

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



# orm **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.

2011

Open to Public Inspection

A I	or the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	ARTIS CONTEMPORARY ISRAELI ART FUND, I	NC.		
	Name change			26-4	184988
$\sqsubseteq$	Initial return	· · · · · · · · · · · · · · · · · · ·	Room/suite	•	
<u>_</u>	Termin ated	300 BROADWAI	301	212-	2850960
L	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,153,121.
	Application pendin	NEW IORK, NI LUUIS		H(a) Is this a group re	
	pondin	F Name and address of principal officer. YAEL REINHARZ		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	
		mpt status <b>X</b> 501(c)(3)	or 527	<b>-</b>	list (see instructions)
		e: > WWW.ARTISCONTEMPORARY.ORG	1	H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2004 N	State of legal domicile: NY
P	T	Summary	~ + ~ .		
e S		Briefly describe the organization's mission or most significant activities ARTI			
Activities & Governance		NONPROFIT THAT SUPPORTS AND PROMOTES THE		_	
/eri	1	Check this box  if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions.	sea ot mor		
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	16 16
<b>න්</b> ග		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ţ		Total number of individuals employed in calendar year 2011 (Part V, line 2a)  Total number of volunteers (estimate if necessary)		5	3
츷	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990/F, line 34		7a 7b	0.
	<u> </u>	Not difficiated business taxable insortic fight 1 cm 300 1, into 04		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		583,273.	1,114,114.
Revenue				0.	39,007.
eve	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A) lines 2, 4, apo 7d)		299.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116)		0.	0.
	12	Total revenue - add lines 8 through 11 (must eotial)Part VIII', còlumn (A)∕InfeN2)		583,572.	1,153,121.
	13	Grants and similar amounts paid (Part IX, column (M, lines 1-3)		140,931.	230,154.
	14	Benefits paid to or for members (Part IX, column (A), Virie 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part Column (A) dures 5-10)		129,165.	178,565.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b b	Total fundraising expenses (Part IX, column (D), line 25) 53, 3	98.		,
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	204,867.	<u> 267,191.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	474,963.	675,910.
. "	19	Revenue less expenses Subtract line 18 from line 12		108,609.	477,211.
Net Assets or			<u> </u>	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	F	130,129.	609,445.
et P	21	Total liabilities (Part X, line 26)	$\vdash$	17,761.	19,866.
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		112,368.	589,579.
_	art II				denoted and balled the
		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of pregarer (other than officer) is based on all information of w			y knowledge and bellet, it is
uuc	, солес	t, and complete. Declaration by pregater (other finan officer) is based on an information of wi	пісп рієраї	Moren	10/12 2012
Sig	ın	Signature of officer		Date	per 13, 2012
He		YAEL REINHARZ, EXECUTIVE DIRECTOR			
110		Type or print name and title	/	<del>.</del>	
	_	Print/Type preparer's name Prepsfer's signature		Date Check	PTIN
Pai	d	MICHAEL KUSLANSKY		11/12/12 self-employ	P00746946
	parer	Firm's name ROSEN KUSLANSKY, CPA, P.Q.		Firm's EIN	13-3569653
	Only	Firm's address 7 PENN PLAZA, SUITE 1700			
_		NEW YORK, NY 10001		Phone no. 2	12-675-2600
Ma	y the IF	as discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 01-2		ons.	1-11	Form <b>990</b> (2011)
	S	ee Schedule O for Organization Mission S	tatem	ent ContYnua	tion 23

	990 (2011) ARTIS CONTEMPORARY ISRAELI ART FUND, INC. 26-4184988	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission	
	LAUNCHED IN 2004 AND BASED IN NEW YORK, LOS ANGELES, AND TEL AVIV,	
	ARTIS IS AN INDEPENDENT NON-PROFIT THAT SUPPORTS AND PROMOTES THE	
	ISRAELI CONTEMPORARY ART COMMUNITY THROUGHOUT THE WORLD. BY PROVIDI	NG
	A CURATORIAL VOICE ON THE MOST ENGAGING VISUAL ART FROM ISRAEL, ART	
2	Did the organization undertake any significant program services during the year which were not listed on	. 15
~		X No
		NO LAL
_	If "Yes," describe these new services on Schedule O	
3		X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	to
	others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 581,165. including grants of \$ 230,154.) (Revenue \$ 39,	007.)
	GRANT PROGRAM:	
	THE ARTIS GRANT PROGRAM WAS ESTABLISHED IN 2007 IN RESPONSE TO THE	
	GROWING SUCCESS OF THE ISRAELI CONTEMPORARY ART COMMUNITY AND THE	
	INCREASED NEED FOR SUPPORT FOR INTERNATIONAL PROJECTS FEATURING ISF	CAELI
	ARTISTS. THE PROGRAMS AIM IS TO FUND MEANINGFUL OPPORTUNITIES FOR	
	PROMISING AND ESTABLISHED ARTISTS AND TO FURTHER CULTURAL EXCHANGE	
	ACCESS TO ISRAELI CONTEMPORARY ART BY SUPPORTING PROJECTS OUTSIDE C	)F
	ISRAEL. GRANTS ARE AWARDED ON A PROJECT-BASIS TO ORGANIZATIONS AND	
	INDIVIDUAL ARTISTS. WE PRIORITIZE HIGH IMPACT, HIGH VISIBILITY SOLO	OR_
	GROUP PROJECTS THAT REACH BROAD AUDIENCES OUTSIDE OF ISRAEL.	_
4b	(Code) (Expenses \$	<u> </u>
	/ / / / / / / / / / / / / / / / / / /	
4c	(Code) (Expenses \$	
	/ (caparidad ) / (responded )	
Ad	Other program convices (Decembe in Schodule O.)	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ► 581,165.	
132002		<b>90</b> (2011)
02-09-		

Form **990** (2011)

19

20a

X

Х

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV | Checklist of Required Schedules (continued)

		_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		v
24-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b		234		**
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ŀ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<del>                                     </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36	<del>                                     </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		175	
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	0011
		rorm	990 (	ZU11)

Form 990 (2011)

14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management	_				
				,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	T		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
	officer, director, trustee, or key employee?	,	2	.	1	X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		з			Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5			X
6	Did the organization have members or stockholders?		6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or		$\top$		
	more members of the governing body?		78	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or		7		
	persons other than the governing body?	· · · · · · · · · · · · · · · · · · ·	71	, l		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:		+		
а	The governing body?	<b>,</b>	88	a	x	
ь	Each committee with authority to act on behalf of the governing body?		81		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	,		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)		1		
				٦,	<b>Yes</b>	No
10a	Did the organization have local chapters, branches, or affiliates?		10	а		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the fo	rm? <b>11</b>	а	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_		_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12	b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	ın Schedule O how this was done		12	.c	X	
13	Did the organization have a written whistleblower policy?		1:	3	X	
14	Did the organization have a written document retention and destruction policy?		14	4	X	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			-	
а	The organization's CEO, Executive Director, or top management official		15	ia	X_	
b	Other officers or key employees of the organization		15	b	i	_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	_			
	taxable entity during the year?		16	ia		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	inization's		-		
	exempt status with respect to such arrangements?		16	b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s	only) avai	lable	•	
	for public inspection. Indicate how you made these available. Check all that apply					
46	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest pol	icy, and fir	nanc	al	
00	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the or	ganization			
	YAEL REINHARZ - 212-285-0960					
13200					100	0044
01-23-	12		H۸	rm S	<b>:</b> 3U /	2011)

ARTIS\_1

#### Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per	(C) POsition (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RIVKA SAKER FOUNDER AND CHAIR	1.00	x		х				0.	0.	0.
(2) NANCY BERMAN	1.00							0.	0.	0.
DIRECTOR (3) WENDY FISHER	1.00	^	<del> </del>		<del>                                     </del>		_			
DIRECTOR	1.00	X	<u>L</u> .					0.	0.	0.
(4) EDMUND G.GLASS	1									
SECRETARY	1.00	X		X	$\vdash$			0.	0.	0.
(5) SHULAMIT KATZMAN DIRECTOR	1.00	x				1		0.	0.	0.
(6) JON KESSLER	1.00		<del> </del> -		$\vdash$	<u> </u>				•
DIRECTOR	1.00	X		ļ				0.	0.	0.
(7) STEVEN MADOFF										
DIRECTOR	1.00	X	<u> </u>		<u> </u>			0.	0.	0.
(8) DAVID MUGRABI						1				
DIRECTOR	1.00	X	<u> </u>		ऻ	<u> </u>	_	0.	0.	0.
(9) VIVIAN OSTROVSKY	1 00									
DIRECTOR	1.00	X			₩			0.	0.	0.
(10) JOAN ROSENBAUM	1.00	v	ļ					0.	0.	0.
DIRECTOR (11) MITCHELL PRESSER	1.00	^	-	-	┢					
DIRECTOR	1.00	x		1				0.	0.	0.
(12) LYNN SCHUSTERMAN					T					
DIRECTOR	1.00	x						0.	0.	0.
(13) MANON SLOME										
DIRECTOR	1.00	X	_	X	<u> </u>		_	0.	0.	0.
(14) JAMES SNYDER									_	
DIRECTOR	1.00	X	ļ	<u> </u>	<del> </del>		ļ.,	0.	0.	0.
(15) ELLEN SCHLOSS FLAMM	1 00	,,								_
DIRECTOR	1.00	X	Ì	-	╁	-	-	0.	0.	0.
(16) JOSEPH VARET	1.00							0.	0.	0
DIRECTOR (17) WAR DELIVERS	1.00	<del> </del> ^	+	┢	+	+	$\vdash$	1 0.	0.	0.
(17) YAEL REINHARZ EXECUTIVE DIRECTOR	1.00			x				83,667.	0.	5,784.
132007 01-23-12	1 2,00	1	-						·	Form <b>990</b> (2011)

ARTIS\_\_1

Page 7

132009 01-23-12

Form 990 (2011)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	se to any question in thi (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPONICO	general expenses	схренаев
	organizations in the United States. See Part IV, line 21	123,204.	123,204.		
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22	26,500.	<u> 26,500.</u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	80,450.	80,450.		
4	Benefits paid to or for members				<u></u> .
5	Compensation of current officers, directors,				
	trustees, and key employees	83,667.	50,200.	8,367.	25,100
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	50.005			
7	Other salaries and wages	69,986.	57,357.	6,998.	5,631
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	10 111	0.455	1 011	0 400
9	Other employee benefits	12,111.	8,477.	1,211.	2,423
10	Payroll taxes	12,801.	8,961.	1,280.	2,560
11	Fees for services (non-employees)				
a	Management	F 000	2 000	1 250	750
b	Legal	5,000.	3,000.	1,250.	750
C	Accounting	13,801.		13,801.	
d	Lobbying See See Not IV to a 47				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,896.	11,127.	1,590.	3,179
g 12	Other Advertising and promotion	8,894.	7,700.	1,390.	1,194
13	Office expenses	22,024.	13,981.	2,604.	5,439
14	Information technology	7,570.	7,570.	2,004.	3,437
15	Royalties	7,570.	7,370.		
16	Occupancy	16,082.	12,866.	1,608.	1,608
17	Travel	70,781.	66,182.	1,454.	3,145
18	Payments of travel or entertainment expenses	, , , , , , ,	00,2021	2,1010	3/113
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,021.	7,015.	1,002.	2,004
23	Insurance	1,822.	1,275.	182.	365
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CURATORIAL FELLOWS	32,982.	32,982.		
b	PROFESSIONAL DEVELOPMEN	21,530.	21,530.		
С	SPECIAL PROJECTS	13,513.	13,513.		
d	TALK SERIES EVENT	12,591.	12,591.		·
е	All other expenses	14,684.	14,684.		
<u>2</u> 5	Total functional expenses. Add lines 1 through 24e	675,910.	581,165.	41,347.	53,398
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

609,445. Form 990 (2011)

<u>589,579.</u>

31 32

33

34

112,368.

130,129.

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

	200 (0011) ADMIC COMMENDODADY ICRAELI ADM EIND INC	26	4104000	Б.	. 40		
	990 (2011) ARTIS CONTEMPORARY ISRAELI ART FUND, INC.  t XI   Reconciliation of Net Assets	<u> </u>	<u>4184988</u>	_ Pag	<sub>je</sub> 12		
					$\overline{}$		
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,153	3 1	121.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,910.			
3	Revenue less expenses Subtract line 2 from line 1	3			11.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			68.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		., <u>.</u>	0.		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	500	) F	79.		
_	t XII Financial Statements and Reporting	ь	36.	,,5	13.		
					$\mathbf{x}$		
	Check if Schedule O contains a response to any question in this Part XII		1	Yes	No.		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			163	140		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	X		
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit					
•	review, or compilation of its financial statements and selection of an independent accountant?	o addii,	2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	alube O	20				
а	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				1		
-	separate basis, consolidated basis, or both	u on a					
	X Separate basis Consolidated basis Both consolidated and separate basis						
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ada Aua	1.+		;		
Зa	As a result of a rederal award, was the organization required to undergo an addit of addits as set forth in the Sil Act and OMB Circular A:133?	igle Aud	i l		х		
	,		3a				
le	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	rad and	i,4				

Form **990** (2011)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of t	the organizati	on				_			Employer ic	lentificati	on nu	mber
			ONTEMPORARY						26	-4184	<u>988</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions				
The organ		•	because it is (For lines	•		-	•					
1 🖳			s, or association of chur			ction 170	(b)(1)(A)(i)	-				
2			<b>'0(b)(1)(A)(ii).</b> (Attach Sc	-								
3 📙			tal service organization									
4 📖			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(	iii). Enter th	e hospital	s nam	e,
	city, and stat		h							d		
5			benefit of a college or un	niversity ov	wnea or op	erated by	a governr	nentai ur	nit described	ın ın		
e 🗀		(b)(1)(A)(iv). (Complete, or local government	ete Fart II ) lent or governmental uni	t donombo	d in acatia	- 470/b\/4	IV <b>A</b> V(- A					
6 L 7 X			erit or governmental uni					r from th	e general n	iblic desc	nbed i	n
, ,	_	b)(1)(A)(vi). (Comple	•	or its supp	on nom a	governine	mai umi c	4 110111 111	c general pr	ubile desci	ibea i	•
в 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II )							
9 🗔			eives (1) more than 33			rom contri	butions m	nembersh	no fees and	d aross rea	eints	from
	_		nctions - subject to certa						•	-		
			axable income (less sect	•		•				•		
		<b>509(a)(2).</b> (Complete					•					
10	An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	<b>I)</b> .				
11 🔲	An organizati	on organized and or	perated exclusively for the	ne benefit (	of, to perfo	rm the fur	nctions of,	or to car	ry out the p	urposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> o	ction 509	(a)(3). Chec	k the box	that	
			organization and compl		_							
[ <del></del> ]	a L Type			с 🔲 Тур						Type III - C		
e 📖		•	at the organization is not		•	•	•					n
		•	han one or more publicly		•				)9(a)(1) or se	ection 509	(a)(2)	
f	_		tten determination from t	the IRS tha	atitisa iy	ре і, Туре	II, or Type	e III				
~		rganization, check th	nis dox organization accepted ar	ny aift or c	ontribution	from any	of the follo	owana na	reone?			
g	-		firectly controls, either al			-					Yes	No
			upported organization?	one or tog	Cuici willi	persons	icaciibca i	iii (ii) ariu	(III) DCIOVV,	11g(i)	163	140
	-	- ·	n described in (i) above?	•						11g(ii)		
			person described in (i)		e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
				_	•							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi)	Is the	(vii) Am	ount o	ıf
	anization		organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	l(i) organ	tion in col.		port	
			above or IRC section		document?	ļ		ļ	S.7			
	····		(see instructions))	Yes	No	Yes	No	Yes	No			
				-	<u> </u>	-						
				İ		Ì						
								-	+ +			
						!						
	· <del>-</del>		<del>                                     </del>	<del> </del>	İ				+ +			
		-		1					+ +			
<u>Total</u>				<u> </u>								
LHA For I	Paperwork Re	duction Act Notice	, see the Instructions f	for				Schedi	ıle A (Form	990 or 99	(O-EZ)	2011

132021 01-24-12

Form 990 or 990-EZ.

Т 3

Schedule A (Form 990 or 990-EZ) 2011 ARTIS CONTEMPORARY ISRAELI ART FUND, INC. 26-4184988 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				583,273.	1114114.	1697387.
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u></u>			
4	Total. Add lines 1 through 3				583,273.	1114114.	1697387.
5	The portion of total contributions			ļ			
	by each person (other than a			İ			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						818,922.
	Public support. Subtract line 5 from line 4			<u> </u>			878,465.
	tion B. Total Support	·				-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				583,273.	1114114.	1697387.
8	Gross income from interest,						j
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>		299.		299.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	<b>Total support.</b> Add lines 7 through 10						1697686.
	Gross receipts from related activities					12	39,007.
13	First five years. If the Form 990 is fo		's first, second, thi	ird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	. 🚍
Sac	organization, check this box and stop ction C. Computation of Publ	o here	rcentage	<del> </del>			<b>▶</b> X
	Public support percentage for 2011 (	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	<u>%</u>
	Public support percentage from 2010	•	•		- 14 00 1/00/	15	<u>%</u>
108	33 1/3% support test - 2011. If the	~		•	2 14 IS 33 1/3% OF II	nore, check this bo	x and ⊾ □
	stop here. The organization qualifies 33 1/3% support test - 2010. If the		-		d line 15 in 22 1/20/	or more shook ti	bus bass
	• •	•		•	iu iirie 15 is 33 1/370	or more, check u	nis dox
170	and stop here. The organization qua		• • •		no 12 160 or 16b /	and line 14 is 10%	or more
178	10% -facts-and-circumstances tes and if the organization meets the "fac						
	meets the "facts-and-circumstances"			= -		t iv now the organ	iization ⊾ [□
1-	10% -facts-and-circumstances tes	•	•		J	17a and line 15 is	10% or
		•	•				
	more, and if the organization meets to				•		<b>.</b> □
12	organization meets the "facts-and-cire Private foundation. If the organization		_				
10	Trivate roundation. If the organization	ar did not check a	LOOK OF HIR TO, TO	oa, 100, 17a, 01 1			
					Sche	edule A (Form 990	າປ <b>າສອປ-</b> ⊑∡()2U11

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")				<u> </u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		,		1		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						İ
	the organization without charge						
6	Total. Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					}	,
c	Add lines 7a and 7b	-		-			
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(4) = 3 3 1	(9) 2000	(0) 2000	(4),20.0	(0) 2011	17 10121
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					İ	
,	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,					İ	
	whether or not the business is regularly carried on						
12	Other income Do not include gain		-		_	<del></del>	-
	or loss from the sale of capital					1	
13	assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)				<del></del>	<del></del>	<del> </del>
	First five years. If the Form 990 is for	r the organization'	s first second thu	rd fourth or fifth t	tay year as a section	n 501(c)(3) organi	ration
• •	check this box and stop here	the organization.	s mst, second, tim	a, louren, or mare	lan year as a section	in 30 r(c)(3) organi.	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (		<del></del>	column (f)		15	%
	Public support percentage from 2010	= = = = = = = = = = = = = = = = = = = =	•	column (1))		16	
	ction D. Computation of Inves					110 1	
	Investment income percentage for 20					17	
	Investment income percentage from			ie is, column (I))		17	% %
	33 1/3% support tests - 2011. If the	•	•	on line 14 and lin	a 15 is mara +ha= 1	18	
130							i / is not ⊾ ┌──
j.	more than 33 1/3%, check this box a		-	· · · · · · · · · · · · · · · · · · ·			<b>▶</b> ∟
	33 1/3% support tests - 2010. If the						_
20	line 18 is not more than 33 1/3%, che		-		· · · · ·	-	
<u> 20</u>	Private foundation. If the organization	n did not check a	DOX OF TIME 14, 19	a, or 190, check t	nis dux and see in	structions	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2011
Open to Public Inspection

Name of the organization

Employer identification numbe

		ISRAELI ART FUND, INC.	•	26-4184988
Par			Accou	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6			
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	nting that the assets held in donor advised fu	nds	
	are the organization's property, subject to the organization's ex	3		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor adv		-	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring	
_	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, Part IV	/, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an historica	ally impo	ortant land area
	Protection of natural habitat	Preservation of a certified h	nistoric	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a c	conserva	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struc		2c	
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	ınızatıor	during the tax
_	year -			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	• •		
_	violations, and enforcement of the conservation easements it h		41	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		•	· —————
7	Amount of expenses incurred in monitoring, inspecting, and er			<b>\$</b>
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(n)(4)(	(B)(I)	Cly Cly-
9	In Part XIV, describe how the organization reports conservation	n conservations its revenue and evenues state		Yes No
9	include, if applicable, the text of the footnote to the organization	•		·
	conservation easements	on's inalicial statements that describes the o	ryariizai	tion's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Simil	ar Assets
	Complete if the organization answered "Yes" to Form 9		•	
 1a	If the organization elected, as permitted under SFAS 116 (ASC		and hals	ance sheet works of art
	historical treasures, or other similar assets held for public exhib			
	the text of the footnote to its financial statements that describe	•	, pabilo	ocivico, provido, irri die Air,
b	If the organization elected, as permitted under SFAS 116 (ASC		balance	sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edu			·
	relating to these items	rounding of recognition further and of public of	0, 1,00, 1	storide the fellowing amounts
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X			\$ 
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial cain	nrovid	<u> </u>
-	the following amounts required to be reported under SFAS 116		., piovio	•
а	Revenues included in Form 990, Part VIII, line 1	e v 2000 rolating to those items	<b></b>	\$
h	Assets included in Form 990, Part X			\$ \$
				<u> </u>

Schedule D (Form 990) 2011

-	dule D (Form 990) 2011 ARTIS CON			_							
Par	t III   Organizations Maintaining Coll										
3	Using the organization's acquisition, accession,	and other record	s, checi	k any of the	following t	that are a s	ignificant	use of its	collection	ı item	S
	(check all that apply)										
а	Public exhibition	d	_	Loan or exc	•	_					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explair	n how th	ney further t	he organız	ation's exe	mpt purp	ose in Pa	rt XIV		
5	During the year, did the organization solicit or re	ceive donations of	of art, hi	storical trea	sures, or c	ther simila	r assets		_		_
	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answere	ed "Yes" to	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Part X,	, line 21									
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for	contribution	ns or other	assets not	included	_	_		_
	on Form 990, Part X?								☐ Yes	[	No
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing t	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				,
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV	. ,									
Par		e organization an	swered	"Yes" to Fo	rm 990, Pa	art IV, line	10				
		a) Current year		rior year	1	ears back		vears back	(e) Four	vears	back
1a	Beginning of year balance		<u> </u>				1-1		1		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities									•	
Ť	and programs										
f	Administrative expenses										-
g g	End of year balance								<u> </u>		
2	Provide the estimated percentage of the current	t vear end halanc	e (line 1	a column (s	all hold as				1		
	Board designated or quasi-endowment	t year end balane	%	g, coluitii (c	a)) neid as						
	Permanent endowment	%									
	Temporarily restricted endowment	^~ %									
·	The percentages in lines 2a, 2b, and 2c should e										
32	Are there endowment funds not in the possession		ation the	at are held a	nd admini	stered for t	he organi	zation			
Ja	by:	on or the organiza	auon uic	at all FICIU d	uiu aumiili	areied IOI I	.ne organi	Lauvii	Γ	Yes	No
	(i) unrelated organizations									168	140
	(ii) related organizations								3a(i)	_	
h	If "Yes" to 3a(ii), are the related organizations lis	tod oo roguirod o	n Cobor	tulo D2					3a(ii)		
4	Describe in Part XIV the intended uses of the organizations is	•							3b		
Par	t VI Land, Buildings, and Equipmen										
. 41	Description of property	(a) Cost or o			orothor	/=\ ^	ooumule*	od T	(d) Post	. veli:	
	Description of property	basis (investr			t or other (other)	, , ,	ccumulate preciation	I	(d) Book	valu	E
	Land	545.5 (11105111		- Du313	(50,101)	+	PIOCIALION	·			
	Land					+		<del></del>			
	Buildings					+					
	Leasehold improvements				8,909	<del></del> -	3,0	20		- 0	00
	Equipment	-		າ	8,909 12,833		<u>3,0</u> 7,7				80.
	Other  Add lines 1a through 1e (Column (d) must equa	15000 8	V			•[	1,1	03.		<u>0,0</u>	<u>50.</u>

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 ARTIS C	ONTEMPORARY ISRAE	LI ART FUND, INC	. 26-4184988 Page <b>3</b>
Part VII Investments - Other Securit	ties. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		<u>-</u>	
(B)			
(C)	_		
(D) (E)			
(F)			
(G)			
(H)			
(1)		······································	
Total. (Col (b) must equal Form 990, Part X, col (B) line	12.)	·	
Part VIII Investments - Program Rela	ated. See Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Meth	od of valuation of-year market value
(1)			
(2)		<del> </del>	
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9)			
(10)	4015		·
Total. (Col (b) must equal Form 990, Part X, col (B) line Part IX Other Assets. See Form 990, Part X	13.) No. 15		. —
Tartix Other Assets. See Form 990, Fa	(a) Description		(b) Book value
(1)	(4)		(2) 2001 14.00
(2)	····		
(3)			
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. See Form 990	tol (B) line 15.)	<del> </del>	
(a) December of leability		b) Book value	
(1) Federal income taxes	ny (	b) book value	
(2)			
(3)			
(4)	-		
(5)		<del></del>	
(6)			
(7)			
(8)			
(9)			
(11)			
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 25 )		
2. FIN 48 (ASC 740)	e icomote to the organization's financial statem	snus unau reports the organization's liabi	inty for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 2011

_	rt XI Reconciliation of Change in Net Assets from Form 990 to				1184988 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	***	1		1,153	121.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			910.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			211.
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 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d9 <sup>-</sup>	10		477	211.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue p	er Return		
1	Total revenue, gains, and other support per audited financial statements	-		1	1,153,	121.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,153,	121.
4	Amounts 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				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,153	121.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses	per Retu		
1	Total expenses and losses per audited financial statements			1	675	910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	675	<u>910.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		İ		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
Ъ	Other (Describe in Part XIV)	4b				•
c	Add lines 4a and 4b			4c	675	0.
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIV Supplemental Information			5	6/5	910.
X, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compaREMENT HAS EVALUATED ALL INCOME TAX POSITE	olete this part to pr TIONS AND	ovide ar	ny additional	information	
<u>FII</u>	NANCIAL STATEMENTS.					

26

132054 01-23-12

Schedule D (Form 990) 2011

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ARTIS CONTEMPOR	ARY ISRA	ELI ART	FUND, INC.	26-4184	988
Part I General Info	rmation on A		tside the United States. Comple		
to Form 990, Par					
_			ds to substantiate the amount of its gra	_	
the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	X Yes  No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance of	outside the
3 Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Middle East and					
North Africa	0	0	GRANTS		19,900,
Europe (Including					
Iceland & Greenland)		0	GRANTS		4.900.
					1,500,
	•				
<del></del>					
· · · · · · · · · · · · · · · · · · ·					
	†				
· · · · · · · · · · · · · · · · · · ·					
3 a Sub-total	0	0			24,800,
b Total from continuation	] _				_
sheets to Part I  c Totals (add lines 3a	<u>-</u>	00_			
and 3b)		0			24 800
LHA For Paperwork Reduct	tion Act Notice,		ctions for Form 990.	Schedule	F (Form 990) 2011

132071 01-23-12 ARTIS CONTEMPORARY ISRAELI ART FUND, INC.

26-4184988

Page 2

		٠	
8	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any		
498	"Yes"		
26-4184988	vered		
- 56-	anization answ		
INC.	te if the org	5,000	
FUND	Comple	e than \$	
ART	States.	ved more	
PORARY ISRAELI ART FUND, INC.	side the United	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	
ARY	ies Out	ıf no on	
MPOR	or Entit	this box	papa
NTE	ations	Check t	e is nee
S S	rganiz	000'9	l spac
ARTIS CONTEME	ce to O	than \$\$	Part II can be duplicated if additional space is needer
7	sistan	d more	ted if a
011	ther As	receive	duplica
390) Z(	and 0	it who	an pe
Schedule F (Form 990) 2011	irants	ecipien	art II c
fule F		2	ů.
Schec	Part		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FOR CONTEMPORARY ART	19,900.	WIRE	*0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FOR CONTEMPORARY ART	4,900.	WIRE	•0		
2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro	recipient organization the grantee or counsitors other organizations or	ins listed above that are el has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax·e›	cempt by		
ı		200000						

Schedule F (Form 990) 2011

28

Page 3

ARTIS CONTEMPORARY ISRAELI ART FUND, INC.

26-4184988

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2011

(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2011
(g) Description of non-cash assistance							Schedu
(f) Amount of non-cash assistance	0	0				,	
(e) Manner of cash disbursement	IRE	WIRE					
(d) Amount of cash grant	53,250,WIRE	2,400				:	
(c) Number of recipients	5	1					
(b) Region	Middle East and North Africa	Europe (Including Iceland & Greenland)					
(a) Type of grant or assistance	FOR CONTEMPORARY ART						

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 ARTIS CONTEMPORARY ISRAELI ART FUND, INC. 26-4184988 Page 5  Part V   Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method,
amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information
ARTIS REQUIRES ALL GRANTEES TO SUBMIT A SIGNED CONTRACT ATTESTING TO
COMPLIANCE WITH THE PROJECT PROPOSED IN THEIR APPLICATION. ARTIS ALSO
REQUIRES AN IRS FORM W8 FORM TO BE SIGNED, AND AN INVOICE, WITH FUNDS
WIRED DIRECTLY TO THE RECIPIENT. AFTER THE PROJECT IS COMPLETED, ARTIS
111111111111111111111111111111111111111
REQUIRES PHOTOGRAPHS AND REPORTS EVALUATING THE PROJECT AND ATTESTING
ALGOTADO TROTOGRAMO AMO ANTONTO DVADONTINO TRO TROUBCT AND ATTENTING
TO ITS HAVING TAKEN PLACE.
10 115 HAVING TAKEN PHACE.
<del></del>

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011

Open to Public

ž Employer identification number 26-4184988 Inspection (h) Purpose of grant FOR CONTEMPORARY ART FOR CONTEMPORARY ART FOR CONTEMPORARY ART OR CONTEMPORARY ART OR CONTEMPORARY ART CONTEMPORARY ART or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ő recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance or government (d) EIN (e) EIN (e) Amount of received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of responsibilities assistance or government assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö o. o o ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ARTIS CONTEMPORARY ISRAELI ART FUND, INC. 500 20,000 10 000 20,000 11,000 10,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) Enter total number of other organizations listed in the line 1 table 20-1286572 23-7443023 95-2540117 13-2986881 13-5598093 95-4217197 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization AMERICAN PRIENDS OF THE TEL AVIV SUITE 1209 - NEW YORK, NY 10036 - 3 IRVINE UC IRVINE - GENERAL ACCOUNTING MUSEUM - 36 WEST 44TH STREET, UCLA ARMAND HAMMER MUSEUM 2 100 WEST 23RD ST. FL. 622 WEST 113TH STREET LOS ANGELES, CA 90024 BIOLOGICAL SCIENCES 10899 WILSHIRE BLVD Name of the organization COLUMBIA UNIVERSITY NEW YORK, NY 10025 NEW YORK, NY 10002 NEW YORK, NY 10011 IRVINE CA 92697 NEW MUSEUM 235 BOWERY PERFORMA Part Part II N

Schedule I (Form 990) (2011)

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

ω
ω
മ
4
00
듸
4
긺
26
``

Schedule I (Form 990) ARTIS CONTEMPORARY ISRAELI ART FUND, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	CONTEMPORARY Other Assistance to Gov	ISRAELI AR	ART FUND, INC	C. Inted States (Sche	dule I (Form 990), Par		26-4184988 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF FINE ARTS BOSTON 465 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103607	501.(C).(3)	2,000	0			FOR CONTEMPORARY ART
BRANDEIS 415 SOUTH STREET WALTHAM, MA 02454	04-2103557	501 (C) (3)	2000	.0			FOR CONTEMPORARY ART
ICA PHILADEPHIA 3451 WALNUT STREET PHILADEPHIA, PA 19104	23-1352685	501 (C) (3)	000 8	0			FOR CONTEMPORARY ART
RECESS 41 GRAND STREET NEW YORK, NY 10013	27-1109399	501 (C) (3)	2,000	0			FOR CONTEMPORARY ART
	20-5052686	501 (C) (3)	5.408	0			FOR CONTEMPORARY ART
							Schedule I (Form 990)

ARTIS CONTEMPORARY ISRAELI ART FUND, INC. Schedule I (Form 990) (2011)

Page 2

26-4184988

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

Part

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. COMPLIANCE WITH THE PROJECT PROPOSED IN THEIR APPLICATION. ARTIS ALSO ARTIS REQUIRES ALL GRANTEES TO SUBMIT A SIGNED CONTRACT ATTESTING TO REQUIRES A W8 FORM TO BE SIGNED, AND AN INVOICE, WITH FUNDS WIRED REQUESTS PHOTOGRAPHS AND REPORTS THE PROJECT AND ATTESTING TO ITS DIRECTLY TO THE RECIPIENT. AFTER THE PROJECT IS COMPLETED, ARTIS (d) Amount of non-cash assistance Ö 26,500 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance HAVING TAKEN PLACE FOR CONTEMPORARY ART

## **SCHEDULE 0**

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

(Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Department of the Treasury

OMB No 1545-0047 Open to Public

Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

ARTIS CONTEMPORARY ISRAELI ART FUND, INC.	26-4184988
Form 990, Part I, Line 1, Description of Organization Mis	sion:
COMMUNITY THROUGHOUT THE WORLD.	
Form 990, Part III, Line 1, Description of Organization M	ission:
FUNCTIONS AS A VITAL RESOURCE, AUTHORITY AND PLATFORM FOR	ARTS
PROFESSIONALS AND THE GENERAL PUBLIC. OUR MAIN ACTIVITIES	CONSIST OF
PUBLIC PROGRAMS; A GRANT PROGRAM; PROFESSIONAL DEVELOPMEN	T; CURATORIAL
RESEARCH TRIPS TO ISRAEL; AND WWW.ARTISTCONTEMPORARY.ORG,	WITH A
SELECTION OF ARTIST PROFILES, ARTICLES, EXHIBITION LISTING	GS, VIDEOS,
AND NEWS. ABOVE ALL, WE PRIDE OURSELVES ON OUR INNOVATIVE	APPROACHES TO
FOSTERING DIALOGUE AND CONTRIBUTING TO THE INCREASED INTE	REST IN
ISRAELI CONTEMPORARY ART INTERNATIONALLY.	
Form 990, Part III, Line 4a, Program Service Accomplishme	nts:
PROFESSIONAL RESEARCH TRIPS TO ISRAEL:	
ARTIS INVITES LEADING INTERNATIONAL MUSEUM DIRECTORS, CUR	ATORS, CRITICS
AND WRITERS ON SEMI-ANNUAL GROUP TOURS OF ISRAEL'S CONTEM	PORARY
CULTURAL LANDSCAPE, BUILDING LASTING CONNECTIONS BETWEEN	LOCAL AND
INTERNATIONAL ART COMMUNITIES. RESEARCH GRANTS AND GUIDES	TO THE
ISRAELI ART SCENE ARE ALSO AVAILABLE THROUGHOUT THE YEAR.	
PUBLIC PROGRAMS:	
ARTIS PARTNERS WITH A WIDE RANGE OF INTERNATIONAL ARTS OR	GANIZATIONS TO
PRESENT PROJECTS AND COMMISSION NEW WORK BY CONTEMPORARY  LHA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7.  School	
ina for facetwork reduction act niques see the instructions for borm wat or water / Sabaa	

132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization **Employer identification number** ARTIS CONTEMPORARY ISRAELI ART FUND, INC. 26-4184988 ARTISTS. FROM ARTIST TALKS TO ALTERNATIVE ART FAIRS, OUR PROGRAMS OFFER ARTISTS EXPOSURE TO NEW AUDIENCES AT PIVOTAL MOMENTS IN THEIR CAREERS. OTHER PROGRAMS: 1) PROFESSIONAL DEVELOPMENT PROGRAM, 2) WEBSITE Form 990, Part VI, Section B, line 11: THE FOUNDER AND CHAIRMAN OF THE BOARD OVERSEES FINANCIAL STATEMENTS, AUDIT, AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. Form 990, Part VI, Section B, Line 12c: "A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. B. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. C. AFTER EXERCISING DUE DILLIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT NOT GIVE RISE TO A CONFLICT OF INTEREST. D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization • ARTIS CONTEMPORARY ISRAELI ART FUND, INC.	Employer identification number 26 – 4184988
ORGANIZATIONS BEST INTEREST, FOR ITS OWN BENEFIT, AND WHE	THER IT IS FAIR
AND RESONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION	IT SHALL MAKE ITS
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR A	RRANGEMENT."
IF, AFTER ALLOWING THE MEMBER TO EXPLAIN HIS ALLEGED FAIL	URE TO DISCLOSE
THE CONFLICT OF INTEREST, THE ORGANIZATION SHALL TAKE APP	ROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION.	
Form 990, Part VI, Section B, Line 15a: THE BOARD MEMBERS	OF THE
ORGANIZATION DETERMINE AND APPROVE THE COMPENSATION FOR T	HE EXECUTIVE
DIRECTOR. THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS	APPROVED DURING A
BOARD MEETING. THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALL	Y BY THE BOARD
CHAIR.	
Form 990, Part VI, Section C, Line 19: ALL DOCUMENTS ARE	AVAILABLE UPON
WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C	
CONSISTENT WITH PRIOR YEARS.	

	8 (Rev. 1-2012)			-	Page 2
	ie filing for an Additional (Not Automatic) 3-Month				, • ( A. )
	y complete Part II if you have already been gramed a			ed Form <b>9888</b> .	ئى بىرى ئارى
With a	re Sing for an Automatic & Month Extension, com	hite any PWI 1 (on page 1)	4 . #71 -: 4 km -:		1
	Additional (Not Automatic) 3; Month	extension of Fine. On			
(1) 1-11 3 23 (	A CANADA			dentifying number, s	
Type or	Name of exempt organization or other fler, see his	buctions.	ľ	Somotover identification	number (EIN) or
print		The rains spread to the state		X 26-41	4000
Fide By Etá duá dula jor	ARTIS CONTEMPORARY ISRAELI		20,7		
5)×55 700	taumber, street, and room or suite no. It a P.O. box	L sea instructions.		Social executivy mumbe	E (SSIN)
ritum Eng	368 BROADWAY, No 301				77,2
	City, town or post office, state, and ZIP code. For NEW YORK, NY 10013	e roreign activess, see institica	enor.		
	MON TORK P. MT. CLOSES A CONTROL OF	14 15 17 17 17 17 17 17 17 17 17 17 17 17 17	**************************************		
			arres inframed	24. 13. 4	1011
Enter (hø1	Resum code for the return that this application is for	ine a separata ampication for	erecu resolut	o latera angestalan digitar sabijan sajara M	1920 - 1928 - 1938
<i>ۣڲڰ</i> ۬ڹۻۑڹڋؠ		THE PARTY OF THE PARTY OF	<u> </u>	<u> </u>	Return
Applicati		Roturn Application			Code
la For	THE CONTRACT OF THE PROPERTY O			Z PELENSINE	
Form <b>990</b> Porm <b>990</b>		02 Form 1041 A			08
Form 990		01 Form 6720			09
Form 990		04 Form 5227			TOE SE
	T (sec. 401(a) or 408(a) (mst)	05 Form 6069			
	T forest other than above)	06 Form 8970			12.
	not complete Part I fif you ware not already grant		designation in a final	night filed Form RRF	SA S COLO A CONTRACTOR OF THE PARTY OF THE P
SIST NA	STATE OF THE STATE				1. 5 5 7 7 7
di Their land	ole are in the care of \$ 368 BROADWAY	301 - NEW YORK	NY 10013		Land the fair
Totoria	cne No. > 646-327-4158	FAXNO			
	igarization does not have an office of place of busin	tre at the comment of the comment	ik this box	* * * * * * * * * * * * * * * * * * *	
	stor a Group Return, enter the organization is low di			this is for the whole of	icup, chieck,this
nox 🕩 F	If it is for part of the oscien, chack this home	and attach a list with the	names and Elkis of		
4 100	west an andifional Smooth extension of time and	November 15, 2	012	1.	
5 For	catendar year 2011 or other tax year beginning		and ending		والمناب المناب المناب
	e tax year entered in time 5 is for less than 12 months	check reason: Initia	al return	Firial return	مۇمىگەر ئەندەر. ئۇمىگەر ئومانىي
	Charge in accounting period				
7 . Stat	ie in chick why you need the extension	mi pila sali sa isa	· · · · · · · · · · · · ·		
AD	DITIONAL TIME IS NEEDED TO	COMPILE THE IN	PORMATION	NBCESSARY '	ro
<b>C</b> 0	MPLETE THE RETURN.				, je o
	(2017年) (1924年) 第二位(1924年) - 1925年 (1924年) - 1925年 (1924年) - 1925年 (1925年) - 1925年 (1925年)	No de la la la la la la la la la la la la la	**	1, 1	
85 H	is application is for Form \$50 BL, 990 PF, 990 T, 472	if or 6089, embrithe tentative	tax, tess any		
201	ign redable credits. See instructions.			8a 8	. 0 .
b Eth	is epolication is for Form 980 FF, 990-7, 4780, or 600	39, emier any refundable credi	is and estimated	3.00	
tax	payments made include any prior year overpayment	tina brie libero a za powent l	mount paid		
	Mossily with Form 8868.		And the second second second	86 9	0.
	wice due. Subtract this Eb from the En. Include your	1 2 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ufred, by using		
<u>. 6</u> F1	PS (Electronic Pederal Tax Payment System). See in:			\$	0
	Signature and Verific	ation must be complet	led for Part II o	nty,	15% 15%
Under pers	uties of purpey, I declare that I take examined this form, inc street, and complay, and that I am pushorted to prepare this	luding épontipanying schibbles a	use statements, and to	the birst of the knowledg	e and talled, X 2
	ACH A DA		AMATI	0ate > 81 *	
Stopature	THE TELESTER THE	EXECUTIVE DIRE	CIUK		
				. Form B	968 (Rev. 1-2012)