

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



DLN: 93493014010084

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

2012

OMB No 1545-0047

Open to Public
Inspection

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

A Fo	r the	201	2 cal		jinning	06-01-2012 , 2012, and er	nding 05	-31-2013			
<b>B</b> Ch	eck if a	applic	able	C Name of organization NEW ENGLAND FOUNDATION	FOR TH	E ARTS INCORPORATED			D Emplo	yer ide	ntification number
☐ Add	ress c	hang	e						04-25	9359	1
┌ Na	me cha	ange		Doing Business As							
Init	ial retu	urn				ıl ıs not delivered to street addres	s) Room/	suite	E Telepho	one num	ıber
Tei	mınate	ed		145 TREMONT STREET NO 7T	TH FL				·	951-0	
☐ Am	ended	retu	rn	City or town, state or country BOSTON, MA 021110010	, and ZI	P + 4			(017)	931-0	7010
Г Ар	olicatio	n pe	ndıng	BOSTON, MA 021110010					<b>G</b> Gross r	eceipts	\$ 7,565,644
				F Name and address	of princ	cipal officer		H(a) I	s this a group	return	
				LAURA PAUL 145 TREMONT STREE	TNO	7TH FL		a	ffiliates?		┌ Yes 🗸 No
				BOSTON, MA 021110	0010			<b>Н(b)</b> д	re all affiliate	s ınclu	ded? TYes TNo
							,				(see instructions)
<b>I</b> Ta	x-exer	mpt s	tatus	<b> ✓</b> 501(c)(3)   501(c) (	) <b>-1</b> (ır	sert no ) 4947(a)(1) or	527	H(c)	Group exempt	ion nui	mber <b>►</b>
J W	ebsit	e: 🕨	WW	W NEFA ORG				11(0)			
<b>K</b> For	n of or	rganı	zation	Corporation Trust Ass	sociation	Other ►		<b>L</b> Year	of formation 19	76 <b>M</b>	State of legal domicile MA
Pa	rt I		Sum	mary							
						n or most significant activiti					
						CTIONS AMONG ARTISTS S IN NEW ENGLAND, THE				FUND	ERS, POWERING
ጵ		1 111	AK	S TO ENERGIZE COMMO	JNIIIE	S IN NEW ENGLAND, I HE	NATIOI	N, AND INI	EWORLD		
Ĕ											
<u> </u>		_									
Governance	2	Che	ck th	is box দ if the organizati	ion dis	continued its operations or o	disposed	d of more th	an 25% of its	net as	ssets
	,	Nur	nhar	of voting members of the g	overni	ng body (Part VI, line 1a) .				з	22
Activities &	I					f the governing body (Part V				4	22
乬	I					alendar year 2012 (Part V,				5	24
₹ E	1					cessary)				6	0
•	I					rt VIII, column (C), line 12				7a	0
	I					om Form 990-T, line 34 .				7b	0
									Prior Year	<u> </u>	Current Year
	8 Conti			butions and grants (Part V	III, lın	e1h)		7,808,5		5,208,099	
Rayenue	9	Р	rogra	m service revenue (Part V	e 2g)		67		404,380		
e Ac	10	I	rvest	ment income (Part VIII, c	olumn	(A), lines 3, 4, and 7d) .			201,	893	472,513
<u> </u>	11			•		ines 5, 6d, 8c, 9c, 10c, and	•		4,	687	0
	12			•	_	must equal Part VIII, colun	,	ne	8,082,	850	6,084,992
	13					X, column (A), lines 1-3)			3,501,		3,584,076
	14			•	-	(, column (A), line 4)			<u> </u>	0	0
	15					e benefits (Part IX, column (					
Expenses			-10)						1,329,		1,531,062
<u>₹</u>	16a					column (A), line 11e)		•		0	0
五	b			ndraising expenses (Part IX, colu		•				7.5.4	2.507.206
	17 18					nes 11a-11d, 11f-24e). t equal Part IX, column (A),			1,141, <sup>1</sup> 5,973,	-	2,507,396
	19			ue less expenses Subtract	-		iiile 25)		2,109,		7,622,534
<u>₩</u>			24611	an icon expenses bublide	e I	5.10mm(6.12   1   1	• • •	Begir	ning of Curre		
Not Assets or Fund Balances									Year		End of Year
33.4g	20	Т	otal a	ssets (Part X, line 16) .					19,668,	125	18,812,857
28	21	Т	otal l	iabilities (Part X, line 26)					2,944,	937	2,861,371
	22				tract I	ine 21 from line 20			16,723,	188	15,951,486
	rt II			ature Block							
						mined this return, including					
				oowledge	ia com	plete Declaration of prepare	er (other	than officer	r) is based on	an mic	ormation of which
				_							
			****						2014-01-13		
Sigr			Signa	ture of officer					Date		
Her	е			A PAUL COO or print name and title							
				or print name and title rint/Type preparer's name		Preparer's signature		Date		PTIN	
Paid	4			ATTHEW TROIANO CPA		r reparer a signature		2014-01-10	Check If self-employed	P01263	3939
		۰.	F	ırm's name 🕒 ALEXANDER ARC	ONSON F	INNING & CO PC			Firm's EIN 🕨 0	4-25717	80
	pare		F	ırm's address ► 21 EAST MAIN S	TREET				Phone no (508	366-9	100
USE	· On	иУ	1 '						I		

WESTBORO, MA 01581

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

# 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 1	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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		No
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		Νo
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CO}$	11e		No
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 and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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 11b and 19?	20	Yes	

Par				_
	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   1a   71		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Νo
	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		n.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		Ti.	
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	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  10b			
	facilities  Section F01(a)(12) organizations Enter			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or shareholders			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	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		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
<i>,</i> a	more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
_Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>ie Cod</i> <b>Yes</b>	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- 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 ✓ Upon request ✓ Other (explain in Schedule O)

    9 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LAURA PAUL CHIEF OPERATING OFFICER 145 TREMONT STREET BOSTON, MA (617) 951-0010

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

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

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

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

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

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

(A) (B) (C) (D) (E)										
(A) Name and Title	hours per week (list any hours for related organizations below dotted line)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours per more than one box, unless person is both an officer and a director/trustee)  hours for related organizations below dotted line)		(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 related organizations					
		ă ă	Trustee			ensated				
(1) ALEXANDER ALDRICH	1 00	х						0	0	0
DIRECTOR		_ ^						U	U	0
(2) KIP BERGSTROM	1 00	х						0	0	0
DIRECTOR (3) SANDRA BURTON	1 00						-			
DIRECTOR	100	x						0	0	0
(4) DAVID BURY	1 00								0	
DIRECTOR		X						0	0	0
(5) BYRON CHAMPLIN	1 00	х		х				0	0	0
SECRETARY (6) ANDREW CORNELL	1 00									-
	1 00	x						0	0	0
DIRECTOR (7) LYNN MARTIN GRATON	1 00									
DIRECTOR		X						0	0	0
(8) GEOFF HARGADON	1 00	Х						0	0	0
DIRECTOR										
(9) JANE JAMES	1 00	x						0	0	0
DIRECTOR (10) MARY KELLEY										
(10) MARY KELLEY	1 00	х		х				0	0	0
CHAIR (11) TUEODODE LANDSMARK	1.00						_			
(11) THEODORE LANDSMARK	1 00	x						0	0	0
DIRECTOR (12) JENNIFER LIN	1.00									
	1 00	х						0	0	0
DIRECTOR (13) JEREMY LIU	1 00									
, ,	1 00	×						О	0	0
DIRECTOR (14) CHRISTOPHER KIP MCMAHAN	1 00				$\vdash$					
DIRECTOR		x						0	0	0
(15) PETER NESSEN	1 00	X						0	0	0
DIRECTOR									0	
(16) JOHN PLUKAS	1 00	х		х				0	0	0
TREASURER				Ĺ				ŭ		
(17) JULIE RICHARD	1 00	x						0	0	0
DIRECTOR										
										Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	not box thar or/tr	offic	ess er :)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from organiz	ated fother sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	MISC)	MISC)	and rel organiza	ated
(18)	FRUDIE LAMB RICHMOND	1 00	х						0	0		900
DIREC	CTOR ANDREA ROGERS	1 00										
DIRE		1 00	×						0	0		3,450
	RANDALL ROSENBAUM	1 00										
DIRE	CTOR		X						0	0		0
(21)	AWRENCE SIMPSON	1 00	x		х				0	0		
	CHAIR				L				0	0		
(22) <i>i</i>	ANITA WALKER	1 00	x						0	0		0
	REBECCA BLUNK	40 00			X				139,587	0		10,195
	JTIVE DIRECTOR								139,367	0		10,193
` '	AURA PAUL	32 00			×				71,942	0		10,059
	ASSISTANT TREASURER ANE PRESTON	40.00										
` '		40 00			х				97,533	0		9,201
DIREC	CTOR OF PROGRAMS / ASSISTANT SECRETARY											
1b	Sub-Total						<u> </u> ▶-					
C	Total from continuation sheets to Part			•			<b>⊢</b> ⊢					
d	Total (add lines 1b and 1c)	-					<b>▶</b> ⊨		309,062	0		33,805
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than	<b>'</b>		
											Yes	No
3	Did the organization list any <b>former</b> offic on line 1a? <i>If</i> "Yes," complete Schedule J				y em	nploy -	yee, o	r hıg	hest compensate	d employee		
4	For any individual listed on line 1a, is the organization and related organizations of	ie sum of report	able c	ompe								No_
	individual		. ,	•		, .	•	•		4		No
5	Did any person listed on line 1a receive services rendered to the organization?									ndıvıdual for		No
	ection B. Independent Contracto	re										
1	Complete this table for your five highes compensation from the organization. Re	t compensated									tax vear	
	1	(A)					, 541	<b>u</b>		(B)	(C)	
LISA E	Name and b 300TH MANAGEMENT INC 145 W 45TH STREET 60	usiness address 2 NEW YORK NY 1	0036						Description PROGRAM COOR	on of services DINATION	Compen	150,000
												, :-
2	Total number of independent contractors	(including but i	not lim	ited t	o th	iose	listed	dabo	ove) who received	more than		

\$100,000 of compensation from the organization  $\blacktriangleright$ 1

		Check if Schedule O contains a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or
Τ,	1a	Federated campaigns 1a					514
and in the		Membership dues 1b					
Other Similar Amounts		Fundraising events 1c					
ξĒ	d	Related organizations 1d					
5 E	e	Government grants (contributions)	2,487,450				
Š iš		<del>-</del>	2,720,649				
her	f	All other contributions, gifts, grants, and similar amounts not included above —	2,720,049				
continuations, ones, oranis and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$ —	48,978				
and	h	Total. Add lines 1a-1f	▶	5,208,099			
		В	usiness Code				
ne l	2a	SERVICE FEES	900099	404,380	404,380		
<u> </u>	b						
Σ. Ε	C						
<u> </u>	d e						
Program Service Revenue	f	All other program service revenue					
<u>Š</u>	g	Total. Add lines 2a-2f	▶	404,380			
	3	Investment income (including dividends,	+	·			
		and other similar amounts)		163,592			163,592
	4 5	Royalties					
			(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
'	d	Net rental income or (loss)	<u></u>				
	7a	(r) Securities  Gross amount from sales of assets other	(II) Other				
	b	than inventory Less cost or other basis and 1,480,652					
	c	sales expenses Gain or (loss) 308,921					
	d	Net gain or (loss)		308,921			308,921
	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising eve	nts 🕨				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities	es				
1	0a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold <b>b</b>					
		Net income or (loss) from sales of invento	ory <b>-</b>				
		Miscellaneous Revenue B	usiness Code				
1	1a						
	b						
	c C	All other revenue					
	d e	Total. Add lines 11a-11d	▶				
	2		.  -				
1	_	<b>Total revenue.</b> See Instructions	· · · 🖊	6,084,992	404,380	0	472,513

Form	990 (2012)				Page <b>10</b>
Part		- 41		I.A. I. C.S.	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A )	
_	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,522,630	3,522,630		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	61,446	61,446		
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	357,979	142,135	130,218	85,626
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	948,381	562,243	276,068	110,070
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,615	13,626	6,392	2,597
9	Other employee benefits	100,956	58,400	28,711	13,845
10	Payroll taxes	101,131	54,912	31,216	15,003
11	Fees for services (non-employees)				
а	Management				
b	Legal	10,106	6,956	3,150	
c	Accounting	32,654	1,974	30,680	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	50,398		50,398	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	523,662	427,908	95,754	
12	Advertising and promotion	19,749	19,749	33,731	
13	Office expenses	100,225	80,805	15,606	3,814
14	Information technology	115,631	51,116	58,807	5,708
15	Royalties	113,031	31,110	30,007	3,700
16	Occupancy	185,402	105,113	54,849	25,440
17	Travel	804,204	784,930	12,464	6,810
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	804,204	764,930	12,404	0,810
19	Conferences, conventions, and meetings	146,193	122,761	19,625	3,807
20	Interest	11,130	, 32	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,283	18,303	9,550	4,430
23	Insurance	7,990	,	7,990	· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	.,,,,,,			
а	MISCELLANEOUS	363,249	335,417	25,735	2,097
b	HONORARIA	115,650	115,650		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,622,534	6,486,074	857,213	279,247
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Friedrich [Fillen] [Fi	.,,	-,3,00	,	2.2,2.1
	,,				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	Part X		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			884,344	1	258,725
	2	Savings and temporary cash investments			1,900,987	2	1,672,048
	3	Pledges and grants receivable, net			4,988,007	3	4,246,778
	4	Accounts receivable, net			4		
Assets	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(1) employers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II or	contributing y employees'		6		
	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			268,307	9	65,495
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	     10a	731,014	·		33,135
	Ь	Less accumulated depreciation	10b	475,290	104,963	10c	255,724
	11	Investments—publicly traded securities	<u> </u>		11,508,790	11	12,301,360
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets	_		14		
	15	Other assets See Part IV, line 11	•	12,727	15	12,727	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			19,668,125		18,812,857
	17	Accounts payable and accrued expenses			214,138		211,733
	18	Grants payable	2,610,688		2,530,527		
	19	Deferred revenue	• •	• •	2,010,000	19	2,000,027
	20	Tax-exempt bond liabilities				20	
		·	dula D	•	120,111	21	119,111
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Sche			120,111	21	119,111
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ied	^			
画		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	t X of S	Schedule		25	
	26	D			2,944,937		2,861,371
	26	Total liabilities. Add lines 17 through 25			2,944,937	26	2,801,371
φ Φ		Organizations that follow SFAS 117 (ASC 958), check here ► 5 lines 27 through 29, and lines 33 and 34.	/ and c	ompiete			
2	27	Unrestricted net assets		_	3,059,264	27	3,863,211
<u>छ</u>	28	Temporarily restricted net assets	•	•	13,663,924	28	12,088,275
<u></u>	29	Permanently restricted net assets	•	•	, ,	29	,,
<u>Š</u>		Organizations that do not follow SFAS 117 (ASC 958), check he	 are.⊫ F	and			
<u>.</u>		complete lines 30 through 34.		unu			
Assets or Fund Balance	30	Capital stock or trust principal, or current funds				30	
Ę.	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS.	32	Retained earnings, endowment, accumulated income, or other fu				32	
Zet Zet	33	Total net assets or fund balances		_	16,723,188		15,951,486
Ž	34	Total liabilities and net assets/fund balances			19,668,125		18,812,857
	1	,	_		, ,	1	, ,

Pai	Reconcilliation of Net Assets 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		6,0	084,992
2	Total expenses (must equal Part IX, column (A), line 25)	2		7 6	522,534
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			537,542
5	Net unrealized gains (losses) on investments	4		16,7	723,188
_		5			765,840
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		15 (	951,486
Dat	t XII Financial Statements and Reporting	10		13,	751,400
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	За	Yes	·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required		Yes	
_	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				1

efile GRAPHIC print - DO NOT PROCESS

NEW ENGLAND FOUNDATION FOR THE ARTS INCORPORATED

As Filed Data -

DLN: 93493014010084

**Employer identification number** 

OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Total

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

				instructions))	Yes	No	Yes	No	Yes	No			
		(described on lines 1- 9 above or IRC section (see)  (described on lines 1 - 9 above or IRC section (see)										supp	•
	) Nam		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you		(vi) Is			i) A m mone	nount of
h		Provide	e the followi	ng information about	the supporte	ed organızatı	on(s)			<u>.                                      </u>	•		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?				.g(iii)		
		•		er of a person descri	• •	•					Lg(ii)		
				governing body of th	•		_	F 3. 5 5 115 GC			1g(i)	. 03	140
_		followir	ng persons?	rectly or indirectly o						)	Г	Yes	No
g			this box August 17, 2	2006, has the organi	zation accep	oted any gift	or contribution	on from anv	of the				Г
f			n 509(a)(2) organization	received a written de	etermination	from the IRS	S that it is a <sup>-</sup>	Туре I, Тур	e II, or Type	III suppo	rtıng or	ganız	zatio <u>n,</u>
e	Γ	other t	han foundati	ox, I certify that the on managers and otl	_				, ,			•	
11	Γ	one or the box	more public	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descri o <u>rti</u> ng organi	ıbed ın sectı ızatıon and c	on 509(a)(1) complete line	) or section s 11e th <u>ro</u> u	509(a)(2) S gh 11h	See <b>section</b>	509(a	)(3).	Check
10	Γ	An org	anızatıon or	ganızed and operated	dexclusively	to test for p	ublic safety	See <b>sectio</b>	n 509(a)(4).				
		•		janızatıon after June				•		,			
				oss investment inco	•	<del>-</del>		•	• •				
9	'	=		ities related to its ex			* *		•	· ·	•	_	5
8 9	<u> </u>		•	described in <b>sectior</b> at normally receives	. , . , .	, , , ,	•	•	utions man	harchin fa	ac and	aroc	_
_	, 	describ	oed in <b>sectio</b>	on 170(b)(1)(A)(vi).	(Complete P	art II)				95			
7	<u> </u>			at normally receives	=					from the ae	neral n	ublic	
6	$\vdash$			<b>(A)(iv).</b> (Complete P · local government or	=	al unit desc	rihed in <b>secti</b> i	on 170(h)(:	1)(A)(v)				
5	ı	_	•	erated for the benefit	-	or universit	y owned or o	perated by	a governmer	ital unit de:	scribed	ın	
	_	hospita	al's name, ci	ty, and state	_								_
4	<u>'</u>			h organization operat						(1)(A)(iii)	. Enter	the	
3	<u> </u>			perative hospital se				n 170(b)(1)	(Δ)(iii)				
1 2	  -		•	on of churches, or as d in <b>section 170(b)(1</b>				ection 1/0(	b)(1)(A)(ı).				
	rganı:			te foundation becaus			-						
Par				blic Charity Sta						nstructior	ns.		
									04-2593				

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,630,289 7,805,016 5,483,661 7,790,759 5,208,099 30,917,824 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,630,289 7,805,016 5,483,661 7,790,759 5,208,099 30,917,824 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 16,305,486 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 14,612,338 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 4,630,289 7,805,016 5,483,661 7,790,759 5,208,099 30,917,824 Amounts from line 4 Gross income from interest, dividends, payments received on 198,626 151,519 142,535 182,242 163,592 securities loans, rents, royalties 838,514 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 31,756,338 through 10) Gross receipts from related activities, etc (see instructions) 12 12 735,807 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 46 010 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 50 130 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493014010084

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization  N ENGLAND FOUNDATION FOR THE ARTS INCORPORATED	·	Employer identification number
	TENED IND TOOMS/INTOK THE PINTS INCOME ON THE		04-2593591
Pa	rt I Organizations Maintaining Donor Ad		unds or Accounts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a) Bonor davised lands	(b) I and and other decounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
1	Aggregate value at end of year		1
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	f the organization answered "Yes" t	o Form 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	certified historic structure
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during
	the tax year 🛌		
1	Number of states where property subject to conservat	ion easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	nents during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting  \$ \bigsup \text{\$} \cdot \bigsup \te	g, and enforcing conservation easements	s during the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	e footnote to the organization's financial	
ar	t III Organizations Maintaining Collection Complete if the organization answered "\		or Other Similar Assets.
La	If the organization elected, as permitted under SFAS aworks of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education,	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	<u>stori</u>	cai ii	reasui	res, or O	<u>tne</u>	r Similar As	ssets (c	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	$\vdash$	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın hov	w the	y furth	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit of	or receive donation	s of ar	rt. hıs	torıcal	treasu	res or othe	rsım	ıılar		
	assets to be sold to raise funds rather than t	o be maintained as	part	of the	organ	ızatıon's	collection	۱?		☐ Yes	┌ No
Par	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	forc	ontribi	utions o	r other ass	ets ı	not	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	able		_				
									A	mount	
C	Beginning balance							1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,						✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	n has	been pr	ovided in P	art >	KIII		┖
Pa	rt V Endowment Funds. Complete										
4.	Dagunung of warmhalance	(a)Current year	(b	<b>)</b> Prior	year	<b>b</b> (c)⊺w	o years back	(d)	Three years back	(e)Four	years back
1a L	Beginning of year balance							$\vdash$			
b	Contributions							┢			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance							$\vdash$			
7	·	cont was rand halam	/ !	1		n (a)) h	ald as			<u> </u>	
_	Provide the estimated percentage of the curr	ent year end baiar	ice (iii	ie ig	, coluii	III (a)) II	eiu as				
a	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	_	zatıon	that	are hel	d and a	dministere	d for		Yes	No
	(i) unrelated organizations							•	<b>—</b>	(i)	<del> </del>
	(ii) related organizations							•		(ii)	<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•	🗀	Bb	
	t VI Land, Buildings, and Equipme					10					
	Description of property	inci occ ronn o	50, 10	(;	) Cost o	r other	(b)Cost or		(c) Accumulate		Book value
				Da	sis (inve	stment)	basıs (oth	er)	depreciation		
1a	Land										
b	Buildings										
c	Leasehold improvements						219	,703	209,	638	10,065
d	Equipment						106	,158	95,	248	10,910
_											
	Other		•				405	,153	170,	404	234,749

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	6,803,534
2	Amounts 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		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	768,940
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,034,594
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 50,398		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	50,398
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	6,084,992
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	7,575,236
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 XIII).................2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,100
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,572,136
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 50,398		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	50,398
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7.622.534

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	NEFA WAS A FISCAL AGENT FOR THE MASSACHUSETTS AND NEW HAMPSHIRE STATE ARTS AGENCIES NEFA RECEIVES AND DISBURSES FUNDS ON BEHALF OF THESE ORGANIZATIONS EACH OF THESE AGENCIES ALSO FUNDS NEFA IN ACCORDANCE WITH NEFA'S BY-LAWS, THE EXECUTIVE DIRECTORS OF THE ABOVE-MENTIONED AGENCIES, AS WELL AS THE CONNECTICUT, MAINE, RHODE ISLAND, AND VERMONT STATE ARTS AGENCIES, ARE ALSO BOARD MEMBERS OF NEFA
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	NEFA FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD, WHICH REQUIRES NEFA TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY AT MAY 31, 2013 AND 2012, NEFA DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY NEFA FILES INFORMATION RETURNS IN THE UNITED STATES (FEDERAL) AND MASSACHUSETTS (STATE) JURISDICTIONS THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS

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

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

OMB No 1545-0047

DLN: 93493014010084

Open to Public

Schedule I

(Form 990)

nternal Revenue Service								Inspection
Name of the organization NEW ENGLAND FOUND	ATION FOR THE	ARTS INCORPO	RATED				Employer identification	on number
							04-2593591	
	Information o							
the selection criter	rıa used to award	the grants or ass	ıstance <sup>?</sup>		e grantees' eligibility for			✓ Yes
					United States. Con ort II can be duplicate			es" to
(a) Name and addres organization or government	s of	<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
See Additional Data T	āble able							
							_	
or Paperwork Reduction A					Cat No 50055P			le I (Form 990) 2012

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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
(1) PROMOTE THE EXCHANGE OF NATIVE ARTS ARTMAKING SKILLS AND KNOWLEDGE	4	20,750			
(2) SUPPORT THE EXCHANGE AND OUTREACH OF NEW THEATER PRODUCTIONS	1	10,000			

Part IV Supplemental Information
----------------------------------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
		NEFA MAINTAINS COMMUNICATION WITH GRANTEES AND REQUIRES FINAL AND/OR INTERIM REPORTS TO BE SUBMITED BY GRANTEES REPORTS ARE REVIEWED BY APPLICABLE GRANT STAFF AND DISBURSEMENTS OF GRANTS FUNDS ARE MADE UPON APPROVAL OF REPORTS

Software ID:

**Software Version:** 

**EIN:** 04-2593591

Name: NEW ENGLAND FOUNDATION FOR THE ARTS INCORPORATED

(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
651 ARTS651 FULTON ST BROOKLYN,NY 11217	11-2956108		9,138				PRESENTATION SUPPORT
ALABAMA DANCE COUNCILPO BOX 2126 BIRMINGHAM,AL 352012126	63-0815232		10,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
ALLIGER ARTS18 CONRY CRESCENT JAMAICA PLAIN,MA 02130	04-0005425		8,000				PRODUCTION SUPPORT
ALVERNO COLLEGE - ALVERNO PRESENTS3400 SOUTH 43RD STREET PO BO X 343922 MILWAUKEE, WI 532343922	39-0806263		21,130				PRESENTATION SUPPORT

(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
AMERICAN DANCE FESTIVAL INCORPORATED PO BOX 90772 DURHAM,NC 27708	06-0932294		54,000				PRESENTATION SUPPORT
AMERICAN DANCE INSTITUTE1570 EAST JEFFERSON STREET ROCKVILLE, MD 20852	52-2158599		13,500				PRESENTATION SUPPORT

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
ARENA DANCES528 HENNEPIN AVENUE 511 MINNEAPOLIS, MN 554031810	02-0541438		50,500				PRODUCTION & GENERAL OPERATING SUPPORT
ARIZONA STATE UNIVERSITY600 E VETERANS WAY WELLS FARGO ARENA 192 TEMPE, AZ 852870205	86-6051042		19,700				PRESENTATION SUPPORT

(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
ARKTYPEPO BOX 180241 BROOKLYN,NY 11218	20-4761329		10,000				PRODUCTION SUPPORT
ARMITAGE GONE DANCE ARMITAGE FOUNDATION9 N MOORE STREET 4 NEWYORK,NY 10013	13-3307859		72,500				PRODUCTION & GENERAL OPERATING SUPPORT

(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) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART SWEATS INCORPORATED140 SECOND AVENUE 503 NEW YORK, NY 100038384	13-3812712		50,500				PRODUCTION & GENERAL OPERATING SUPPORT
ARTS ALLIANCE OF NORTHERN NEW HAMPSHIREPO BOX 892 LITTLETON,NH 03561	02-0407490		7,390				PRESENTATION SUPPORT

(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	( <b>h</b> ) Purpose of grant or assistance
ARTS AT SAINT ANN'S55 WASHINGTON STREET SUITE 458 BROOKLYN,NY 11201	11-2665242		15,500				PRESENTATION SUPPORT
ARTSPOT PRODUCTIONS 609 SAINT FERDINAND NEW ORLEANS, LA 70117	72-1499547		50,000				PRODUCTION & GENERAL OPERATING SUPPORT

(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
ATLAS PERFORMING ARTS CENTER1333 H STREET NE WASHINGTON,DC 20002	52-2358563		23,500				PRESENTATION SUPPORT
AUGUST WILSON CENTER FOR AFRICAN AMERICAN CULTURE980 LIBERTY AVENUE PITTSBURGH,PA 15222	25-1892177		5,500				PRESENTATION SUPPORT

(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	( <b>h</b> ) Purpose of grant or assistance
BALLET HISPANICO167 WEST 89TH STREET NEW YORK, NY 10024	13-2685755		48,500				PRODUCTION & GENERAL OPERATING SUPPORT
BATES COLLEGE305 COLLEGE STREET PETTIGREW HALL LEWISTON, ME 04240	01-0211781		12,818				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
BEDLAM THEATER2637 27TH AVE S MINNEAPOLIS,MN 55406	41-1781486		6,000				PRESENTATION SUPPORT
BETH MORRISON PROJECTS305 EAST 93RD STREE 4T NEW YORK, NY 10128	20-8422447		7,500				PRODUCTION SUPPORT

(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
BIG TREE PRODUCTIONS INC42 HORATIO STREET NEW YORK, NY 10014	13-4200666		69,500				PRODUCTION & GENERAL OPERATING SUPPORT
BROOKLYN ACADEMY OF MUSIC30 LAFAYETTE AVENUE BROOKLYN,NY 11217	11-2201344		12,000				PRESENTATION SUPPORT

(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
BUCKNELL UNIVERSITY - WEIS CENTER FOR THE PERFORMING ARTS BUCKNELL UNIVERSITY ONE DENT DRIVE LEWISBURG,PA 17837	24-0772407		18,000				PRESENTATION SUPPORT
CELEBRITY SERIES OF BOSTON20 PARK PLAZA SUITE 1032 BOSTON,MA 021164303	22-2958508		12,500				PRESENTATION SUPPORT

(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
CENTERBOARD INC16 CITY HALL SQUARE LYNN,MA 01901	04-3019658		15,000				PRODUCTION SUPPORT
CHARLESTOWN WORKING THEATER INCORPORATED 442 BUNKER HILL STREET CHARLESTOWN,MA 02129	04-2575578		11,500				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEZ BUSHWICK INCORPORATED304 BOERUM STREET 23 BROOKLYN,NY 112063590	56-2630951		8,615				PRESENTATION SUPPORT
CITY OF HOLYOKE536 DWIGHT STREET HOLYOKE.MA 01040	04-6001393		20,000				PLANNING SUPPORT

(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
CITY OF LYNN3 CITY HALL SQUARE LYNN,MA 01901	04-6001397		20,000				PLANNING SUPPORT
CITY OF PITTSFIELDCITY HALL 70 ALLEN STREET PITTSFIELD, MA 01201	04-6001408		20,000				PLANNING SUPPORT

(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
CITY OF TAUNTON141 OAK STREET TAUNTON,MA 02780	04-6001320		20,000				PLANNING SUPPORT
COKER COLLEGE300 EAST COLLEGE AVENUE HARTSVILLE,SC 29550	57-0324916		6,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF SAINT BENEDICT - BENEDICTA ARTS CENTER37 S COLLEGE AVENUE ST JOSEPH,MN 56374	41-0969244		7,500				PRESENTATION SUPPORT
COLORADO SPRINGS DANCE THEATREPO BOX 877 COLORADO SPRINGS,CO 80901	84-0751110		10,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COLLEGE CHICAGO - THE DANCE CENTER1306 SOUTH MICHIGAN AVENUE CHICAGO,IL 60605	36-6112087		25,310				PRESENTATION SUPPORT
COLUMBIA COUNTY COUNCIL ON THE ARTSPO BOX 461 PHILMONT, NY 125650461	14-6033828		7,950				PRESENTATION SUPPORT

(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
CONNECTICUT COLLEGE CAMPUS BOX 5216 270 MOHEGAN AVENUE NEW LONDON, CT 063204196	06-0646587		87,124				PRODUCTION & GENERAL OPERATING SUPPORT
CROSS PERFORMANCE INCORPORATEDC/O MAPP INTERNATIONAL PRODUCTIONS 140 SECOND AVE 502 NEW YORK, NY 10003	13-3335670		68,500				PRODUCTION & GENERAL OPERATING SUPPORT

(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
DANCE AFFILIATES4701 BATH STREET BUILDING 46B PHILADELPHIA,PA 19137	23-2138376		10,000				PRESENTATION SUPPORT
DANCE CONTINUUM INCORPORATED1133 BROADWAY SUITE 641 NEW YORK, NY 10010	13-3109381		72,500				PRODUCTION & GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCE THEATRE OF HARLEM INCORPORATED 466 WEST 152ND STREET NEW YORK, NY 10031	13-2642091		50,500				PRODUCTION & GENERAL OPERATING SUPPORT
DANSPACE PROJECTSAINT MARKS CHURCH 131 EAST 10TH STREET NEW YORK, NY 10003	13-3320972		11,300				PRESENTATION SUPPORT

(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
DEBATE SOCIETY91 SUMMIT STREET 2 BROOKLYN,NY 11231	74-3256898		52,000				PRODUCTION & GENERAL OPERATING SUPPORT
DIVERSEWORKS ARTSPACE 4102 FANNIN STREET SUITE 200 HOUSTON,TX 77004	76-0035355		9,260				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUBLE EDGE THEATRE PRODUCTIONS INC948 CONWAY ROAD ASHFIELD, MA 013309772	04-2783277		82,500				PRODUCTION & GENERAL OPERATING SUPPORT
EMERSON COLLEGE120 BOYLSTON STREET BOSTON,MA 02116	04-1286950		11,000				PRESENTATION SUPPORT

(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
FIRSTWORKS270 WESTMINSTER STREET PROVIDENCE,RI 02903	22-2597014		7,500				PRESENTATION SUPPORT
FITCHBURG STATE UNIVERSITY FOUNDATION 160 PEARL STREET FITCHBURG,MA 01420	04-2661048		5,800				PRESENTATION SUPPORT

(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
FLYNN CENTER FOR THE PERFORMING ARTS LIMITED153 MAIN STREET BURLINGTON, VT 05401	03-0277052		29,638				PRESENTATION SUPPORT
FOUNDATION FOR JEWISH CULTURE330 SEVENTH AVENUE 21ST FLOOR NEW YORK, NY 10001	13-1927751		50,500				PRODUCTION & GENERAL OPERATING SUPPORT

(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
FRENCH INSTITUTE ALLIANCE FRANCAISE22 EAST 60TH STREET NEW YORK, NY 10022	13-1624099		9,000				PRESENTATION SUPPORT
FRIENDS OF THE CULTURAL CENTER INC 73000 FRED WARING DRIVE PALM DESERT, CA 92260	95-2834871		15,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSEBOX FESTIVAL2023 E CESAR CHAVEZ AUSTIN,TX 78702	26-3676365		9,260				PRESENTATION SUPPORT
GERMANTOWN PERFORMING ARTS CENTRE1801 EXETER ROAD GERMANTOWN,TN 38138	58-1652763		5,500				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUIDFORD PERFORMANCE LAB INC561 FITCH ROAD GUILFORD,VT 05301	45-2398900		6,500				PRESENTATION SUPPORT
HENRY STREET SETTLEMENT - ABRONS ART CENTER466 GRAND STREET NEW YORK, NY 10002	13-1562242		9,000				PRESENTATION SUPPORT

(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
HIP HOP THEATER FESTIVAL442-D LORIMER STREET 195 BROOKLYN,NY 112061030	42-1642691		9,000				PRESENTATION SUPPORT
INSTITUTE OF CONTEMPORARY ART100 NORTHERN AVENUE BOSTON, MA 02210	04-2104327		5,243				PRESENTATION SUPPORT

(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
JACOB'S PILLOW DANCE FESTIVAL358 GEORGE CARTER ROAD BECKET, MA 012234001	04-6002993		43,500				PRESENTATION SUPPORT
JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS2700 F STREET NORTHWEST WASHINGTON, DC 20566	53-0245017		9,250				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOYCE THEATER FOUNDATION INCORPORATED175 EIGHTH AVENUE NEWYORK,NY 100111694	13-3038262		14,000				PRESENTATION SUPPORT
JUNIATA COLLEGE1700 MOORE ST HUNTINGDON,PA 16652	23-1352652		14,300				PRESENTATION SUPPORT

(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
KINGDOM COUNTY PRODUCTIONS949 SOMERS ROAD BARNET,VT 05821	03-0328686		16,866				PRESENTATION SUPPORT
LAFAYETTE COLLEGE307 MARKLE HALL 730 HIGH STREET EASTON,PA 180421761	24-0795686		13,000				PRESENTATION SUPPORT

(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
LIED CENTER OF KANSAS UNIVERSITY OF KANSAS 1600 STEWART DRIVE WEST CAMPUS LAWRENCE,KS 660450501	48-0547734		7,000				PRESENTATION SUPPORT
LOS ANGELES POVERTY DEPARTMENTPO BOX 26190 LOS ANGELES,CA 90026	95-4174562		55,000				PRODUCTION SUPPORT

(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
LOUISIANA TECH UNIVERSITYPOBOX 7924 RUSTON,LA 71272	72-6000792		10,000				PRESENTATION SUPPORT
LYNNARTS25 EXCHANGE STREET LYNN,MA 01901	04-3171413		30,000				PRODUCTION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
MAHOOSUC ARTS COUNCILPO BOX 534 BETHEL,ME 04217	01-0448670		6,740				PRESENTATION SUPPORT
MARGARET JENKINS DANCE COMPANY507 POLK STREET SUITE 320 SAN FRANCISCO, CA 94102	94-2287039		50,500				PRODUCTION & GENERAL OPERATING SUPPORT

(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
MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION 6611 KENILWORTH AVENUE RIVERDALE,MD 20737	52-6001550		20,000				PRESENTATION SUPPORT
MCNEESE STATE UNIVERSITY FOUNDATION BOX 99189 LAKE CHARLES, LA 70609	72-6029144		6,000				PRESENTATION SUPPORT

(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
MIAMI LIGHT PROJECT INCORPORATEDPO BOX 1048 MIAMI,FL 33137	65-0107810		26,000				PRODUCTION & GENERAL OPERATING SUPPORT
MIDDLEBURY COLLEGE MAHANEY CENTER FOR THE ARTS ROUTE 30 SOUTH MIDDLEBURY,VT 05753	03-0179298		9,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY COMMUNITY COLLEGE GRANT DEVELOPMENT EAST HOUSE 340 DEKALB PIKE BLUE BELL, PA 19422	23-1670325		17,000				PRESENTATION SUPPORT
MULTICULTURAL EDUCATION AND COUNSELING THROUGH THE ARTS1900 KANE STREET HOUSTON,TX 77007	72-2044904		7,500				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
MYRNA LOY CENTER15 NORTH EWING HELENA,MT 59601	51-0185430		22,088				PRESENTATION SUPPORT
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS INC 195 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-1444222		28,383				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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
NEW YORK SHAKESPEARE FESTIVAL425 LAFAYETTE STREET NEW YORK, NY 10003	13-1844852		7,500				PRESENTATION SUPPORT
NEWART NEW MEXICO208 13TH STREET NW B ALBUQUERQUE,NM 87102	85-0321133		10,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ODC (OBERLIN DANCE COLLECTIVE OF CALIFORNIA)351 SHOTWELL STREET SAN FRANCISCO,CA 94110	94-3372711		14,500				PRESENTATION SUPPORT
ON THE BOARDSTHE BEHNKE CENTER FOR CONTEMPORARY PERFORM PO BOX 19515 SEATTLE, WA 981091515	91-1081983		11,300				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON SHAKESPEARE FESTIVAL15 SOUTH PIONEER STREET ASHLAND,OR 97520	93-0407022		14,000				PRESENTATION SUPPORT
PAINTED BRIDE ART CENTER230 VINE STREET PHILADELPHIA,PA 19106	23-1946391		56,000				PRODUCTION & GENERAL OPERATING SUPPORT

(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
PERFORMANCE ZONE INC (AKA THE FIELD)161 SIXTH AVENUE 14TH FLOOR NEW YORK, NY 10013	13-3357408		50,500				PRODUCTION & GENERAL OPERATING SUPPORT
PHILADELPHIA FRINGE FESTIVALPO BOX 30393 PHILADELPHIA,PA 19103	23-2936188		42,705				PRESENTATION SUPPORT

(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
PORTLAND INSTITUTE FOR CONTEMPORARY ART (PICA)415 SOUTHWEST 10TH SUITE 305 PORTLAND,OR 97205	93-1177971		27,012				PRESENTATION SUPPORT
PORTLAND OVATIONS50 MONUMENT SQUARE 2ND FLOOR PORTLAND,ME 04101	01-0350707		19,915				PRESENTATION SUPPORT

(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	( <b>h)</b> Purpose of grant or assistance
PS21 INCPOBOX 364 CHATHAM,NY 12037	14-1818409		6,500				PRESENTATION SUPPORT
PURDUE UNIVERSITYENAD BUILDING ROOM 112 400 CENTENNIAL MALL DRIVE WEST LAFAYETTE, IN 479072040	35-6002041		6,500				PRESENTATION SUPPORT

(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	( <b>h</b> ) Purpose of grant or assistance
RED RIVER REVEL INC101 CROCKETT STREET SUITE C SHREVEPORT,LA 71101	72-0953274		12,500				PRESENTATION SUPPORT
REDFERN ARTS CENTER ON BRICKYARD POND KEENE STATE COLLEGE229 MAIN STREET KEENE,NH 034352401	02-6000937		23,550				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERT MOSES' KIN870 MARKET STREET SUITE 567 SAN FRANCISCO,CA 94102	47-0926561		50,500				PRODUCTION & GENERAL OPERATING SUPPORT
ROY AND EDNA DISNEYCALARTS THEATER-REDCAT CALIFORNIA INSTITUTE OF THE ARTS 631 WEST 2ND STREET LOS ANGELES, CA 90012	95-6102146		71,545				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO INTERNATIONAL ARTS FESTIVAL870 MARKET STREET SUITE 1256 SAN FRANCISCO,CA 94102	34-1997392		5,650				PRESENTATION SUPPORT
SANDGLASS CENTER FOR PUPPETRY AND THEATER RESEARCH LIMITEDPO BOX 970 PUTNEY,VT 05346	04-3340533		40,234				PRODUCTION & GENERAL OPERATING SUPPORT

(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	( <b>h</b> ) Purpose of grant or assistance
SCOTTSDALE CULTURAL COUNCIL7380 EAST SECOND STREET SCOTTSDALE,AZ 852515604	86-0593786		11,000				PRESENTATION SUPPORT
SEATTLE THEATRE GROUP 911 PINE STREET SEATTLE, WA 98101	94-3130227		6,500				PRESENTATION SUPPORT

(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
SILVERMINE GUILD OF ARTIST INC1037 SILVERMINE ROAD NEW CANAAN, CT 06840	06-0674168		12,739				PRESENTATION SUPPORT
SKIDMORE COLLEGE815 NORTH BROADWAY SARATOGA SPRINGS,NY 12866	14-1338562		15,000				PRESENTATION SUPPORT

(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
SKIRBALL CULTURAL CENTER AND MUSEUM 2701 NORTH SEPULVEDA BLVD LOS ANGELES,CA 90049	95-4538371		9,500				PRESENTATION SUPPORT
SOHO REPERTORY THEATRE INC401 BROADWAY 300 NEW YORK, NY 10013	13-2885288		30,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
SPRINGBOARD FOR THE ARTS308 PRINCE STREET SUITE 270 ST PAUL,MN 55101	41-1690483		101,000				PRODUCTION & GENERAL OPERATING SUPPORT
STATE THEATRE REGIONAL ARTS CENTER AT NEW BRUNSWICK INC11 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	16-1616384		10,000				PRESENTATION SUPPORT

(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
STEPHEN PETRONIO COMPANY140 SECOND AVENUE SUITE 504 NEW YORK, NY 100038384	22-2742906		72,500				PRODUCTION & GENERAL OPERATING SUPPORT
STREB INC51 NORTH 1ST STREET BROOKLYN,NY 11249	13-3268549		50,500				PRODUCTION & GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SU TEATRO INC721 SANTA FE DRIVE DENVER,CO 80204	74-2440659		14,500				PRESENTATION SUPPORT
SWARTHMORE COLLEGE DEPARTMENT OF MUSIC DANCE 500 COLLEGE AVE SWARTHMORE,PA 19081	23-1352683		8,000				PRESENTATION SUPPORT

(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
TAMPA BAY PERFORMING ARTS CENTER INCPO BOX 518 TAMPA,FL 33601	59-2037085		6,000				PRESENTATION SUPPORT
TEATRO AVANTE INCORPORATED744 SW 8TH STREET 2ND FLOOR MIAMI,FL 33130	59-2255544		15,000				PRESENTATION SUPPORT

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIAUCLA LIVE - PERFORMING ARTS DEPARTMENT B100 ROYCE HALL PO BOX 9 LOS ANGELES, CA 900951529	95-6006143		7,740				PRESENTATION SUPPORT
THEATER ET AL INC5-49 49TH AVENUE LONG ISLAND CITY,NY 11101	13-4038993		13,250				PRESENTATION SUPPORT

(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
TIGERTAIL PRODUCTIONS INCORPORATED842 NORTHWEST 9TH COURT MIAMI,FL 33136	59-1968705		8,500				PRESENTATION SUPPORT
TOWN OF BARNSTABLE367 MAIN ST HYANNIS, MA 02601	04-6001079		20,000				PLANNING SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF DEDHAM26 BRYANT STREET DEDHAM,MA 02026	04-6001128		20,000				PLANNING SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE4 EAST WHEELOCK STREET HB 6041 HANOVER, NH 03755	02-0222111		25,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
UC REGENTSMONDAVI CENTERMONDAVI CENTER ADMINISTRATION BUILDING ONE SHIELDS AVENUE DAVIS,CA 956168543	94-6036494		7,000				PRESENTATION SUPPORT
UNION EPISCOPAL CHURCH133 OLD CHURCH RD CLAREMONT NH 03743	02-6007515		5,815				PRESENTATION SUPPORT

(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
UNIQUE PROJECTS INCORPORATED246 W 38TH STREET 4TH FLOOR NEW YORK, NY 10018	13-3085289		72,500				PRODUCTION & GENERAL OPERATING SUPPORT
UNIVERSES THEATER COMPANY INC2920 WEDGEWOOD LANE ASHLAND,OR 97520	27-1013254		10,000				GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON CYNTHIA WOODS MITCHELL CTR FOR THE ARTS 209 CWM CENTER HOUSTON,TX 772044016	74-6001399		15,000				PRESENTATION SUPPORT
UNIVERSITY OF ILLINOIS KRANNERT CENTER FOR PERFORMING ARTS500 SOUTH GOODWIN AVENUE URBANA,IL 61801	37-6000511		30,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION2119 MAIN ADMINISTRATION BUILDING COLLEGE PARK, MD 20742	52-2197313		31,000				PRESENTATION SUPPORT
UNIVERSITY OF MASSACHUSETTS OFFICE OF GRANTS AND CONTRACTSRESEARCH ADMINISTRATION BUILDING 70 BUTTERFIELD TERRACE AMHERST, MA 010039242	04-3167352		18,043				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA FRIENDS OF LIED301 N 14TH STREET ALEXANDER BUILDING LINCOLN,NE 685880151	47-0727188		11,000				PRESENTATION SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL208 EAST CAMERON AVE 3RD FLOOR CARR BLDG CB 3233 CHAPEL HILL,NC 275993233	56-6001393		8,000				PRESENTATION SUPPORT

(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
UNIVERSITY OF NORTH CAROLINA AT WILMINGTONUNCW PRESENTS 601 S COLLEGE RD WILMINGTON,NC 28403	56-1258660		33,500				PRESENTATION SUPPORT
VOLOSHKY UKRAINIAN DANCE ENSEMBLE700 CEDAR ROAD JENKINTOWN PA 19046	23-2174452		50,500				PRODUCTION & GENERAL OPERATING SUPPORT

(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
WALKER ART CENTER1750 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	41-0693929		41,500				PRODUCTION & GENERAL OPERATING SUPPORT
WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN,CT 06459	06-0646959		33,100				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE BIRD5620 SOUTHWEST EDGEMONT PLACE PORTLAND,OR 97239	93-1263353		8,000				PRESENTATION SUPPORT
WILLIAMSTOWN THEATRE FOUNDATION INCPO BOX 517 WILLIAMSTOWN, MA 012672931	04-2237311		25,000				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD MUSIC INCORPORATED720 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021390213	22-3036665		12,600				PRESENTATION SUPPORT
YARD INCORPORATEDPO BOX 405 CHILMARK, MA 025350405	23-7348937		16,800				PRESENTATION SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YERBA BUENA CENTER FOR THE ARTS701 MISSION STREET SAN FRANCISCO,CA 941033138	94-3042571		38,000				PRESENTATION SUPPORT
YOUNG JEAN LEE'S THEATER COMPANY138 SOUTH OXFORD STREET SUITE 1D BROOKLYN,NY 11217	20-8603288		70,000				PRODUCTION SUPPORT

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

Name of the organization NEW ENGLAND FOUNDATION FOR THE ARTS INCORPORATED

DLN: 93493014010084

OMB No 1545-0047

Inspection

Open to Public

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

Department of the Treasury

Internal Revenue Service

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

**Noncash Contributions** 

**Employer identification number** 

					04-2593591			
Pa	rt I Types of Property							
•	Art Works of ort	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	SOFTWARE Other►( <u>LICENSE</u> )	Х	4	43,924	FAIR VALUE			
	GOOGLE	.,	_	5.054	EATB \/ A			
	Other►( <u>ADWORDS</u> )	X	1	5,054	FAIR VALUE			
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comple				29			
30-	During the year, did the organize	tion rocou	a by contribution any propa	arty reported in Bart I Junea	1-28 that it		Yes	No
JUa	must hold for at least three year							
	•			·	a to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem					24		NI -
31	Does the organization have a gif					31		<u> </u>
32a	Does the organization hire or us contributions?				noncash • • •	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (	a) ıs checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493014010084

OMB No 1545-0047

2012

Open to Public Inspection

# 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.

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS INCORPORATED

Employer identification number

04-2593591

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMISSION, AND SIGNED BY THE COO OR THE EXECUTIVE DIRECTOR
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL STATEMENTS ARE REVIEWED BY THE BOARD CHAIR (FOR BOARD MEMBERS) OR EXECUTIVE DIRECTOR (FOR STAFF MEMBERS) AND, IN THE EVENT OF A CONFLICT, ACTION AS DEFINED IN THE CONFLICT OF INTEREST POLICY IS TAKEN
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S PERFORMANCE IS EVALUATED ANNUALLY BY THE CHAIR OF THE BOARD OF DIRECTORS WITH INVOLVEMENT OF OTHER MEMBERS OF THE COMPENSATION COMMITTEE AS APPROPRIATE. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS AND SETS EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS WITH REFERENCE TO COMPARABLES OF SIMILAR AGENCIES AND NON-PROFIT ORGANIZATIONS THE BOARD AND THE COMPENSATION COMMITTEE KEEP MINUTES TO DOCUMENT KEY DISCUSSION POINTS AND DECISIONS REACHED THE COMPENSATION COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE DIRECTOR
	FORM 990, PART VI, SECTION C, LINE 19	NEFA'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE, AND DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS OVERSEES THE SELECTION OF THE AUDITORS AND MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT PROCESS TO REVIEW THE YEAR-END RESULTS