTEES AND ALL CONTRIBUTORS to the organization ARE MEMBERS Members do not have voting rights Only the board of trustees have voting rights

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		all members may vote in the election of the board of directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW BEFORE THE FORM 990 IS FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EVERY BOARD MEMBER SIGNS A CONFLICT OF INTEREST POLICY STATEMENT WHEN JOINING THE BOARD ARTSFUND MONITORS RELATIONSHIPS REGARDING POSSIBLE CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE DETERMINED OFFICER WAGES IN ACCORDANCE WITH THE COMPENSATION POLICY AND COMPARED WAGES TO UNITED WAY KING CO WAGE SURVEY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		FORM 990 GUIDESTAR, CHARITABLE NAVIGATOR, AND AVAILABLE UPON REQUEST FORM 1023 AVAIILABLE UPON REQUEST

Section C, line 19 AUDITED FINANCIAL STATEMENTS are available on ARTFUND's WEBSITE for BOARD MEMBE		Explanation
		GOVERNING DOCUMENTS and conflict of interest statement are AVAILABLE UPON REQUEST AUDITED FINANCIAL STATEMENTS are available on ARTFUND'S WEBSITE for BOARD MEMBERS AND UPON REQUEST

ldentifier	Return Reference	Explanation
		process has not changed from prior year

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DLN: 93493104004161

2009

OMB No 1545-0047

**Open to Public** Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization Corporate Council for the Arts DBA ArtsFund					fication number
Part I Identification of Disregarded Entities (Complet	e if the organization a	nswered "Yes" on	Form 990, Part 1		
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
			state chitry)    Control   Control		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organızatıon an	swered "Yes" on	Form 990, Part I	V, line 34 because it had one
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) s Direct controlling )) entity
THE ARTSFUND FOUNDATION  10 HARRISON ST 200  SEATTLE, WA 98109 91-1866831	MANAGEMENT OF ENDOWMENT FUNDS FOR THE ARTSFUND	WA	501(C)(3)	11, TYPE	ELECTED BY ARTSFUND

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income					Disproprtionate Code V—UBI		Gener mana	al or Iging
								Yes	No			Yes	No
												(j) General manag partne  Yes	
					e (f) Share of total income Share of end-of-year assets    Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)   Wes No								
	IN of Primary activity  The primary activity												
								nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.					)	Ī	(a)	(h)		
	f related organization	Primary ad	ctivity	(c) Legal domicile (state or foreign country)	Direct controlling	Type of entity (C corp, S corp,	Share of	f total	Sh end-	nare of -of-year	Percentag		
									1				
									1				

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
<b>1</b> D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-1	V ?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No					
b	· · · · · · · · · · · · · · · · · · ·									
c	c.i., g. and, or dapital definition of the organization (o)									
d	Loans or loan guarantees to or for other organization(s)		1d		No					
e	Loans or loan guarantees by other organization(s)		1e		No					
f	Sale of assets to other organization(s)		1f		No					
g										
h										
i	i Lease of facilities, equipment, or other assets to other organization(s)									
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No					
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No					
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11		No					
m	m Sharing of facilities, equipment, mailing lists, or other assets									
n	Sharing of paid employees		1n		No					
o	Reimbursement paid to other organization for expenses		10		No					
p	Reimbursement paid by other organization for expenses		1р	Yes						
q	O ther transfer of cash or property to other organization(s)		<b>1</b> q		No					
r	Other transfer of cash or property from other organization(s)		1r		No					
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshi	ps and transaction thres	holds							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	Amount	( <b>c)</b> : involve	ed .					
	sfund foundation	Р		2	2,992					
	sfund foundation	С		35	0,000					
(3)										
(4)										
(5)										

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtiona allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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