

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



EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

Foigh Up

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public Inspection Information about Form 990 and its instructions is at www.irs gov/form990.

Open to Public

A For the 2014 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number X Address VIA ART FUND, INC. X Name change 46-1396192 Doing business as]Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 83 NEWBURY STREET, 4TH FLOOR 617-379-3494 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended BOSTON, MA 02116 H(a) Is this a group return Applica-F Name and address of principal officer BRIDGITT B. EVANS for subordinates? Yes X No pending 7 COMMONWEALTH AVENUE, BOSTON, MA Yes H(b) Are all subordinates included? Tax-exempt status X = 501(c)(3) 501(c) () ◀ (insert no) [____ 4947(a)(1) or L If "No," attach a list (see instructions) J Website: ► WWW.VIAARTFUND.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation: 2012 M State of legal domicile: MA Part I | Summary Briefly describe the organization's mission or most significant activities VIA ART IS A NONPROFIT Activities & Governance ORGANIZATION WHERE ART PATRONS JOIN FORCES AS PARTNERS IN A NEW if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box Number of independent voting members of the governing body (Part VI, line 1a)

Total number of individuals associated in the second sec 5 4 1 Total number of individuals employed in calendar year 2014 (Part 1, line 2a) 5 C105 8 & YAM 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 OGDEN Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 356,514 730,867. 0. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 356,514 730,867. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 202,500. 652,618. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 38,877. 4,895. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,888. **b** Total fundraising expenses (Part IX, column (D), line 25) 26,585. 40,610. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 233,980 732,1<u>05.</u> 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 122,534 -1,238.19 Revenue less expenses Subtract line 18 from line 12 Assets or 1 1 Balances **Beginning of Current Year End of Year** 152,591. <u>483,911.</u> 20 Total assets (Part X, line 16) 30,057 374,693. 21 Total liabilities (Part X, line 26) Net / 122,534 22 Net assets or fund balances Subtract line 21 from line 20 109.218. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of presarer (other than office) is based on all information of which preparer has any knowledge Sign <u>BRIDGI</u>TT EVANS, PRESIDENT в. Here Type or print name and title Date PTIN Proparer's signeture Check Print/Type preparer's name When I Ch! 05/12/15 self employed P00296843 Paid MAUREEN L. SULLIVAÑ, CPA Firm's name SMITH, SULLIVAN & BROWN, Firm's EIN 43-1985162 Preparer Firm's address 80 FLANDERS ROAD - SUITE Use Only Phone no (508) 871-7178 WESTBOROUGH, MA 01581 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2014)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014) VIA ART FUND,
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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]	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9		Х
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		x
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		Х
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		Х
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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		<u>X</u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2014)

Pa	TIV Checklist of Required Schedules (continued)		,	
-			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	├
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}		Ì
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ		ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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, 20027 If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	-	- 11
30		30		х
•	contributions? If "Yes," complete Schedule M	30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
	If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1.		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	_ X	<u></u>

Ра	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a		٦.	-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	١.		}
20	(gambling) winnings to prize winners?	1c		
2.0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, 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		X
b	If "Yes," enter the name of the foreign country			}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	3	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	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?	0-		v
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 55		
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		x
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			1
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12] }		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		.	
а	Gross income from members or shareholders 11a		i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40 -	amounts due or received from them) 11b	40-		l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ı
	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\overline{}$	
-	Note. See the instructions for additional information the organization must report on Schedule O	- -		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	
		Form	990 ((2014)

Form 990 (2014) VIA ART FUND, 46-1396192 INC. Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part Vi Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) ___ Own website Another's website

17 L	∟ist the states with which a	copy of this Form 990	is required to be filed	<u>MA</u>
------	------------------------------	-----------------------	-------------------------	-----------

18

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

State the name, address, and telephone number of the person who possesses the organization's books and records 20 BRIDGITT EVANS - 617-379-3494

83	NEWBURY	STREET.	4TH	FLOOR.	BOSTON,	MA	0211

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

'Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organi (A)	(B)	Jigi			2)		Jul	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	рох	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	io a o	recio	orzerus	itee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	16 of	ee			sate		(W-2/1099-MISC)	(***271033-141130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2, 1000 1100)		and related
	below	Idual	intion	 =	Key employee	est co loyee	펄			organizations
	line)	fi	Instit	Officer	Key	Highest compensated employee	Form			
(1) JEANNE HAGERTY	0.50									
DIRECTOR		X						0.	0.	0.
(2) MAGGIE HUNT	0.50									
DIRECTOR		X						0.	0.	0.
(3) MOLLY LOGAN	0.50									
DIRECTOR		Х						0.	0.	0.
(4) BRIDGITT B. EVANS	30.00									
PRESIDENT				x				0.	0.	0.
(5) LISA A. SCHIFF	2.50									
VICE PRESIDENT]		Х				0.	0.	0.
		1								
		1					}			
		1								
	1									
		-								····
									•	
	·	-		-						
				-		_	_			
										
				-						
		-								
			\vdash							
	———			J	į				j	
		ш		1				<u> </u>		Form 990 (2014)

432008 11-07-14 Form 990 (2014)

VIA

\$100,000 of compensation from the organization

Form 990 (2014)

VIA 1

0.

0.

730,867.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

Form 990 (2014) VIA ART FUND, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		(D)	(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	448,778.	448,778.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	50,000.	50,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	152 040	152 040		
_	individuals See Part IV, lines 15 and 16	153,840.	153,840.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees Compensation not included above, to disqualified				<u> </u>
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		Į		
7	Other salaries and wages	32,911.	29,620.		3,291
8	Pension plan accruals and contributions (include	JU/JII.	27,020.		J, 431
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,790.	2,511.		279
10	Payroll taxes	3,176.	2,858.		318
1	Fees for services (non-employees)				<u></u>
а	Management				
b	Legal	1,275.		1,275.	
С	Accounting	18,900.		18,900.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	8,333.	8,333.		
2	Advertising and promotion	403.		403.	
3	Office expenses	7,620.	6,719.	901.	
4	Information technology				
5	Royalties			~ 	
6	Occupancy				
7	Travel	680.		680.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,142.		1,142.	
3 4	Insurance Other expenses. Itemize expenses not covered	1,144.		1,144.	
•	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.)	1,588.		1,588.	
a	EDUCATION DUES AND SUBSCRIPTIONS	356.		356.	
b	POSTAGE AND SHIPPING	313.		313.	
c d	TODIAGE AND DITTETING	313.		J 1 J 1	
	All other expenses				
е 5	Total functional expenses Add lines 1 through 24e	732,105.	702,659.	25,558.	3,888
<u>.</u> 6	Joint costs Complete this line only if the organization				
•	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation				
	CUUCAHOHAI CAHIDAIUH AHU TUHUKAISHIN SONGHAHOH				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 140,513. 385,489. Cash non-interest-bearing 2 Savings and temporary cash investments 2 47,500. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 30,422. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV. line 11 12 13 Investments - program-related See Part IV, line 11 13 12,078. 20,500. 14 Intangible assets 14 15 Other assets See Part IV, line 11 152,591 483.911. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,693. 5,057. 17 17 Accounts payable and accrued expenses 25,000. 18 364,000. 18 Grants payable 19 Deferred revenue 19 20 Tax exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 30,057. 374,693. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 122,534. 12,218. 27 27 Unrestricted net assets 97,000. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 109,218. 122,534. 33 Total net assets or fund balances 33 483,911. 152,591 Total liabilities and net assets/fund balances

	• ,.				
	1990 (2014) VIA ART FUND, INC.	<u>46-139</u>	<u>6192</u>	Page	<u>12</u>
Pa	rt XI Reconciliation of Net Assets				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI			7	X]
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	730	,86	7.
2	Total expenses (must equal Part IX, column (A), line 25)	2	732	,105	<u>5.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		, 238	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122	,534	4.
5	Net unrealized gains (losses) on investments	5			_
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	-12	,078	3.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10	109	,218	3 <u>.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII		···		<u></u>
			\	es N	lo
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			}	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		ζ_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (20 [.]	14)

432012 11-07-14

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Nar	me of	the organization						Employe	r identification number
								4	<u> 16-1396192</u>
Pa	art I	Reason for Public	Charity Status	All organizations must o	omplete th	nis part) S	ee instructions	<u> </u>	
The	organ	nization is not a private found	dation because it is	(For lines 1 through 11,	check only	one box))		
1		A church, convention of ch	nurches, or associati	on of churches describe	d in section	on 170(b)(1)(A)(ı).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E)					
3		A hospital or a cooperative	hospital service org	anization described in s	ection 17	0(b)(1)(A)(ı	m).		
4		A medical research organiz	zation operated in co	onjunction with a hospita	al describe	d in sectio	on 170(b)(1)(A)(ıiı). Enter	the hospital's name,
		city, and state							
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental u	ınıt descrit	ped in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go	vernment or governi	mental unit described in	section 1	70(b)(1)(A)(v).		
7		An organization that norma	ally receives a substa	antial part of its support	from a gov	/ernmenta	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II)				
9	X	An organization that norma	ally receives (1) more	e than 33 1/3% of its su	pport from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions	, and (2) n	o more tha	an 33 1/3% of	its suppor	t from gross investment
		income and unrelated busi	ness taxable income	e (less section 511 tax) fi	rom busine	esses acqu	ured by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Co	mplete Part III)						
10		An organization organized	and operated exclus	sively to test for public sa	afety See	section 50	09(a)(4).		
11		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) (or section	509(a)(2)	See section 5	509(a)(3). (Check the box in
		lines 11a through 11d that	describes the type of	of supporting organization	on and cor	nplete line:	s 11e, 11f, and	d 11g	
а	, L	J Type I. A supporting orga	anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b	, L		anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	iving
		control or management of	of the supporting org	anization vested in the s	same pers	ons that co	ontrol or mana	ge the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С	: L		grated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrate	ed with,
		its supported organizatio							
d	!	☐ Type III non-functionally	=						
		that is not functionally int	-	•	-			J an attent	iveness
		requirement (see instruct							
е	•	Check this box if the orga					a Type I, Type	II, Type III	
	_	functionally integrated, or		nally integrated support	ing organi	zation			
f		er the number of supported of	_						
g		vide the following information Name of supported	about the supporte	ed organization(s) (iii) Type of organization	(iv) Is the c	organization	(v) Amount of	monetany	(vi) Amount of
		organization	(11) 2.114	(described on lines 1-9	listed	in your	support	•	other support (see
		•		above or IRC section	Yes	document?	Instructi	ons)	Instructions)
—–				(see instructions))	163	140			
					1				
									
					 				
					-				
					}				
									
					 				
Tota	. I								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2014

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

	_			
(Complete only if yo	u checked the box on line 5, 7, or 8 d	of Part I or if the organization	failed to qualify under	Part III If the organization
fails to qualify under	r the tests listed below, please comp	lete Part III)		

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to			j			
or expended on its behalf				 		
3 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3		 	 	<u> </u>	 	
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly				1		
supported organization) included			[
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)		1				
6 Public support. Subtract line 5 from line 4		<u> </u>			 	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest,		1				
dividends, payments received on						
securities loans, rents, royalties		}				
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						i
assets (Explain in Part VI)	<u>.</u>					
11 Total support. Add lines 7 through 10					<u> </u>	
12 Gross receipts from related activities, e	tc (see instructi	ons)			12	
13 First five years. If the Form 990 is for the	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stop i						<u> </u>
Section C. Computation of Public					T T	
14 Public support percentage for 2014 (lin		=	column (f))		14	
15 Public support percentage from 2013 S					15	
16a 33 1/3% support test - 2014. If the org				14 is 33 1/3% or	more, check this bo	x and
stop here. The organization qualifies as		-		l line 15 :- 00 1 /00	/ ar mana - al- al- H	▶
b 33 1/3% support test - 2013. If the org	='			i iine 15 is 33 1/39	o or more, check th	IIS DOX
and stop here. The organization qualified	•	•		12 160 0-165	and line 14 is 100/	▶ ∟
17a 10% -facts-and-circumstances test -						
and if the organization meets the "facts					irt vi now the organ	ization
meets the "facts-and-circumstances" te					170 and line 15 :-	▶ ∟_
b 10% -facts-and-circumstances test -						
more, and if the organization meets the						
organization meets the "facts-and-circu						Ţ⊢
18 Private foundation. If the organization	<u>aid not check a</u>	box on line 13, 16	a, 160, 1/a, or 1/t	o, check this box	and see instruction	S

VIA____1

Schedule A (Form 990 or 990 EZ) 2014 VIA ART FUND, INC.

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

 Support Schedule for Organizations Described in Section 309(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 b	elow, please com	plete Part II)				
Section A. Public Support				· — · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	1			056 544	500 065	400000
include any "unusual grants ")				356,514.	730,867.	1087381.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	! !					
3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513						
Tax revenues levied for the organ- ization'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						
6 Total. Add lines 1 through 5				356,514.	730,867.	1087381.
7a Amounts included on lines 1, 2, and					•	
3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1087381.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				356,514.	730,867.	1087381.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated 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 VI)						
13 Total support (Add lines 9, 10c, 11, and 12)				356,514.	730,867.	1087381.
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	·		
check this box and stop here	3		,	,		▶ [X]
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li			olumn (f))		15	%
16 Public support percentage from 2013		-	` ''	Ī	16	%
Section D. Computation of Inves					.01	
17 Investment income percentage for 20			e 13. column (f))		17	.00 %
18 Investment income percentage from 2			, .,		18	%
19a 33 1/3% support tests - 2014. If the			on line 14, and line	L e 15 is more than 3:		
more than 33 1/3%, check this box an						▶ []
						and .
b 33 1/3% support tests - 2013. If the						111U
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did not check a l	box on line 14, 198	i, or 19b, check t			2 000 53: 00
432023 09-17-14				Sche	eaule A (Form 990	or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	ction A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u></u>		
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			1
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	1 1	ĺ
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		ĺ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			i
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			ĺ
	organization made the determination	3b		ĺ
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ĺ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		{	l
	despite being controlled or supervised by or in connection with its supported organizations.	4b		l
c	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1 1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	l		
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 50		-
~	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

6

7

8

9a

9b

9с

10a

10b

Part VI.

09420512 807818 VIA

Objected the cooperation of the second secon			46 1206102 -
Chedule A (Form 990 or 990 EZ) 2014 VIA ART FUND, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Orana		46-1396192 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co			ructions. All
	Inplace Co.		(B) Current Year
ection A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
Collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	(A) Prior Year (B) Current (optional		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	y-integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

Breakdown of line 7

d Excess from 2013
e Excess from 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 1 Also complete this part for any additional information. (See instructions)
Also complete this part for any additional information (See instructions)

09420512 807818 VIA

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Nam	e of the organization VIA ART FUND, INC.				Employer identification number 46-1396192
Pai		ed Funds o	r Other Similar Fund	ds or A	CCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				
	organization answered Tes to Form 550, Fart 17, inf		onor advised funds	(t) Funds and other accounts
1	Total number at end of year	, ,			
2	Aggregate value of contributions to (during year)			<u> </u>	
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year			1	
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor ad	vised fund	ds
•	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	_		be used o	nly
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the org	ganization ans	swered "Yes" to Form 990	, Part IV, I	line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all	that apply)		
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a hi	storically	important land area
	Protection of natural habitat		Preservation of a ce	ertified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conserva	tion contribution in the for	m of a co	nservation easement on the last
	day of the tax year				
					Held at the End of the Tax Year
а	Total number of conservation easements			,	2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic stru	cture	
	listed in the National Register			Ļ	2d
3	Number of conservation easements modified, transferred, re	leased, extinç	guished, or terminated by t	the organi	zation during the tax
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per		ing, inspection, handling o	of	
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 1.	7U(n)(4)(B)	
	and section 170(h)(4)(B)(ii)?		4		Yes No
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organiza	tion's financia	ii statements that describe	es the org	anization's accounting to
Par	t III Organizations Maintaining Collections o	f Art. Histo	orical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form				
12	If the organization elected, as permitted under SFAS 116 (AS			ement an	d balance sheet works of art.
10	historical treasures, or other similar assets held for public ext				
	the text of the footnote to its financial statements that descri				•
b	If the organization elected, as permitted under SFAS 116 (AS			ent and ba	alance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e				
	relating to these items	•	·		
	(i) Revenue included in Form 990, Part VIII, line 1				> \$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical tre	asures, or oth	ner sımılar assets for fınanc	cial gain, p	
-	the following amounts required to be reported under SFAS 1				
а	Revenue included in Form 990, Part VIII, line 1				> \$
b	Accessor and relative figures 000 flood V				> \$
					Schodule D /Form 990) 2014

	edule D (Form 990) 2014 VIA ART								<u>96192</u>	
Par	rt III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a s	ignificant	use of its	collection	tems
	(check all that apply)									
а	Public exhibition	c	_		hange progr					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Parl	XIII	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımılaı	r assets		" 1	_
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Parl	•	ete if the	organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custodia		tiany for	contribution	ne or other as	seate not	ıncluded			
Id	on Form 990, Part X?	an or other intermet	lialy loi	contribution	is or other as	55615 1101	IIICIGGEG		Yes	□ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able				·	_ 103	
U	ii 165, explain the arrangement iii art XIII e	ind complete the re	ilowing t	abic.					Amount	
С	Beginning balance						1c		,	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabi	lity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						•			
Par							0			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four y	ears back
1a	Beginning of year balance			·						
b	Contributions	-								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						•			
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held a	ınd admınıste	ered for t	he organi	zation	_	
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr			or other (other)		ocumulate preciation		(d) Book v	/alue
1a	Land									
b	Buildings								-	
С	Leasehold improvements									
d	Equipment									
	Other									
Total	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	10c)					0.

Schedule D (Form 990) 2014

432053 10-01-14

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2014

Sche	edule D (Form. 990) 2014 VIA ART FUND, INC.			46-13	396192 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a			
1	Total revenue, gains, and other support per audited financial statements			1	<u>822,133.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a		ł	
b	Donated services and use of facilities	2b	91,266.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	91,266.
3	Subtract line 2e from line 1			3	730,867.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4 \A/i4l	- Evnances nor	5	730,867.
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Return	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a			000 051
1	Total expenses and losses per audited financial statements			1	823,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	01 066		
а	Donated services and use of facilities	2a	91,266.		
b	Prior year adjustments	_2b		}	
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			01 066
е	Add lines 2a through 2d			2e	91,266.
3	Subtract line 2e from line 1			3	732,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			0
С				4c	732,105.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.)		5	/32,105.
		D. 4 N/ 1 41:		L D- 4 V	In a O Da + VI
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,			i, Pan X,	iine 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	nation		
זגם	RT X, LINE 2:				
FAI	(I A, DINE Z.				
ጥልን	K POSITION:				
<u> 1177</u>	1 TODITION:				
тнт	E ORGANIZATION CURRENTLY EVALUATES ALL T	AX POSIT	IONS. AND	MAKES	S A
	J ONOTHITION CONTRACTOR DVINDOLLED 1122 1				
DET	TERMINATION REGARDING THE LIKELIHOOD OF	THOSE PO	SITIONS BE	ING U	JPHELD
UNI	DER REVIEW. THE PRIMARY TAX POSITIONS M	ADE BY T	HE ORGANIZ	OITA	N ARE THE
<u> </u>	7011 1101 2011 1101 1101 1101 1101 1101				
EX]	ISTENCE OF UNRELATED BUSINESS INCOME TAX	AND THE	ORGANIZAT	ION'S	S STATUS
AS	A TAX-EXEMPT ORGANIZATION UNDER SECTION	501(C)(3) OF THE	INTE	RNAL
110	II IIII BRBILLI ORGINIZBILLION GUDBR DEGLEGA		<u> </u>		
REN	JENUE CODE. FOR THE YEAR PRESENTED, THE	ORGANIZ	ATION HAS	NOT I	RECOGNIZED
	2002 0024 2011 2112 2211 2112 2211 2				
ZNN	Y TAX BENEFITS OR LOSS CONTINGENCIES FOR	UNCERTA	IN TAX POS	OITI	NS BASED
<u> 1 -</u>					
ON	THIS EVALUATION. AS THE YEAR ENDED DEC	EMBER 31	, 2012 WAS	THE	INITIAL
'					
FII	LING FOR THE ORGANIZATION, ALL TAX PERIC	DS ARE S	UBJECT TO	EXAM:	INATION BY
432054	4				e D (Form 990) 2014
10-01-	2.4				•

Schedule D (Form 990) 2014	VIA ART FUND, INC. formation (continued)	46-1396192 Page 5
Part XIII Supplemental In	formation (continued)	
TAXING AUTHORITIE	S.	
	NAME OF THE PARTY	
1		
	4-1	
9. 1 2.00 v		
		Schedule D (Form 990) 2014

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame of the organization					Employer ident	ification number
/IA ART FUND,	INC.				46-13961	92 .
		Activities Ou	tside the United States. Complete	e if the organ		
Form 990, Part	IV, line 14b					
-	-		ds to substantiate the amount of its grai			
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or ass	stance? LX	Yes No
O. Francisco Dec	ariba in Dart V thi		are and tree for monitoring the Line of ite	aranta and a	thar assistance of	taida tha
2 For grantmakers. Des United States	cribe in Part V the	e organization s	procedures for monitoring the use of its	grants and o	trier assistance ou	iside trie
	The following Part	t I, line 3 table ca	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	émployees, agents, and	(by type) (e g , fundraising, program		gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments
		in region	recipients located in the region)		ce(s) in region	in region
						-
OUTH KOREA		0	GRANT AWARDED TO RECIPIENT			53,840
OUTH ROKEA	<u>-</u>		SIGNI AWARDED TO RECTTENT			33,040
						1
UROPE	0	0	GRANT AWARDED TO RECIPIENT			100,000
						ł
						}
						
						_
						ļ
	<u> </u>					
					· ·	
						
3 a Sub-total	0	0				153,840
b Total from continuation						
sheets to Part I	0	.0_				0,
c Totals (add lines 3a						153 840

Schedule F (Form 990) 2014

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

VIA ART FUND, INC.

Page 2

46-1396192

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0				
(f) Manner of cash disbursement					
(e) Amount of cash grant	53.840.				
(d) Purpose of grant	ARTISTIC PRODUCTION				
(c) Region	SOUTH KOREA				
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က Schedule F (Form 990) 2014

37

40 - 13 70 13 4.	ation answered "Yes" on Form 990, Part IV, line 16	•
46-1396192	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 16	
Chedule F (Form 990) 2014 VIA ART FUND, INC.	art III Grants and Other Assistance to Individuals Outside the United State	
nedule	artIII	

Part III can be duplicated if additional space is needed Sched Part

٠, ر				}		914
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) N va (boc appra						le F (For
of						Schedu
(g) Description of non-cash assistance						
(g) De non-cas						
nt of Sh Ice	0		 			
(f) Amount of non-cash assistance						
						1
er of sement				• • •		
(e) Manner of cash disbursement						
cas	<u>.</u>				:	
int of ant	100 000		.,			
(d) Amount of cash grant	100					
(c) Number of recipients	1					
(c) Nun recip						
uo						
(b) Region	9					
	EUROPE					
stance						
(a) Type of grant or assistance (b) Region	TION					
e of grar	PRODUC					
(a) Typ	ARTISTIC PRODUCTION					
	ARJ					

Schedule F (Form 990) 2014

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

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

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

▼ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ь О å Employer identification number 46-1396192 GRANTS FOR ART RELATED SRANTS FOR ART RELATED (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ROJECTS PROJECTS PROJECTS ROJECTS ROJECTS PROJECTS 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 ٥. 0 。 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 20,000 100,000 100,000 100,000 50 000 25,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table INC 13-2898805 84-1617222 74-2340423 13-4098503 04-2103594 General Information on Grants and Assistance (b) EIN VIA ART FUND, criteria used to award the grants or assistance? 1 (a) Name and address of organization LOS ANGELES COUNTY MUSEUM OF ART MIT LIST VISUAL ARTS CENTER 49 GEARY STREET, SUITE 205 20 AMES STREET., E15-109 or government SAN FRANCISCO, CA 94108 THE CHINATI FOUNDATION LOS ANGELES, CA 90036 ONE EAST 53RD STREET CAMBRIDGE, MA 02139 FOR-SITE FOUNDATION ART PRODUCTION FUND Name of the organization NEW YORK, NY 10022 NEW YORK NY 10013 5905 WILSHIRE BLVD 15 WOOSTER STREET PUBLIC ART FUND MARFA TX 79843 P.O. BOX 1135 Part Part II

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

432101 10-15-14

Schedule I (Form 990) (2014)

•	
age	
۹.	
16-1396192	
1	
ł	=
	J), Pa
)66 E
	I (For
	adule
	(Sch
	tates
İ	ted S
	e Un
	ī Ħ
	tions
	aniza
	d Org
	sistance to Governments and Or
	nmen
	Overi
INC	e to G
- 1	tanc
OND.	Assis
H	Other
AR	and (
VIA ART FUND	rants
	of G
990)	Continuation of Grants and Other As
Form 990)	utiun
<u>e</u>	3
Schedu	artII
ŭL	ш

(h) Purpose of grant or assistance	GRANTS FOR ART RELATED PROJECTS	GRANTS FOR ART RELATED PROJECTS	GRANTS FOR ART RELATED PROJECTS			
(g) Description of non-cash assistance	() H	V H	U III			
(f) Method of valuation (book, FMV, appraisal, other)						
(e) Amount of non-cash assistance	*0	.0	0			
(d) Amount of cash grant	20,000,	16,500.	15,000,			
(c) IRC section if applicable						
(b) EIN	20-8374608	13-2986881	:			
(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of non-cash valuation noi assistance (book, FMV, applicable appraisal, other)	PROSPECT NEW ORLEANS U.S. BIENNIAL, INC 401 BROADWAY, SUITE 2313 - NEW YORK, NY 10013	NEW MUSEUM 235 BOWERY NEW YORK, NY 10002	THE ROSE GALLERY AT BRANDEIS UNIVERSITY - 415 SOUTH STREET MS 069 - WALTHAM, MA 02453			

Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 46-1396192 (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATION ARE PROVIDED DURING BOARD MEETINGS AND DISCUSSED PERIODICALLY. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed VERBAL AND WRITTEN REPORTS AND UPDATES OF ENDEAVORS FUNDED BY THE (d) Amount of non-cash assistance 50,000 (c) Amount of cash grant (b) Number of recipients VIA ART FUND, INC. (a) Type of grant or assistance GRANTS FOR ART RELATED PROJECTS PART I, LINE 2: Schedule I (Form 990) (2014) Part III

Schedule I (Form 990) (2014)

43

432102 10-15-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number VIA ART FUND, INC. 46-1396192 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MODEL OF PHILANTHROPY TO SUPPORT VISIONARY INITIATIVES IN ART. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INSTITUTION ONCE PRODUCTION AND EXHIBITION ARE COMPLETE. EDUCATION OF VIA ART DONORS IS AN INTEGRAL PART OF THE PROGRAMMING OF VIA PATRONS MEET BI-ANNUALLY TO REVIEW GRANT PROPOSALS VIA ART FUND. ACCOMPANIED BY IN-PERSON PRESENTATIONS BY ARTISTS, CURATORS, AND INSTITUTIONAL PROFESSIONALS AND PARTICIPATE IN THE CONTEMPORARY ART LANDSCAPE THROUGH AN ANNUAL CALENDAR OF TRAVEL, STUDIO VISITS, EXHIBITION TOURS AND OTHER OPPORTUNITIES FOR INTERACTION WITH THE THROUGH THIS HIGH ARTISTS, CURATORS AND INSTITUTIONS SUPPORTED BY VIA. LEVEL OF DIRECT ENGAGEMENT, VIA ART SUPPORTERS ENJOY A DEEPER UNDERSTANDING OF THE CREATIVE PROCESS. FORM 990, PART VI, SECTION A, LINE 2: LISA SCHIFF (CO-FOUNDER) SERVES AS AN ART CONSULTANT TO BRIDGITT EVANS AND JEANNE HAGERTY. FORM 990, PART VI, SECTION A, LINE 4: ON OCTOBER 7, 2014, THE ORGANIZATION AMENDED ITS ARTICLES OF ORGANIZATION TO CHANGE ITS NAME TO VIA ART FUND, INC. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWED THE FORM 990 PRIOR TO ITS FILING. THE FORM

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

Schedule O (Form 990 or 990-EZ) (2014)

Form **8868**.

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Internal F	Revenue Service	► Information about Form 886	8 and its	instructions is at www.lrs.gov/form	8868 .				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)									
-	complete Part II unles					rm 8868			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation									
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension									
•	,,	, ,		•		·			
	•	ns listed in Part I or Part II with the exc	•						
		which must be sent to the IRS in pap		(see instructions) For more details (on the elec	etronic filling of this f	orm,		
visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
Part									
•	·	e Form 990-T and requesting an autor	natic 6 mo	onth extension - check this box and	complete				
Part I c	•					•			
		ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	it an exten	ision of time			
to file ii	ncome tax returns		Enter filer's identifying number						
Type o	r Name of exemp		Employer identification number (EIN)						
print									
F.I		FUND, INC.				2			
File by th due date		and room or suite no. If a P.O. box, se	ee instruc	tions	Social security number (SSN)				
filing your return Se		RY STREET, 4TH FLOO	OR						
instructio		st office, state, and ZIP code For a fo	oreign add	ress, see instructions					
	BOSTON,	MA 02116							
	-								
Enter tl	ne Return code for th	e return that this application is for (file	a separa	te application for each return)			0 1		
				,					
Applic	ation		Return	Application			Return		
Is For			Code	Is For		Code			
Form 990 or Form 990-EZ			01	Form 990-T (corporation)		07			
Form 9			02	Form 1041-A			08		
			03	Form 4720 (other than individual)			09		
Form 4720 (Individual)				Form 5227					
Form 990-PF			04				10		
Form 990 T (sec 401(a) or 408(a) trust)			05	Form 6069			11		
Form 9	90-T (trust other than		06	Form 8870			12		
		BRIDGITT EVANS		4		00116			
		of ▶ 83 NEWBURY STRE	SET,		<u>, MA</u>	02116			
Tele	phone No ▶ <u>617</u>	-379-3494		Fax No 🕨		,			
	-	ot have an office or place of business		•		>			
• If the	_	rn, enter the organization's four digit (
box 🕨	If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until									
_	AUGUST 15	, 2015 , to file the exempt	t organiza	tion return for the organization name	d above	The extension			
15	for the organization'	s return for							
•	► X calendar year	2014 or							
•	tax year begin	ning	, an	d ending					
		-				_			
2 If	the tax vear entered	in line 1 is for less than 12 months, ch	heck reaso	on Initial return I	Final retur	n			
_	Change in accou								
32 If			or 6069	enter the tentative tax less any					
3a If this application is for Forms 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any						\$	0.		
nonrefundable credits. See instructions.						Ψ	<u>.</u>		
b If this application is for Forms 990 PF, 990-T, 4720, or 6069, enter any refundable credits and						¢	0.		
estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$									
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,						•	0.		
	by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0 aution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment states are going to make an electronic funds with the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO for payment states are going to the form 8879-EO f								
		make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-EO ar	na Form 8879-EO for	r payment		
instruct	IOUS								

Form 8868 (Rev 1-2014)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.