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DLN: 93493189008353

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

Open to Public Inspection

A Fo	or the 2	2011 calendar year, or tax year beginning 10-01-2011 and ending 0	9-30-2012		D Employ	er identifi	cation number
		CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND					cation number
	dress ch me char	Doing Business As		-	91-083 E Telepho		er
	tial retur		_	_	(206) 2	81-905	0
_	minated	number and street (or F O box ii maii is not delivered to street address	i)  Room/suit	e	<b>G</b> Gross red	eipts \$ 4,5	501,685
	nended r			- [			
_		pending					
i Vb	plication	F Name and address of principal officer	Т				
		MARI HORITA		<b>H(a)</b> Is this affiliat		eturn for	┌Yes ┌No
		10 HARRISON STREET 200 SEATTLE, WA 98109		11/6\ 411	-661:-4		
		,		H(b) Are all If "No			Yes No
<b>I</b> Ta	ıx-exem	pt status	527		exemption	-	•
y W	ebsit e	: ► WWW ARTSFUND ORG					
<b>K</b> For	m of org	anization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	·	L Year of for	mation 196	9 <b>M</b> Sta	te of legal domicile
Da	rt I	Summary		•		WA	
Pa		Summary					
		Briefly describe the organization's mission or most significant activitie ARTSFUND STENGTHENS THE ARTS IN THE REGION BY RAISING		PONSIBLY A	LLOCATI	NG FUNI	DS TO PROMOTE
ዎ	4	ARTISTIC AND ORGANIZATIONAL EXCELLENCE AND BY ADVOC	ATING FO	RALLOFTH	EARTS		
Activities & Governance	-						
E E	-						
, 0,5	2 (	Check this box 🔭 if the organization discontinued its operations or d	ısposed of	more than 25	5% of its r	net asset	s
ж ж	3 1	lumber of voting members of the governing body (Part VI, line 1a) $$ .				3	67
<u>8</u>	4 1	lumber of independent voting members of the governing body (Part V	I, lıne 1b)			4	66
Ĭ	5 1	otal number of individuals employed in calendar year 2011 (Part V , I	ıne 2a) .			5	13
Ş	6 7	otal number of volunteers (estimate if necessary)				6	143
		otal unrelated business revenue from Part VIII, column (C), line 12				7a	52,630
	<b>b</b> N	Net unrelated business taxable income from Form 990-T, line 34 .	•			7b	45,819
				Prior	Year		Current Year
a.	8	Contributions and grants (Part VIII, line 1h)			3,529,9	_	3,991,065
Ravenue	9	Program service revenue (Part VIII, line 2g)			70,1	52	185,868
35.0	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				01	1,225
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Total revenue—add lines 8 through 11 (must equal Part VIII, column	•		96,4	94	113,062
	12	12)			3,696,7	42	4,291,220
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$ ).			2,301,9	87	2,285,820
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0
88	15	Salaries, other compensation, employee benefits (Part IX, column (A	A), lines 5-	1	731,2	57	734,950
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			,	0	0
₩ ₩	ь	Total fundraising expenses (Part IX, column (D), line 25) •405,636					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del> .		998,559		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), I			857,6 3,890,9		4,019,329
	19	Revenue less expenses Subtract line 18 from line 12			-194,1	71	271,891
8 g				Beginning		t	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Y	4,215,3	55	4,502,265
(As)	20	Total liabilities (Part X, line 26)			1,542,9		1,557,985
発品	22	Net assets or fund balances Subtract line 21 from line 20			2,672,3		2,944,280
Pa	rt II	Signature Block			, ,		, ,
		ties of perjury, I declare that I have examined this return, including accom	panying sch	edules and st	atements, a	and to the	e best of my
	ledge a ledge.	and belief, it is true, correct, and complete. Declaration of preparer (other t	han officer	is based on a	ll informati	on of wh	ich preparer has any
		*****		201	13-06-26		
Sigi		Signature of officer		Dat	ie		
Her	е	MARI HORITA PRESIDENT & CEO					
		Type or print name and title					
		Preparer's WENDY CAMPOS		neck if If-	Preparer's (see instru		dentification number
Paid		Synators		nployed 🕨 🦵	P00448102		
	arer's		I		EIN ▶ 91-	0189318	
Use	Only	if self-employed), address, and ZIP + 4 999 THIRD AVENUE SUITE 2800					
		SEATTLE, WA 98104			Phone no	<b>(206)</b>	302-6500
<u> —                                   </u>	the IR	5 discuss this return with the preparer shown above? (see instruction	s)			⊽	Yes No

1 01111	990 (2011)					Page 2
Par		t <b>of Program Serv</b> edule O contains a res	-			
1	Briefly describe the	organization's missior	1			
		S THE ARTS IN THE R EXCELLENCE AND B				DS TO PROMOTE ARTISTIC
2	the prior Form 990 o	or 990-EZ?			which were not listed on	ΓYes <b>Γ</b> No
	If "Yes," describe th	ese new services on S	chedule O			
3	services?	cease conducting, or i		nt changes in how it co	nducts, any program	Yes ເ No
4	expenses Section 5	501(c)(3) and 501(c)(4	l) organization	s and section 4947(a)	ree largest program servic (1) trusts are required to r th program service reporte	eport the amount of
4a		) (Expenses \$ ROVIDES GENERAL OPERATI ONS WERE FUNDED THROUG		NONPROFIT IRC 501(C)(3)	2,285,820 ) (Revenue \$ ARTS ORGANIZATIONS DURING	0) THE YEAR ENDED SEPTEMBER 30,
4b	(Code	) (Expenses \$	71,255	ıncludıng grants of \$	0 ) (Revenue s	35,250 )
		COLLECTIVE ARTSFUND MA BASE USED BY OVER THIRT	NAGES AND SERV	ES AS FISCAL AGENT FOR T	THE CULTURAL RESOURCE COLLI AUDIENCES	ECTIVE (CRC), A PRIVATE AND
	(Code	) (Expenses \$	371,898	including grants of \$	0 ) (Revenue s	0)
	PROJECT AUDIENCE A	ARTSFUND IS THE FISCAL SF	ONSOR AND PRIN	ICIPAL INVESTIGATOR FOR I	, ,	PROJECT AUDIENCE THIS NATIONAL
	(Code	) (Expenses \$	506.007	ıncludıng grants of \$	0 ) (Revenue s	175,618 )
	NOW IN ITS 13TH YEAR BOARDS CRUCIAL TRAI PRACTICES ARTSFUND AND GOVERNANCE ISSI	R, ARTSFUND'S BOARD LEAD INING ON SUCH TOPICS AS D ROUTINELY CONSULTS WI	DERSHIP TRAINING LEGAL AND FINAN TH SENIOR STAFF ND PROGRAM AR	G PROVIDES ARTSFUND VOL CIAL RESPONSIBILITIES, STI AND BOARDS OF CULTURA TSFUND SERVES AS A FISC	UNTEERS AND MEMBERS OF CU RATEGIC PLANNING, FUNDRAISI L ORGANIZATIONS TO HELP THE AL AGENT FOR INITIATIVES TO F	RRENT CULTURAL ORGANIZATION NG AND BEST GOVERNANCE M ADDRESS VARIOUS MANAGEMENT
4d	Other program ser	vices (Describe in Sch	nedule O )			
	(Expenses \$	506,007 inc	luding grants	of \$	) (Revenue \$	175,618)
4e	Total program serv	ice expenses►\$	3,234,98	30		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		Νο
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
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 and IV.	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 and IV	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? <i>If</i> "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? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
Ь	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		Νο
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		Νo
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		Νo
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 (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Νο
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 24			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
_	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	163	
44	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	<b>.</b>	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7b	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D	res	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	, i		140
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is incensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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.

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	3		No	
4	4		No	
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	100	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following The governing body?	8a	Yes	
b	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		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►WA			
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 made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CHERYL OLIVER 10 HARRISON STREET SUITE 200

SEATTLE, WA 981094509 (206) 281-9050

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

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

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

- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations in Schedule O)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
		<u> </u>					<u> </u>			Form 000 (2011)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er aı	e bo ıs b nd a	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F Estim amount o compen from organizat relat	ated of other sation the
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reiai organiz	
See A	Addıtıonal Data Table													
							_	$\vdash$				_		
							+							
												+		
							-							
								<u> </u>						
1b	Sub-Total							<b>-</b>						
С	Total from continuation sheets	s to Part VII, Sec	tion A			•		<b>-</b>						
d	Total (add lines 1b and 1c) .	<u> </u>		•	•	•		•		161,730		0		17,194
2	Total number of individuals (inc \$100,000 of reportable compe	-				ted	above	) who	o received	more tha	n			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? If "Yes," complete So								or highest o	compens	ated employee	_		
4	For any individual listed on line								other com	· ·	· · ·	3		No
-	organization and related organi													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organi								_	nization d	or individual for			
	services remarked to the organi	24110111 17 765, 1	compret	e <i>3</i> c//	caan	- 5 7 (	or sucr	ı per.	3011	• •	•	5		No
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your fiv \$100,000 of compensation froi or within the organization's tax	m the organizatio												
	-	( <b>A</b> ) ime and business add	lrecc							Decc	(B) uption of services		Compe	
	IVa	ппе ана разнезь dat	11033							Desci	iption of services		Сопре	113011011
									-		<u> </u>			

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$ 0

Part v		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
92.92	1a	Federated campaigns 1a	69,546				
Contributions, gifts, grants and other similar amounts	h	· -	. ———				
ಕ್ರ	b	•					
∞≒	С	Fundraising events 10					
Æ, <del>∖</del>	d	Related organizations 1d	481,640				
<u></u>	e	Government grants (contributions) 1e					
뜻	_	All other contributions, gifts, grants, and	3,439,879			-	
重量	f	All other contributions, gifts, grants, and similar amounts not included above					
直長	g	Noncash contributions included in					
뒫골		lines 1a-1f \$					
င်္ဂ ဂြ	h	Total. Add lines 1a-1f	🟲	3,991,065			
			Business Code				
e⊟		OTHER REACEAM REVENUE		405.000	105.050		
Je Ke	2a	OTHER PROGRAM REVENUE	443120	185,868	185,868		
<u>æ</u>	Ь						
မွ	С						
Ē	d						
38							
Program Serwce Revenue	e						
\$	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f		185,868			
	3	Investment income (including divider		,-30			
		and other similar amounts)	· · · · · · · · · · · · · · · · · · ·	1,225			1,225
	۱,	Income from investment of tax-exempt bond	F	,			,
	4						
	5	Royalties					
	_	(i) Real	(II) Personal				
	6a	Gross rents 298,527					
	b	Less rental 210,465 expenses					
	С	Rental income 88,062					
		or (loss)  Net rental income or (loss)	<u> </u>	88,062		52,630	35,432
	d			00,002		32,030	33,132
	_	(i) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	l c	Gain or (loss)					
	d	Net gain or (loss)	<u></u>				
	8a	Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				
Φ	"	events (not including					
Ξ.		\$					
⊕ ->		of contributions reported on line 1c)					
ů.		See Part IV, line 18					
Other Revenue		a					
Ę	b	Less direct expenses b					
0	С	Net income or (loss) from fundraising	events 🏲				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	_	a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming act	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold <b>b</b>	entory ►				
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code	35.000	35 000		
	11a	MANAGEMENT FEE	511120	25,000	25,000		
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	·				
		· ·		25,000			
	12	Total revenue. See Instructions .	▶	4,291,220	210,868	52,630	36,657

# 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) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> 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 United States See Part IV, line 21	2,285,820	2,285,820		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	199,146	79,064	50,621	69,461
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	419,602	122,202	134,131	163,269
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,705	4,273	3,844	4,588
9	Other employee benefits	65,527	22,804	19,427	23,296
10	Payroll taxes	37,970	12,750	11,318	13,902
11	Fees for services (non-employees)				_
а	Management				-
Ь	Legal	127	127		
c	Accounting	32,179		32,179	
d	Lobbying	3,000	3,000	52,213	
- -	Professional fundraising See Part IV, line 17	3,000	3,000		
f	Investment management fees				
g	Other	415,305	395,782	2,345	17,178
12	Advertising and promotion	413,303	333,702	2,5+3	17,170
13		74 270	21 267	15.640	27 272
	Office expenses	74,279	31,267	15,640	27,372
14	Information technology				
15	Royalties				
16	Occupancy	73,250	25,740	21,001	26,509
17	Travel	11,904	9,101	903	1,900
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	140,453	93,052	2,987	44,414
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,280		18,280	
23	Insurance	19,105		19,105	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	UBI TAXES	9,000		9,000	
b	CULTURAL DATABASE	71,255	71,255		
c	CULTURAL DISTRICT EXPEN	56,195	56,195		
d	BAD DEBT	29,996		29,996	
е					
f	All other expenses	44,231	22,548	7,936	13,747
25	Total functional expenses. Add lines 1 through 24f	4,019,329	3,234,980	378,713	405,636
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the	.,,	-,:,,-30		,
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 98,954 237,866 1 1 2 1.243.622 2 1,423,442 Savings and temporary cash investments . . . . . . . 641,625 738,353 3 4 215 4 324 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . 6 7 8 9 69,250 9 47.056 Prepaid expenses and deferred charges . . . . 3,772,236 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 2.160,836 **10c** Less accumulated depreciation . . . . 10b 1,730,332 2,041,904 b 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 853 15 15 13,320 16 4,215,355 16 4,502,265 Total assets. Add lines 1 through 15 (must equal line 34) . . . 122,308 193,765 17 17 Accounts payable and accrued expenses . 965,634 18 920.255 18 19 19 20 20 Tax-exempt bond liabilities . . . . . . . . . . . . 21 21 Escrow or custodial 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 22 23 455.024 23 443.965 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 1,542,966 1,557,985 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 2,283,645 2,406,606 388.744 537,674 28 Temporarily restricted net assets . . . . . 28 Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2.672.389 33 2.944.280 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.215.355 4.502.265

Pal	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,2	291,22
2	Total expenses (must equal Part IX, column (A), line 25)	2			19,32
3	Revenue less expenses Subtract line 2 from line 1	3	271,		271,89
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	572,38
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		2,9	944,28
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
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?	<b>:</b>	3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### **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 \$ 506,007 including grants of \$ 0 ) (Revenue \$ 175,618 )

NOW IN ITS 13TH 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 ARTSFUND ROUTINELY CONSULTS WITH SENIOR STAFF AND BOARDS OF CULTURAL ORGANIZATIONS TO HELP THEM ADDRESS VARIOUS MANAGEMENT AND GOVERNANCE ISSUES CULTURAL ACCESS FUND PROGRAM ARTSFUND SERVES AS A FISCAL AGENT FOR INITIATIVES TO FURTHER THE GOAL OF CELEBRATING AND PROMOTING THE ARTS AND CULTURE AS A STRATEGIC ECONOMIC ADVANTAGE TO THE REGION

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

Compensated Employees, and	Independ	lent C	onti	act	tors	5				
(A) Name and Title	( <b>B</b> ) A verage hours per			C <b>)</b> (che apply	/)	_		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustae 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
KIM A ANDERSON SECRETARY	50	х		х				0	0	0
CATHERINE IRBY ARNOLD BOARD OF TRUSTEES	50	×						0	0	0
JIM BARNYAK BOARD OF TRUSTEES	50	х						0	0	0
JOHN BAUER BOARD OF TRUSTEES	50	Х						0	0	0
JUDI BECK BOARD OF TRUSTEES	50	Х						0	0	0
ANNETTE BECKER BOARD OF TRUSTEES	50	Х						0	0	0
DOUGLAS P BEIGHLE BOARD OF TRUSTEES	50	Х						0	0	0
MICHAEL P BENTLEY BOARD OF TRUSTEES	50	Х						0	0	0
DEBORAH L BEVIER BOARD OF TRUSTEES	50	Х						0	0	0
JUDY BITTERLI BOARD OF TRUSTEES	50	Х						0	0	0
WCLAYTON BLAND BOARD OF TRUSTEES	50	Х						0	0	0
MAGGIE BROWN BOARD OF TRUSTEES	50	Х						0	0	0
STANFORD M BROWN BOARD OF TRUSTEES	50	Х						0	0	0
DAVID D BUCK BOARD OF TRUSTEES	50	Х						0	0	0
GARY J CARPENTER 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	1 00	X		х				0	0	0
PETER S EHRLICHMAN BOARD OF TRUSTEES	50	Х						0	0	0
PAUL S FICCA BOARD OF TRUSTEES	50	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
DARREN HAMBY BOARD OF TRUSTEES	50	х						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						ıll		(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustae 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
AYA S HAMILTON BOARD OF TRUSTEES	50	Х						0	0	0
KEN HASTINGS BOARD OF TRUSTEES	50	Х						0	0	0
RAY B HEACOX CHAIR-ELECT	1 00	Х		х				0	0	0
KEVIN HOFFBERG BOARD OF TRUSTEES	50	Х						0	0	0
JOHN WP HOLT BOARD OF TRUSTEES	50	Х						0	0	0
MARI HORITA 1112-93012 PRESIDENT & CEO	40 00	Х		х				1,730	0	0
PETER A HORVITZ BOARD OF TRUSTEES	50	Х						0	0	0
HEATHER HOWARD BOARD OF TRUSTEES	50	Х						0	0	0
JOSHUA GREEN III 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
CAROL KIJAC 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
BILL LAPATRA BOARD OF TRUSTEES BEN KY LEE	50	X						0	0	0
BOARD OF TRUSTEES	50	Х						0	0	0
DR CHARLOTTE LIN BOARD OF TRUSTEES HOWARD C LINCOLN	50	Х						0	0	0
BOARD OF TRUSTEES KEITH LOVELESS	50	Х						0	0	0
BOARD OF TRUSTEES SCOTT W MACCORMACK	50	Х						0	0	0
BOARD OF TRUSTEES RICHARD MAGNUSON	50	Х						0	0	
TREASURER DOUGLAS W MCCALLUM	50	X		Х				0	0	
BOARD OF TRUSTEES SANDY D MCDADE	50	Х						0	0	
VICE CHAIR	50	Х		Х				0	0	0

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

Compensated Employees, and	Independ	ient C	onti	acı	cors	<u> </u>				
(A) Name and Title	(B) (C) A verage Position (check all that apply)					II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICHARD MORAN BOARD OF TRUSTEES	50	Х						0	0	0
WILLIAM H NEUKOM BOARD OF TRUSTEES	50	Х						0	0	0
GLENNA OLSON BOARD OF TRUSTEES	50	Х						0	0	0
MARY PIGOTT BOARD OF TRUSTEES	50	Х						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 IMMEDIATE PAST CHAIR	50	Х		х				0	0	0
STEPHEN P REYNOLDS BOARD OF TRUSTEES	50	Х						0	0	0
LEN ROZEK BOARD OF TRUSTEES	50	Х						0	0	0
STANLEY D SAVAGE BOARD OF TRUSTEES	50	Х						0	0	0
DAVID SKINNER BOARD OF TRUSTEES	50	Х						0	0	0
MARY E SNAPP BOARD OF TRUSTEES	50	Х						0	0	0
DANIEL M WAGGONER BOARD OF TRUSTEES	50	Х						0	0	0
LAURA N WHITAKER BOARD OF TRUSTEES	50	Х						0	0	0
CHARLES B WRIGHT III BOARD OF TRUSTEES	50	Х						0	0	0
JAMES F TUNE 100111-11512 PRESIDENT & CEO	40 00			x				160,000	0	17,194

# SCHEDULE A

(Form 990 or 990EZ)

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

Inspection

Name of the organization CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND

**Employer identification number** 91-0839644 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

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 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.)

-	ection A. Public Support	e organization	rails to qualify u	nder the tests i	isted below, pie	ase com	ipiete P	<u>'art III.)</u>
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20	1 1	<b>(f)</b> Total
	ın)	(a) 2007	( <b>b</b> ) 2008	(6) 2009	(d) 2010	(e) 20.		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,432,25	7 3,381,045	3,322,978	3,529,985	3,9	91,065	18,657,330
	grants ")							
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	Total. Add lines 1 through 3	4,432,25	7 3,381,045	3,322,978	3,529,985	3,9	91,065	18,657,330
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							2,803,158
	on line 1 that exceeds 2% of the							, ,
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							15,854,172
S	ection B. Total Support	<u> </u>		lI	I			
Cal	endar year (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 201	. 1	<b>(f)</b> Total
_	beginning in)							
7	Amounts from line 4	4,432,257	3,381,045	3,322,978	3,529,985	3,9	91,065	18,657,330
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	147,349	253,411	242,618	287,235	1	88,133	1,118,746
	and income from similar	,	ŕ	,	·		, I	, ,
	sources							
9	Net income from unrelated							
	business activities, whether or		16,767	26,306	45,384		52,630	141,087
	not the business is regularly carried on							
10	Other income (Explain in Part							
	IV ) Do not include gain or loss		25,024	22,992	25,115		25,000	98,131
	from the sale of capital assets							
11	Total support (Add lines 7							20,015,294
12	through 10) Gross receipts from related activiti	es.etc (See inst	tructions )			12		433,722
13	First Five Years If the Form 990 is			third fourth or fi	ifth tay vear as a !		organiz	
	check this box and <b>stop here</b>	ior the organizati	ion s mst, secona,	tima, rouren, or n	iitii tax year as a .	301(0)(3)	organiz	<b>▶</b> □
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2013			1.1 column (6)		1		
	· · · · · · · · · · · · · · · · · · ·	-		11 Column (1))		14		79 210 %
15	Public Support Percentage for 2010	,	•			15		78 150 %
16a	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization qua	-		•	ine 14 is 33 1/3%	or more,	check th	his box <b>►</b> ▼
Ь	33 1/3% support test—2010. If the	-			a. and line 15 is 3	3 1/3% o	r more.	
_	box and <b>stop here.</b> The organization						,	<b>▶</b> ┌
17a	10%-facts-and-circumstances test	<b>–2011.</b> If the org	anızatıon did not c	heck a box on lin	e 13, 16a, or 16b	and line	14	
	is 10% or more, and if the organiza			•		-	•	
	in Part IV how the organization mee	ets the "facts and	d circumstances"	test The organiza	ation qualifies as a	a publicly	support	- <del>-</del>
<b>h</b>	organization 10%-facts-and-circumstances test-	_2010 Ifthe ora	anization did not o	heck a hov on lin	a 13 16a 16h a	r 17a and	line	<b>►</b> 1
,	15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organiza							
	supported organization							<b>►</b> □
18	Private Foundation If the organizat	ion did not check	cabox on line 13	16a, 16b, 17a or	17b, check this l	oox and so	20	

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	Section D. Computation of Investment Income Percentage					
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17				
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18				

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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	<b>Supplemental Information.</b> 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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493189008353

# OMB No 1545-0047

Open to Public

□ No

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

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND Employer identification number

91-0839644

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

art I-B	Complete	if the org	ganızatıon	ıs exempı	t unaer	section 50	L(C)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

	······································	
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (	election
	under section 501(h)).	

4	Check	$\Box$	ıf the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)

	Check fifthe filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	3,000	0
c	Total lobbying expenditures (add lines 1a and 1	o)	3,000	0
d	Other exempt purpose expenditures	3,741,813		
e	Total exempt purpose expenditures (add lines 1	3,744,813	0	
f	Lobbying nontaxable amount Enter the amount to	337,241	0	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000 Over \$500,000 but not over \$1,000,000	20% of the amount on line 1e \$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 1 f)	84,310	0
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	r - 0 -	0	

4-Year Averaging Period Under Section 501(h)

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

(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.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total	
2a	Lobbying non-taxable amount	328,992	314,914	331,834	337,241	1,312,981	
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					1,969,472	
c	Total lobbying expenditures	75,413	33,536	49,805	3,000	161,754	
d	Grassroots non-taxable amount	82,248	78,729	82,959	84,310	328,246	
е 	Grassroots ceiling amount (150% of line 2d, column (e))					492,369	
f	Grassroots lobbying expenditures						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
		(;	(a)		(b)	
		Yes	No		A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	1 44	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	<b>t III-B</b> Complete if the organization is exempt under section $501(c)(4)$ , section	501(c	)(5),	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I					
_	answered "Yes".	T 4	l			
1 2	Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	1				
_	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	1				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493189008353

OMB No 1545-0047

Inspection

### 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND 91-0839644 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

0

3	Using the organization's accession and othe		•			•				ontinuea)
_	items (check all that apply)		d			vahanaa nroar				
а	Public exhibition		a			xchange progr				
b	Scholarly research		е	<b> </b>	Other Do	ONATED ARTY	WO R	RK IS DISPLAYE	D	
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w they 1	further th	e organization	's ex	cempt purpose ir	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	√ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ion answered	Y" b	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for cor	ntributior	s or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng tab	le	Г		Λm	ount	
c	Basining balance					-	1.0	Alli	ount	
c d	Beginning balance					-	1c 1d			
	Additions during the year					F				
e •	Distributions during the year						1e			
_'	Ending balance					L	1f			
2a	Did the organization include an amount on Fo		e 21?					ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 111/2 - 11 4	000	D =	+ T) / line = 10		
Pa	rt V Endowment Funds. Complete	(a)Current Year		)Prior Ye		:)Two Years Back		TIV, IINE IU. )Three Years Back	<b>(e)</b> Four	Years Back
1a	Beginning of year balance	12,765,935	(5		97,273	11,647,26	+	11,244,575	(C). cu.	rears back
 b	Contributions	219,037			16,751	126,53	6	481,053		
c	Investment earnings or losses	2,147,056		-12	29,646	862,09	4	268,150		
d	Grants or scholarships	, ,			<u> </u>	,	+	,		
e	Other expenditures for facilities	506,650		64	11,272	372,99	2	290,024		
_	and programs	·				,		ŕ		
f	Administrative expenses	71,777			77,171	65,62	9	56,490		
g	End of year balance	14,553,601		12,7	55,935	12,197,27	3	11,647,264		
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	15 660 %								
ь	Permanent endowment > 83 720 %									
c	Term endowment ► 0 620 %									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that ar	e held an	d administered	l for	the		
	organization by								Yes	No
	(i) unrelated organizations						٠	3a(i	-	No
_	(ii) related organizations						•	3a(i		<u> </u>
b 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•	<u>3b</u>	Yes	
4	t VI Land, Buildings, and Equipme									
FCI	Land, Buildings, and Equipme	int. See roini 99	70, PC			(h)Cost on a		(2) Assumulated		
	Description of property				Cost or othe (Investmer			(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land		•			1,162	,963			1,162,963
b	Buildings		•		1,937,9	81	,048	1,198,329	9	820,705
c	Leasehold improvements		•							
d	Equipment					347	,859	289,623	3	58,236
	Other		•			242	,380	<u> </u>		0
Tota	<b>il.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line 1	0(c).) .			<b>⊩</b>		2,041,904
								Schedule D	(Form 9	990) 2011

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

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	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	]	
b	Donated services and use of facilities	]	
c	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	\
Paru 1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	s per i	<u>teturn</u>
_	statements	1 1	
2	Amounts 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)	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts 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	1 1	
Ь	Other (Describe in Part XIV)	1	
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	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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		

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

additional information  Identifier	Return Reference	Explanation
	PART III, LINE 1A	DONATED ARTWORK IS DISPLAYED IN THE CENTURY BUILDING LOBBY AND THROUGHOUT THE ARTSFUND OFFICE
	PART III, LINE 4	COLLECTION OF FRAMED ARTWORK DISPLAYED TO PROMOTE AND SUPPORT THE IMPORTANCE OF ART
ESCRIPTION OF INTENDED USE FENDOWMENT FUNDS	PART V, LINE 4	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 WILL BE SUSTAINED ON EXAMINATION BY THE AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE ORGANIZATION RECOGNIZES THE TAX BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE ORGANIZATION THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE ORGANIZATION FILES AN EXEMPT ORGANIZATION RECOGNIZES THE TAX BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE ORGANIZATION FILES AN EXEMPT ORGANIZATION RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE US FEDERAL JURISDICTION THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 FOR ITS FEDERAL FILINGS

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493189008353 OMB No 1545-0047

Employer identification number

# **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

**Inspection** 

CORPORATE COUNCIL FOR THE AR	CIS DBA ARISFUNI	,				91-0839644	
Part I General Informatio							
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sıstance?					✓ Yes —
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	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 Addıtıonal Data Table							
<b>2</b> Enter total number of section 50	)1(c)(3) and govern	ment organizations list	ed in the line 1 table			<u> </u> ▶	60
3 Enter total number of other orga		_				<b> </b>	0

(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

Pailtv	Supplemental information. Comple	te this part to provide the information required in Part 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation

Identifier	Ket urn Kererence	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAJORITY OF THE GRANTS ARE FOR GENERAL OPERATING USE AND, AS SUCH,
MONITORING GRANTS		DO NOT REQUIRE REPORTS BE GIVEN TO ARTSFUND SOME GRANTS ARE FOR SPECIFIC PROJECTS (DIVERSITY)
IN THE U S		AND ARE REPORTED ON AS REQUIRED BY THE DONOR

Software ID: Software Version:

**EIN:** 91-0839644

Name: CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND

(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
5TH AVENUE THEATRE1326 FIFTH AVENUE SUITE 735 SEATTLE, WA 98101	91- 1087612	501(C)(3)	117,835				PROMOTION OF THE ARTS
ACT THEATRE 700 UNION STREET SEATTLE, WA 98101	91- 0787792	501(C)(3)	91,315				PROMOTION OF THE ARTS

(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
BROADWAY CENTER901 BROADWAY SUITE 700 TACOMA, WA 98402	91- 1106878	501(C)(3)	63,050				PROMOTION OF THE ARTS
HENRY ART GALLERY UNIVERSITY OF WASHINGTON BOX 351410 351410 SEATTLE, WA 98195	23- 7052537	501(C)(3)	112,785				PROMOTION OF THE ARTS

(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
NORTHWEST SINFONIETTAPO BOX 1154 TACOMA, WA 98401	91- 1590964	501(C)(3)	10,125				PROMOTION OF THE ARTS
PACIFIC NORTHWEST BALLET301 MERCER STREET SEATTLE, WA 98109	91- 0897129	501(C)(3)	226,105	5,000	FMV	AIRLINE VOUCHERS	PROMOTION OF THE ARTS

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of	(e) A mount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıfapplıcable	cush grune	assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
					other)		
SEATTLE ART MUSEUM1300 FIRST AVENUE SEATTLE, WA 98101	91- 0640788	501(C)(3)	243,570				PROMOTION OF THE ARTS
SEATTLE CHILDREN'S THEATRE201 THOMAS STREET SEATTLE, WA 98109	51- 0172421	501(C)(3)	126,725				PROMOTION OF THE ARTS

(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
SEATTLE OPERA PO BOX 9248 SEATTLE, WA 98109	91- 0760426	501(C)(3)	262,800	5,000	,	AIRLINE VOUCHERS	PROMOTION OF THE ARTS
SEATTLE REPERTORY THEATRE155 MERCER STREET PO BOX 900923 SEATTLE, WA 98109	91- 0756535	501(C)(3)	142,080	2,500	FMV	AIRLINE VOUCHERS	PROMOTION OF THE ARTS

(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
SEATTLE SYMPHONY ORCHESTRAPO BOX 21906 SEATTLE, WA 98111	91- 0667412	I 501(C)(3)	140,515				PROMOTION OF THE ARTS
TACOMA ART MUSEUM1701 PACIFIC AVENUE TACOMA, WA	91- 0697444	501(C)(3)	68,120				PROMOTION OF THE ARTS

(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 OPERA 917 PACIFIC AVE SUITE 407 TACOMA, WA 98402	91- 1237511	501(C)(3)	9,615				PROMOTION OF THE ARTS
TACOMA SYMPHONY738 BROADWAY SUITE 100 TACOMA, WA 98402	91- 6032976	501(C)(3)	18,455				PROMOTION OF THE ARTS

(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
VILLAGE THEATRE303 FRONT STREET N ISSAQUAH, WA 98027	91- 1077130	501(C)(3)	111,570				PROMOTION OF THE ARTS
ARTIST TRUST 1835 12TH AVENUE SEATTLE, WA 98122	91- 1353974	501(C)(3)	24,560				PROMOTION OF THE ARTS

(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
ARTSWEST PLAYHOUSE & GALLERYPO BOX 16152 SEATTLE, WA 98116	91- 1440032	501(C)(3)	2,138				PROMOTION OF THE ARTS
AUBURN SYMPHONY ORCHESTRAPO BOX 2186 AUBURN, WA 98071	91- 1719873	501(C)(3)	1,417				PROMOTION OF THE ARTS

(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
BELLEVUE ARTS MUSEUM510 BELLEVUE WAY NE BELLEVUE, WA 98004	91- 6028261	501(C)(3)	15,320				PROMOTION OF THE ARTS
BOOK-IT REPERTORY THEATRESEATTLE CENTER 305 HARRISON STREET SEATTLE, WA 98109	91- 1514734	501(C)(3)	36,750				PROMOTION OF THE ARTS

(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
CENTRAL DISTRICT FORUM FOR ARTS & IDEAS1404 E YESLER PLACE STE 202 SEATTLE, WA 98122	91- 1954917	501(C)(3)	3,340				PROMOTION OF THE ARTS
EARLY MUSIC GUILD2366 EASTLAKE AVE E 335 SEATTLE, WA	91- 0999643	501(C)(3)	7,320				PROMOTION OF THE ARTS

(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
EARSHOT JAZZ SOCIETY OF SEATTLE3429 FREMONT PL N 309 SEATTLE, WA 98103	94- 3051610	501(C)(3)	9,400				PROMOTION OF THE ARTS
THE ESOTERICS 4523A 40TH AVENUE SW SEATTLE, WA 98116	91- 1617663	501(C)(3)	1,670				PROMOTION OF THE ARTS

(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
EMP MUSEUM 2901 THIRD AVENUE SUITE 400 SEATTLE, WA 98121	91- 1626784	501(C)(3)	9,200				PROMOTION OF THE ARTS
FRYE ART MUSEUM704 TERRY AVENUE SEATTLE, WA 98104	91- 0659435	501(C)(3)	1,740				PROMOTION OF THE ARTS

(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
JACK STRAW PRODUCTIONS4261 ROOSEVELT WAY NE SEATTLE, WA 98105	91- 0776606	1 5017631	7,635				PROMOTION OF THE ARTS
KIRKLAND PERFORMANCE CENTER350 KIRKLAND AVENUE KIRKLAND, WA 98033	91- 3129859	1 5017(**)(3)	6,420				PROMOTION OF THE ARTS

(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
MUSEUM OF GLASS1801 DOCK STREET TACOMA, WA 98402	91- 1669422	501(C)(3)	3,600		,		PROMOTION OF THE ARTS
NORDIC HERITAGE MUSEUM3014 NORTHWEST 67TH STREET SEATTLE, WA 98117	91- 1107537	501(C)(3)	25,700				PROMOTION OF THE ARTS

(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
NORTHWEST AFRICAN AMERICAN MUSEUM2300 S MASSACHUSETTS SEATTLE, WA 98144	76- 0835379	501(C)(3)	2,040				PROMOTION OF THE ARTS
NORTHWEST FILM FORUM610 19TH AVE E SEATTLE, WA 98112	91- 1702331	501(C)(3)	10,420				PROMOTION OF THE ARTS

(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
NORTHWEST PUPPET CENTER 9123 15TH AVENUE NE SEATTLE, WA 98115	94- 3034275	1 5017631	3,840				PROMOTION OF THE ARTS
THE NORTHWEST SCHOOL OF THE ARTS HUMANITIES & ENVIRONMENT 1415 SUMMIT AVENUE SEATTLE, WA 98122	91- 1061146	1 5017631	4,085				PROMOTION OF THE ARTS

(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
ON THE BOARDS 100 W ROY ST SEATTLE, WA 98109	91- 1081983	501(C)(3)	43,075				PROMOTION OF THE ARTS
PILCHUCK GLASS SCHOOL430 YALE AVENUE NORTH SEATTLE, WA 98109	91- 0963132	501(C)(3)	10,940				PROMOTION OF THE ARTS

(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
KIRKLAND ARTS CENTER9620 MARKET STREET KIRKLAND, WA 98033	91- 6059395	501(C)(3)	3,640				PROMOTION OF THE ARTS
RICHARD HUGO HOUSE1634 11TH AVENUE SEATTLE, WA 98122	91- 1718383	501(C)(3)	9,455				PROMOTION OF THE ARTS

(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 ARTS & LECTURES105 S MAIN STREET SUITE 201 SEATTLE, WA 98104	91- 1384964	501(C)(3)	7,825				PROMOTION OF THE ARTS
SEATTLE CHAMBER MUSIC SOCIETY10 HARRISON STREET SUITE 306 SEATTLE, WA	91- 1169836	501(C)(3)	28,180				PROMOTION OF THE ARTS

(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
SEATTLE CHORAL COMPANY1518 NE 143RD STREET SEATTLE, WA 98125	91- 1223378	501(C)(3)	5,140				PROMOTION OF THE ARTS
SEATTLE MEN'S CHORUSSEA WOMEN'S CHORUS 319 12TH AVENUE SEATTLE, WA 98112	91- 1183859	501(C)(3)	6,890				PROMOTION OF THE ARTS

(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
SEATTLE PRO MUSICA1756 NW 56TH STREET SEATTLE, WA 98107	51- 0175286	501(C)(3)	9,630				PROMOTION OF THE ARTS
SEATTLE REPERTORY JAZZ ORCHESTRAPO BOX 45592 SEATTLE, WA 98145	91- 1928901	501(C)(3)	7,470				PROMOTION OF THE ARTS

(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
SEATTLE SHAKESPEARE COMPANYPO BOX 19595 305 HARRISON ST SEATTLE, WA 98109	91- 1512717	501(C)(3)	37,015				PROMOTION OF THE ARTS
SEATTLE THEATRE GROUP911 PINE STREET SEATTLE, WA 98101	94- 3130227	501(C)(3)	22,370				PROMOTION OF THE ARTS

(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
SEATTLE YOUTH SYMPHONY ORCHESTRAS 11065 FIFTH NE SUITE A SEATTLE, WA 98125	91- 0493840	501(C)(3)	10,940				PROMOTION OF THE ARTS
SIFF (CINEMA SEATTLE)400 9TH AVENUE NORTH SEATTLE, WA 98109	91- 1489660	501(C)(3)	11,770				PROMOTION OF THE ARTS

(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
SPECTRUM DANCE THEATER800 LAKE WASHINGTON BOULEVARD SEATTLE, WA 98122	91- 1263530	501(C)(3)	6,220				PROMOTION OF THE ARTS
TACOMA MUSICAL PLAYHOUSE7116 6TH AVENUE TACOMA, WA 98406	94- 3198670	501(C)(3)	15,400				PROMOTION OF THE ARTS

(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
TAPROOT THEATRE COMPANYPO BOX 30946 SEATTLE, WA 98103	91- 0971237	501(C)(3)	15,425				PROMOTION OF THE ARTS
THREE DOLLAR BILL CINEMA 1122 EAST PIKE STREET 1313 SEATTLE, WA 98122	91- 1708195	501(C)(3)	3,420				PROMOTION OF THE ARTS

(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
TO WN HALL ASSOCIATION1119 8TH AVE SEATTLE, WA 98101	91- 1910904	501(C)(3)	25,180				PROMOTION OF THE ARTS
UW WORLD SERIES AT MEANY HALL UNIVERSITY OF WASHINGTON BOX 351150 351150 SEATTLE, WA	91- 3079137	501(C)(3)	12,220				PROMOTION OF THE ARTS

(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
VASHON ALLIED ARTSPO BOX 576 VASHON ISLAND, WA 98070	51- 0183051	501(C)(3)	3,120				PROMOTION OF THE ARTS
VELOCITY DANCE CENTER 915 EAST PINE STREET 200 SEATTLE, WA 98122	91- 2030037	501(C)(3)	7,815				PROMOTION OF THE ARTS

(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
SEATTLE PUBLIC THEATRE7312 W GREENLAKE DR N SEATTLE, WA 98103	91- 1398805	501(C)(3)	4,020				PROMOTION OF THE ARTS
WING LUKE ASIAN MUSEUM OF THE ASIAN PACIFIC AMERICAN EXPERIENCE407 SEVENTH AVENUE S SEATTLE, WA 98104	91- 6067431	501(C)(3)	41,140				PROMOTION OF THE ARTS

(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
WING-IT PRODUCTIONS5510 UNIVERSITY WAY NE SEATTLE, WA 98105	91- 1730761	501(C)(3)	1,340				PROMOTION OF THE ARTS
THE VERA PROJECT 305 HARRISON ST SEATTLE, WA 98109	31- 1816016	501(C)(3)	2,420				PROMOTION OF THE ARTS

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DLN: 93493189008353

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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

COF	RPORATE COUNCIL FOR THE ARTS DBA ARTSFUND				
		91-0839644			
Pa	rt I Questions Regarding Compensation				
				Yes	Νο
1a	Check the appropriate box(es) if the organization prov	ided any of the following to or for a person listed in Form			
		to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	✓ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
ь	If any of the boxes in line 1a are checked, did the org				
_	reimbursement orprovision of all the expenses descri		1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization	n uses to establish the compensation of the			
	organization's CEO/Executive Director Check all tha	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	ayment?	4a		Νο
Ь	Participate in, or receive payment from, a supplement	tal nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro				
	Only 501(c)(3) and 501(c)(4) organizations only mus	et complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	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, li compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	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 A, payments not described in lines 5 and 6? If "Yes," de		7		N o
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in	aid or accured pursuant to a contract that was			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebuttable 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JAMES F TUNE	(1)	152,500	0	7,500	4,800	12,394	177,194	0
100111-11512	(11)	0	0	, o	, o	, 0	O	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	Return Reference	Explanation
	PART I, LINE 1A	ARTSFUND PAID DUES TO THE RUINS

Schedule J (Form 990) 2011

CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND

DLN: 93493189008353

Open to Public

Inspection

OMB No 1545-0047

# **NonCash Contributions**

Department of the Treasury Internal Revenue Service

Name of the organization

**SCHEDULE M** 

(Form 990)

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

**Employer identification number** 

91-0839644

Pa	rt I Types of Property								
		(a) Check If applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	( <b>d</b> ) Method of de contribution	etermı	-		
1	Art-Works of art			-					
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	6	118,320	MARKET VALUE (S	OLD)			
10	Securities—Closely held stock $\cdot$								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
	VARIOUS								
25	IN-KIND Other ► ( DONATIONS )	Х	28	11,034	VALUE PER DONEF	R (FM\	/)		
26	AIRLINE Other►(VOUCHER)	×	1	12.500	  VALUE PER DONEF	R (FM\	<b>/</b> )		
27	Other ►()			,			,		
28	Other►( )								
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ir for contributions					
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	owledgement	29				
							Yes	No	
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it				
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used				
	for exempt purposes for the enti	re holding p	eriod?			30a		No	
b	If "Yes," describe the arrangem	ent in Part 1	I						
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes		
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes		
b	If "Yes," describe in Part II								
		: revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,				
	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II								

#### 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	<b>Explanat ion</b>
THIRD PARTY USE		ARTSFUND USES MCADAMS WRIGHT RAGEN TO SELL DONATED SECURITIES

Schedule M (Form 990) 2011

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DLN: 93493189008353

**SCHEDULE 0** (Form 990 or 990-

Department of the Treasury Internal Revenue Service

EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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CORPORATE	COUNCIL	FOR	THE	ARTS	DBA	ARTSFL	IND

**Employer identification number** 

91-0839644

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
	FORM 990, PART VI, SECTION A, LINE 7A	
	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
	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
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE DETERMINED OFFICER WAGES IN ACCORDANCE WITH THE COMPENSATION POLICY AND COMPARED WAGES TO THE UNITED WAY KING COUNTY WAGE SURVEY
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS ARE AVAILABLE UPON REQUEST AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ARTFUND'S WEBSITE FOR BOARD MEMBERS AND UPON REQUEST
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	JUDI BECK 3 HOURS DOUGLAS P BEIGHLE 3 HOURS DAVID BUCK 3 HOURS JOSHUA GREEN III 3 HOURS MARI L HORITA 5 HOURS DOUGLAS MCCALLUM 3 HOURS WILLIAM H NEUKOM 3 HOURS STANLEY D SAVAGE 3 HOURS JAMES F TUNE 5 HOURS
	FORM 990, PART XII, LINE 2C	PROCESS HAS NOT CHANGED FROM PRIOR YEAR

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DLN: 93493189008353

**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service					40	spectio	П
Name of the organization CORPORATE COUNCIL FOR THE ARTS DBA ARTSFUND				<b>Employer i</b> 91-08396	dentification number		
Part I Identification of Disregarded Entities (Com	nplete if the organization	on answered "Yes"	on Form 990, Pa		4-4		
(a) 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		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete g the tax year.)	of the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity stati (if section 501(c)(:	(f) Direct controlling entity	cont	(g) 512(b)(13) trolled nization
(1) THE ARTSFUND FOUNDATION  10 HARRISON ST 200  SEATTLE, WA 98109 91-1866831	MANAGEMENT OF ENDOWMENT FUNDS FOR THE ARTSFUND	WA	501(C)(3)	11, TYP	E 1	Tes	No
						1	
For Drivery Ast and Doneswood Doduction Ast Notice and the Tuetou	-ti for Form 000	Cat Na FO	1257	•	Sahadula D (	Farm 000	. 2011

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
			•	•			

Sche	edule R (Form 990) 2011		P	age <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gıft, grant, or capıtal contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
_		4.5		<del> </del>
	Sale of assets to related organization(s)	1f	<u> </u>	No
g		1g	1	No
	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
i	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
-	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
	1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	1	No
	Sharing of paid employees with related organization(s)	1n		No
				1
0	Reimbursement paid to related organization(s) for expenses	10		No
р	Reimbursement paid by related organization(s) for expenses	1р	Yes	
		4 -		- N-
_	Other transfer of cash or property to related organization(s)	1q 1r		No No
r	O ther transfer of cash or property from related organization(s)	11		140
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s		
	(a) (b) (c) Method of de	(d)		nount
<b>1)</b> A	ARTISFUND FOUNDATION			

(a) Name of other organization	( <b>b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ARTSFUND FOUNDATION	С	481,640	CASH
(2) ARTSFUND FOUNDATION	Р	25,000	CASH
(3)			
(4)			
(5)			
(6)			

#### 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)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011