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Form 990

Department of the Treasury Internal Revenue Service

3-3 OMB No 1545-0047

2014

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

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2014 calen	dar year, or tax year beg	ginning	, 2014,	and ending			·			
В	Check if	f applicable	C		<u> </u>		D Employ	rer identi	fication number			
	Address change Art Works Projects							71-1049669				
	Na	me change	1074 W. Taylor	Street #113			E Teleph	E Telephone number				
	Ins	tial return	Chicago, IL 606	507			312	312-649-0025				
	Fin	al return/terminated										
	HAT	nended return					G Gross	eceipts	\$ 304,828.			
	H	plication pending	F Name and address of princ	apal officer	· · · · · ·	H	(a) Is this a group retu					
		,	Same As C Above	· <b>)</b>		н	(b) Are all subordinate: If 'No ' attach a list	included				
$\overline{}$	Tax-e	exempt status	X 501(c)(3) 501(c)		4947(a)(1) or	1 527	If 'No ' attach a list	(see ins	tructions)			
÷					[ ]+3+7(u)(1) 01		(c) Group exemption in	mber 🕨	•			
K		<del></del>	W.artworksproje	Association Other	Ti s	rear of formation	<del></del>		egal domicile IL			
		of organization		Association Other		rear of formation	2008 1111	state of it	egar domicile 11			
Pa	rt I	Summar Briefly descri	y be the organization's mis	seion or most significant	activities A-	at Works	Projects!	mico	ion is to use			
	l '	desire o	ad the enter to	ssion of most significant	of and Al	LE MOTYS	_FIUIECES_	mT22	ion is to use.			
9		<u>design</u> a	nd the arts to	<u>raise awareness</u>	<u>or and ed</u>	<u>lucare r</u>	ue bnorrc a	Dorr	Sidulficanc"			
vernanc	ŀ	uningu TT	ghts and enviro	imeniai issues.								
Governance	2	Chack this bo	ox F if the organizat	tion discontinued its one	rations or dispo	sed of more	than-25% of its	er				
g	3	Number of vo	oting members of the gov	eming body (Part VI. lic	ne la)	-	٠	1 2 3	7			
≪			dependent voting member			bb).	أستنب	4	<del></del>			
<u>e</u>			of individuals employed				anth.	5	3			
Activitles			of volunteers (estimate			AM Line	R 0.3.2013	1 6	6			
Ā	7a	Total unrelate	ed business revenue from	n Part VIII, column (C).	line 12			7a	0.			
Revenue A	b	Net unrelated	i business taxable incom	el REGEISTING	PEC 1/1	يستيسا. إ	سر ۱۰ ۴ م. ا	7b	0.			
						1	Prior Year		Current Year			
_	8	Contributions	and grants (Part VIII, Iir	16 1h)			158,0	15.	270,233.			
ž	9	Program serv	rice revenue (Part VIII, li	ne 2g) MAR Q.4 2	016		10,7		18,000.			
Š	10	Investment in	ncome (Part VIII, column	A), lines:3-4-and 7d)					-13,407.			
æ	11	Other revenue	e (Part VIII, column (A),	nes 5, 60 80 9c, 100	aBB 11e)		17,3	31.	3,105.			
	12	Total revenue	e (Part VIII, column (A), e – add lines 8 through 1	H-(must Engle PERM)	<del>ŲJiOhh-(</del> A), ir	ne 12)	186,0	46.	277,931.			
	13	Grants and si	ımılar amounts paid (Par	t IX, column (A), lines 1	-3)							
	14	Benefits paid	to or for members (Part	IX, column (A), line 4)								
	15	Salaries, other	er compensation, employ	ee benefits (Part IX, co	lumn (A), lines	5-10)	91,6	37.	100,714.			
368	16a		fundraising fees (Part IX					-				
Ë			•			0.000						
Expenses	D		sing expenses (Part IX, o	-		<u>9,220.</u>						
_	'/		ses (Part IX, column (A),				94,8	$\overline{}$	170,695.			
	I	•	es. Add lines 13-17 (mus	•	(A), line 25)		186,4	_	<u> 271,409.</u>			
	19	Revenue less	expenses Subtract line	18 from line 12 .			-4	29.	6,522.			
0 0							Beginning of Curren		End of Year			
14	20	Total assets (	(Part X, line 16)				87,8		87,580.			
₹ <u>₽</u>	21	Total liabilitie	s (Part X, line 26)				13,5	26.	6,708.			
žį	22	Net assets or	fund balances Subtract	line 21 from line 20.			74,3	50.	80,872.			
	ırt	Signatur										
_				return andlution accompanying	chedules and staten	nents and to the	best of my knowledge	and belo	ef. it is true, correct, and			
com	plete De	claration of prep	clare that I have examined this r irer (other than officer) is based o	of all information of which prepa	erer has any knowled	ige.						
			10/11				222	$\Box\Box$				
Sig	'n	Signatu	ire of officer	<del></del>			Date					
	re	Tac	lie Thomas				Executive	)i rec	rtor			
			print name and title		<del></del>		BRCCaq110	<u> </u>				
			oreparer's name	Preparer's signature	<del></del> _	Date	Check	lif I	PTIN			
_		1		11-011		10/15	/	J"	P00218481			
Pa			K. Kaczynski	want rolling	1	10/13/	3 Sen-employ		LOOKIOAOI			
	epare				a				40.0004			
JS	e On	Firm's addre			e 140		Firm's EIN		-4266894			
				<u>rrace, IL 60181</u>			Phone no	<u>(630</u>				
VIa:	the li	RS discuss th	is return with the prepare	er shown above? (see in	istructions)		· · · · · · · · · · · · · · · · · · ·		X Yes No			
3A	A For	Paperwork R	leduction Act Notice, se	e the separate instruction	ons.	TEEAC	0113L 05/28/14		Form <b>990</b> (2014)			
			010 !	D - N - 1 - 0		0:	. 4	10	, a 17			
			CIS Image	Do Not Corre	spona to	or Signa	iture	M	be all			
								• •	. 1			

rm <b>990 (2014)</b> Art Works Pi	rojects	71-1049669 Page 2
	m Service Accomplishments	
Check if Schedule O cont	ains a response or note to any line in this Part III	X
Briefly describe the organization		
	mission is to use design and the arts	
educate the public a	bout significant human rights and envi	ronmental issues.
	significant program services during the year which were not liste	
		Yes X No
If 'Yes,' describe these new serv		
	ucting, or make significant changes in how it conducts, any p	program services? Yes X No
If 'Yes,' describe these changes		
Describe the organization's prog Section 501(c)(3) and 501(c)(4) and revenue, if any, for each pro	ram service accomplishments for each of its three largest pri organizations are required to report the amount of grants and ogram service reported.	ogram services, as measured by expenses. d allocations to others, the total expenses,
a (Code:) (Expenses	\$ 115,549. including grants of \$	) (Revenue \$ 7,000.)
See Schedule O		
b (Onder	6 42 100 taskstana	\ Parter 5
<b>b</b> (Code:) (Expenses	\$ 43,180. including grants of \$	) (Revenue \$)
See Schedule O		
c (Code. ) (Expenses	\$ 39,495. including grants of \$	) (Revenue \$
	a features the work of international r	<del></del> ' '
	ed and refugee children who have been	
	ges by award-winning collaborators exp	
	ected Syria's youngest citizens in ter	
education.	ecrea paria a Aomidear cirisens in re-	
d Other program services. (Descri	be in Schedule O.) See Schedule O	
(Expenses \$ 20	, 561 including grants of \$ ) (R	levenue \$ 11,000.)
e Total program service expenses	► 218,785.	
A	TEEA0102L 05/28/14	Form <b>990</b> (2014)

Form 990 (2014) Art Works Projects
Part IV Checklist of Required Schedules

			Tes	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	,	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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 VIL	11 ь		X
	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	11 c		Х
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		<u> </u>
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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	14ь		X
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		Х
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		х
	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		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	х	
	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		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
_				

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Par	t IV   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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 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, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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		х
t	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	25ь		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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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		Х
	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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	olf '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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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		_x_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		х

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Form 990 (2014)

Form 990 (2014) Art Works Projects 71-10496	<b>.</b> 9	P	age 5
Part V   Statements Regarding Other IRS Filings and Tax Compliance		_	
Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>ز</u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>²</u>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 Ь		
· · · · · · · · · · · · · · · · · · ·	-		
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:	-l		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1-1		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	76	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 6		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	1-4		<u> </u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		<u></u> _
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		$\frac{x}{x}$
	<del></del>		<del>-</del>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		' f
11 Section 501(c)(12) organizations. Enter:	]		١
a Gross income from members or shareholders			- 1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	]		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			$\neg$
b Enter the amount of reserves the organization is required to maintain by the states in			Ì
which the organization is licensed to issue qualified health plans	<b>┤</b>		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		<del></del> -
BAA TEEA0105L 05/28/14	1	990 (	2014)

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bel a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	ges ii	ח	_
Section A. Governing Body and Management		••••	<u> </u>
Secuon A. Governing Body and management	1	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a  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.		165	
b Enter the number of voting members included in line 1a, above, who are independent 1b 7  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		X
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		<u>х</u>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Ь		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a		X
b Each committee with authority to act on behalf of the governing body?	8Ь		X
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		х
Section B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Co	de.)
		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10Ь		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a 12b		Х
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		
13 Did the organization have a written whistleblower policy?	13		Х
14 Did the organization have a written document retention and destruction policy?	14		Х
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15Ь		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 exempt status with respect to such arrangements?	16b		
Section C. Disclosure		!	
17 List the states with which a copy of this Form 990 is required to be filed II.			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of public inspection. Indicate how you made these available. Check all that apply.	only)	availa	ble
Own website Another's website X Upon request Other (explain in Schedule O)			
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O	le to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records:			
Leslie Thomas 1074 W. Taylor, #113 Chicago IL 60607 312-649-0025			
BAA TEEA0106L 11/13/14	Form	990 (	2014)

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Form 990 (2014) Art Works Projects									71-10496		
Part VII   Compensation of Officers, Director Independent Contractors	ors, Tru:	stee	es, I	Key	/ Ei	nple	oye	es, Highest Co	ompensated En	iployees, and	
Check if Schedule O contains a response of		•		_						<u> </u>	
Section A. Officers, Directors, Trustees, Ke	y Empl	oye	es,	an	d H	ligh	est	Compensated	<b>Employees</b>		
1 a Complete this table for all persons required to be listed organization's tax year.	. Report c	ompe	ensa	tion	for I	he ca	alen	dar year ending wit	h or within the		
<ul> <li>List all of the organization's current officers, dire compensation. Enter -0- in columns (D), (E), and (F) if</li> </ul>							dua	ls or organizations	s), regardless of am	ount of	
<ul> <li>List all of the organization's current key employe</li> </ul>	es, if any	. Se	e in	stru	ctioi	ns fo	r de	finition of 'key em	ployee.		
<ul> <li>List the organization's five current highest compound the received reportable compensation (Box 5 of Form organization and any related organizations.</li> </ul>											
<ul> <li>List all of the organization's former officers, key of reportable compensation from the organization and any</li> </ul>					est c	qmo	ens	ated employees w	ho received more the	han \$100,000	
<ul> <li>List all of the organization's former directors or truste organization, more than \$10,000 of reportable compens</li> </ul>											
List persons in the following order: individual trustees of employees; and former such persons.				-				-		pensated	
Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed an	y CL	rrent officer, direct	or, or trustee.		
				(C)	<b>)</b>						
(A) Name and Title	(B) Average hours	ge is both an officer and a significant street of trustee) c					5 <b>0</b> 11	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	per week (list any	9 5	夏	Officer	₹	Highest compensated employee	ਨੂੰ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization	
	(list any hours for related organiza-	ndwouzi trustec or director	institutional trustee	ସ୍	employee	Š ž	₫			and related organizations	
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(3) Hunter Hollins	3										
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(4) Roberta Feldman	3	1		Ī	l	,					
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(5) Elizabeth Lazar	3	1	ŀ	ŀ	1	İ	1	,			
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(23)  1 b Sub-total. (24)  (25)  1 b Sub-total from continuation sheets to Parl VII, Section A  4 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P  3 Did the organization P  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$190,000? If Yes' complete Schedule J for such individual.  4 For any individual listed on line 1a is receive or accrue compensation and other compensation from the organization and related organizations greater than \$190,000? If Yes' complete Schedule J for such individual.  5 Dod any person listed on line 1a receive or accrue compensation from any unrelated organization and related organizations greater than \$190,000? If Yes' complete Schedule J for such person.  5 Data any person listed on line 1a receive or accrue compensation from any unrelated organization or individual.  6 Description of services  Compensation  Compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations fax year.  Person the organization and other compensation from the organization from the org	(15)												
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1 b Sub-total. c Total from continuation sheets to Parl VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1a? If 'Yes, 'complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization organization organization	(24)												
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   3	from the organization > 0											\ <u>\</u>	
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0	4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportaber than \$1	le cor 50,00	npe 10?	nsa If 'Y	tion es'	and (	othe	er compensation f	rom			
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0							unrei r suci	ated h pe	d organization or	individual			
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Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0	1 Complete this table for your five highest compen	sated indes	epend	dent	cor	itrac	tors (	that	received more th	an \$100,000 of			
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d All other revenue......

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277,931

4,697

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Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundráising Program service Management and **expenses** general expenses expenses Grants and other assistance to domestic individuals. See Part IV, line 22.... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 2,750. 55,000 46,750 5,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... Other salaries and wages.. ........ 30,890. 26,256 3.089 1,545 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits........ 413. 8,253 7,015 825 10 Payroll taxes. .............. 329. 6,571 5,585 657 11 Fees for services (non-employees): a Management. b Legal. 10,078 10,078 d Lobbying. e Professional fundraising services. See Part IV, line 17. . . g Other. (If line 11g amt exceeds 10% of line 25, column 320 (A) amount, list line 11g expenses on Schedule 0).... 320 Advertising and promotion . . . . . . . . . . . . . 12 2,087. 696. 696 695. 3,138. 3.138. 14 Information technology ..... ...... 2,107 1,053. 1,054 Royalties ... ... 15 9,155 7,781 916. 16 458. 17 Travel 39.540 33,609 3.954 1.977. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. . . . . . . . . . . . . . . Conferences, conventions, and meetings . . 20 21 Payments to affiliates . . . Depreciation, depletion, and amortization. . 22 712. 712. 23 6,490. 6,490. 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.)...... a Exhibit Production 90,773 90,773 b Bank & credit card charges 4,178 4,178 , 406 1,406. c Postage and Shipping d Miscellaneous 711 711 All other expenses. 218,785 43,404 25 Total functional expenses. Add lines 1 through 24e . 271,409 9,220. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . . .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year Cash - non-interest-bearing ..... 1 86,125 61,341. Savings and temporary cash investments ...... 2 25,200. 3 Accounts receivable, net ... ..... 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 6 7 7 Notes and loans receivable, net ....... 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D.......... 10a 2,711. b Less: accumulated depreciation...... 10b 10c 1,751 1,039. 11 12 12 13 13 Intangible assets. 14 15 Total assets. Add lines 1 through 15 (must equal line 34).... 16 16 87.876 87,580. Accounts payable and accrued expenses ...... 3,017 17 6.708. 17 18 Grants payable 18 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Loans and other payables to current and former officers, directors, trustees, 22 10,509 23 Unsecured notes and loans payable to unrelated third parties........ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 ..... 26 6,708. 13,526. X and complete Organizations that follow SFAS 117 (ASC 958), check here Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets... 27 41,350 80,872. Temporarily restricted net assets . . 33,000 28 . 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 늄 30 Assets 31 32 ž Total net assets or fund balances ... , 33 74,350. 33 80,872. Total liabilities and net assets/fund balances . . . . . 34 87,876. 34 87,580. BAA Form 990 (2014)

Form 990 (2014) Art Works Projects	71-104	9669		age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	🔲
1 Total revenue (must equal Part VIII, column (A), line 12)	1		277,	931.
2 Total expenses (must equal Part IX, column (A), line 25)	2		271,	409.
3 Revenue less expenses Subtract line 2 from line 1	3		6,	522.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			350.
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6			
7 Investment expenses				
8 Prior period adjustments				
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,			_	
column (B))	10		80,	<u>872.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
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.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or is separate basis, consolidated basis, or both:	eviewed on	a		
Separate basis Consolidated basis Both consolidated and separate basis		-		+
b Were the organization's financial statements audited by an independent accountant?			2Ь	l x
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both:	separate			
Separate basis Consolidated basis Both consolidated and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,		2 c	1
If the organization changed either its oversight process or selection process during the tax year, explai in Schedule O				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Saudit Act and OMB Circular A-133?	Single · · ·	[	3a	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	
BAA			orm 990	(2014)
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#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

Department of the Treasury Internal Revenue Service

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

THE POPULATION OF	ii dia diganizadan					Employer identifica						
	Works Projects					71-104966						
Part	I Reason for Public Cha	rity Status (All o	rganizations must (	comple	te this	part.) See instruc	tions.					
	rganization is not a private found											
1	A church, convention of church	es, or association of c	hurches described in sec	tion 170(	<b>ЬХ1ХАХ</b>	i).						
2	A school described in sectio	n 170(b)(1)(A)(ii). (At	tach Schedule E.)									
3	A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	о(ъх1ха	\ <b>)(</b> iii <b>)</b> .						
4	A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	inter the hospital's					
	name, city, and state:	•	•				·					
5	An organization operated for the 170(b)(1)(A)(iv). (Complete F	e benefit of a college of	or university owned or op	erated by	a gover	nmental unit described i	n section					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)								
9												
10	An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).						
11	An organization organized ar or more publicly supported o lines 11a through 11d that de	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)	X2). See section 509(a	t the purposes of one (X3). Check the box in					
a												
ь	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
C	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
d	Type til non-functionally integr functionally integrated. The c instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribution S A and D, and Part V.	nnection tion requ	with its s iirement	supported organization(s) and an attentiveness (	that is not requirement (see					
е	Check this box if the organization integrated, or Type III non-fu	ation received a writtenctionally integrated	en determination from t supporting organization	he IRS t	hat is a	Type I, Type II, Type II	I functionally					
f	Enter the number of supported of	organizations										
g	Provide the following information	about the supported	d organization(s).				<u> </u>					
	(i) Name of supported organization	(ii) EIN	(lil) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No	·						
(A)												
(B)												
(C)												
(D)												
<u>(E)</u>												
Total	For Paperwork Reduction Act N	otica coa the Instance	tions for Form 200 6	90 F7		Schodulo A /Fa	1 990 or 990-EZ) 2014					
200	TOTAL OPERATOR ACTUALITY IN ACTUAL	ouce, see uie ilistiuc		JULE.		JUINTUUL A (FUIII	1 フラひ ひ! ファン・にん) といり4					

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	25,241.	258,073.	76,235.	158,015.	270,233.	787,797.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	25,241.	258,073.	76,235.	158,015.	270,233.	787,797.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						388,830.
6	Public support. Subtract line 5 from line 4						398,967.
Sec	tion B. Total Support				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	. I	
Çale	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	25,241.	258,073.	76,235.	158,015.	270,233.	787,797.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-37.	-37.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				j		0.
	Total support. Add lines 7 through 10						787,760.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	161,373.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	14 (line 6, column	(f) divided by line	11, column (f)).		14	50.65%
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14			15	45.23%
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pub	lid not check the b licly supported org	ox on line 13, anganization	d the line 14 is 33	3-1/3% or more, ch	neck this box
t	33-1/3% support test — 2013. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganızation	a, and line 15 is 3	3-1/3% or more, c	heck this box
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	e. Explain in Part \	VI how
	10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-ard-circumstances' to	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and stop her publicly supporte	e. Explain in Part \ d organization .	VI how the ►
	Private foundation. If the organiz	cation aid not ched	a a box on line 1	5, 100, 170, 170,	· · · · · · · · · · · · · · · · · · ·		
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) Cifts, grants, contributions and membership fees received (Do not include	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	received (Do not include any funusual grants.")				ľ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt 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 furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b				i	1	
8	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			<u>.</u>	i		
	refross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	: Add lines 10a and 10b						
11`						-	
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.)						
14	First five years. If the Form 990 organization, check this box and				r fifth tax year as a		
	tion C. Computation of Pul						
_	Public support percentage for 20	•	• • •			15	<u>*</u>
16	Public support percentage from						<b>*</b>
	tion D. Computation of Inv						
17			• • •	-	mn (f))	17	*
	Investment income percentage for					18	*
19 a	<ul> <li>33-1/3% support tests – 2014. If is not more than 33-1/3%, check</li> </ul>	the organization this box and store	did not check the	box on line 14, a	and line 15 is more	than 33-1/3%, an	id line 17
t	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	ne 19a, and line 1	6 is more than 33	-1/3%, and
20	Private foundation. If the organiz						. ▶∏
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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.)

Section A. All Supporting Organizations

ec	tion A. All Supporting Organizations		Yes	No
		-		<del>~~</del> ~
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1	ł	
	the designation. If historic and continuing relationship, explain	1		
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	2		
	described in section 509(a)(1) or (2)	<del>-</del>	-+	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
•	and (c) below	3a	- 1	
	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 organization			j
	made the determination	3Ь		
				$\neg$
	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	3с		
_	. Who are considered assessment and assessment in the United Clates ((face) as seemed assessment and a little of and			ļ
4	a 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		
	any year annear to the first and the annear less annearly to the second	<del></del>		$\overline{}$
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			- 1
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	<del></del> }		لــــــا
	or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under	l		- 1
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a 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			j
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			1
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a		
	amendment to the organizing document).	- Ja		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5Ь	1	
		_		
	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		1	
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one		]	ļ
	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 Part VI.	6		
	the filling digalizations supported digalizations. If res, provide detail in Fare vi.	<del>-  </del>	-	$\overline{}$
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	}
	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	<u> </u>		
	complete Part I of Schedule L (Form 990)	8		
9	a 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))?	$\longrightarrow$		
	If 'Yes,' provide detail in Part VI.	9a		
	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 détail in Part VI	9b		
	- Did a discussified parson (on defined in line 0(a)) have an approaching interest in an derive any parsonal baneful from			
	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	9c		
				<sub>l</sub>
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,'		ļ	ľ
	answer (b) below	10a		
			$\neg \neg$	
	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.)	10b		
	- Annearent eine en Rennearent timm annearen gegentenen treternikank z		- 1	

	edule A (Form 990 or 990 EZ) 2014	49669	F	age 5
Pa	rt IV   Supporting Organizations (continued)		Γ	
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
•	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	
	b A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	<b>——</b>		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activitie. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	5		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s)	the 1		
Sec	ction D. All Type III Supporting Organizations		<b>L</b>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	. 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
•	a  The organization satisfied the Activities Test. Complete tine 2 below.	15):		
- 1	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
I	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			$\neg \neg$
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	<u> </u>	
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3ь		
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	dule A (Form 990 or 990-EZ) 2014 Art Works Projects			149669 Page 6
Par				<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vemb Secti	er 20, 1970. See instructions A through E.	ions. All
Sec	tion A — Adjusted Net Income	•	(A) Prior Year	(B) Current 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		
	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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current 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		
þ	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		1
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		<b>\</b>
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1
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		

BAA

7

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014 Art Works Projects		71-104	19669 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt	purposes		<del></del>
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity.	es of supported organization	ns,	
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations.		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			<del></del>
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which the organization Part VI). See instructions	ration is responsive (provide	e details	
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3 Excess distributions carryover, if any, to 2014:			
8			
<b>b</b> [			
c			
d{			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f,			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3 <sub>j</sub> and 4c			
8 Breakdown of line 7:			
a		<b> </b>	

e Excess from 2014.....

ь

d Excess from 2013 . . . . . . .

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered Yes, to Form 990,
Part IV, lines 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.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

	Aut Namba Dusiaska					
_	Art Works Projects				71-1049669	
Par	t I Organizations Maintaining Dono Complete if the organization answ	r Advised Funds or Ot vered 'Yes' to Form 99	her Similar Funds	or Acc	counts.	
	Complete if the organization answ		<del> </del>	/h> c	Tuesda and other pass	
•	Total number at end of year	(a) Donor advised	tunas	(0)	unds and other acco	Junes
1	Aggregate value of contributions to (during year)	<del></del>				
2 3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		<del></del>			<u> </u>
_	• • • • • • • • • • • • • • • • • • • •					
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive lega	i control?		Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wri of the donor or donor advisor	ting that grant funds car, or for any other purp	on be use pose con	ed only iferring Yes	∐ No
Pai	t II Conservation Easements.	- · · · · ·		····		•
	Complete if the organization answ	wered 'Yes' to Form 99	0, Part IV, line 7.			
1	Purpose(s) of conservation easements held by	the organization (check all	that apply)	-		
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of a	historica	lly important land ar	ea
	Protection of natural habitat		Preservation of a	certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation co	intribution in the form of	a conser	vation easement on ti	he
	last day of the tax year.		1	····	Held at the End of th	o Tay Year
	Total number of conservation easements			2 a	neiu at the Eliu Of th	e lax lear
	Total acreage restricted by conservation easer			2 b		
	Number of conservation easements on a certif			2 c		
			ł			
	Number of conservation easements included in structure listed in the National Register			2d		
3	Number of conservation easements modified, trantax year ►	isterred, released, extinguished	d, or terminated by the o	irganizatio	on during the	
4	Number of states where property subject to conse					
5	Does the organization have a written policy regard enforcement of the conservation easement	its it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing consi	ervation easements duri	ng the ye	ar	
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservat	ion easements during th	e year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the	requirements of section	170(h)(	(4)(B)(i) Yes	∏No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t	conservation easements in its	revenue and expense s	tatement	, and balance sheet, a	and unting for
<u></u>	conservation easements.	etions of Art Historias	Treasures or Ot	hor Si-	nilar Assats	
Par	Complete if the organization answers	wered 'Yes' to Form 99	0, Part IV, line 8.	ner Sin	milar Assets.	
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	eld for public exhibition, educat	ion, or research in furth	statemer erance of	nt and balance sheet public service, providi	t works of e,
1	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furtheran	ce of pub	lic service, provide the	rks of art,
	(i) Revenue included in Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other sin 116 (ASC 958) relating to the	nilar assets for financial ese items:	gain, pro	wide the following	
	a Revenue included in Form 990, Part VIII, line	1			▶\$	
I	Assets included in Form 990, Part X				►\$	

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

TEEA3301L 10/28/14

Schedule D (Form 990) 2014 Art (Part III   Organizations Mainta			orical Treasures, o	71-104 r Other Similar Ass		Page 2 nued)
3 Using the organization's acquisition items (check all that apply):	, accession, an	d other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	zation's collection	ons and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be main	tained as part of the o	rganization's collection	?	Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on	ents. Complete if t Form 990, Part X,	the organization an line 21.	iswered 'Yes' to For	m 990, Pa	ert IV, ————
1 a Is the organization an agent, trus on Form 990, Part X?			• • • • • • • • • • • • • • • • • • • •	ner assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII an	nd complete the following	ng table:	<del></del>	Amount	
c Beginning balance				1c	Anount	
d Additions during the year			· · · · · · · · · · · · · · · · · · ·	<del> </del>		
e Distributions during the year			· · · · · · · · · · · · · · · · · · ·	. 1e		
f Ending balance				15		
2a Did the organization include an a					Yes	No
b If 'Yes,' explain the arrangement						
Part V   Endowment Funds. C	omplete if t	he organization an	swered 'Yes' to Fo	rm 990 Part IV lin	<u> </u>	
- arr - Enaconnect ands. C	(a) Current y				(e) Four ye	ears back
1 a Beginning of year balance.		3-7	(0) 110 ) 110 110	(4) , , , , , , , , , , , , , , , , , , ,	1 (3/135/)	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance.						
2 Provide the estimated percentage		t year end balance (lin	e 1g, column (a)) held	as:		
a Board designated or quasi-endowm		*				
b Permanent endowment						
c Temporarily restricted endowmer		8				
The percentages in lines 2a, 2b,	and 2c should	equal 100%.				
3 a Are there endowment funds not in t	the possession of	of the organization that a	are held and administered	d for the		
organization by:					Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of					3b	
4 Describe in Part XIII the intended			nt funds			
[Part VI] Land, Buildings, and Complete if the organi			990 Part IV line	11a See Form 990	) Part X I	line 10
Description of property		a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	
		(investment)	basis (other)	depreciation		
1 a Land	_					
<b>b</b> Buildings						
c Leasehold improvements	<u> </u>	_				
d Equipment	<b>i</b> -		2,711.	1,672.		1,039.
Total. Add lines 1a through 1e. (Colum	nn (d) must equ	ual Form 990, Part X, o	column (B), line 10c.).			1,039.
RAA				Schod	de D (Form 9	00) 2014

Schedule D (Form 990) 2014 Art Works Projects		71-10	049669 Page 3
Part VII Investments - Other Securities. Complete if the organization answered	'Ves' to Form 990	N/A Part IV line 11b See Form	000 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives	.,	(0)	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) (C)			
<u>(0)</u>			<del></del>
(E)			
(F)			
(G)			
( <del>1)</del>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered (a) Description of investment type	'Yes' to Form 990,	Part IV, line 11c. See Form 9	390, Part X, line 13.
(1) Description of investment type	(b) Book Value	(c) Method of valuation: Cost or en	d-or-year market value
(2)			
(3)			
(4)			
_(5)			
(6) (7)	<del></del>		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.	N/A		
Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11d. See Form 9	990, Part X, line 15.
	scription		(b) Book value
<u>(1)</u> (2)		<del></del>	<del> </del>
(3)			<del></del>
(4)			
(5)			
(6) (7)			<del></del>
(8)			<del> </del>
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (6)	2) too 15 )		<u> </u>
Part X Other Liabilities.	, me 13.)		1
Complete if the organization answered 'Yes' to Fo	rm 990, Part IV, line 116	or 11f. See Form 990, Part X, line 25	<u> </u>
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)		-	
(3)			
(4)			
(6)		_	
(7)			
(8)			
(9)		_	
(10) (11)		<del>-</del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>•</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	tnote to the organization's fin	ancial statements that reports the organization	's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	as been provided in Part XIII		
BAA	TEEA3303L 08/25/14	Sch	edule D (Form 990) 2014

Schedule D (Form 990) 2014 Art Works Projects	71-1049669	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return. N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) 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	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	<del></del>	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
a Investment expenses not included on Form 990. Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII   Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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	Part V, any additional information	ation.

BAA

Schedule **D** (Form 990) 2014

# **SCHEDULE L**

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		rmation about	mation about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.								Open To Public Inspection								
Name of the	organization						<del>_</del> .		Em	ployer i	dentifica	rtion ru	mber						
Art W	orks Proje	cts							71	-10	4966	9							
Part I	Excess B Complete if	enefit Trans the organizatio	actions (second answered 'Ye	tion 5	01(c)(3 orm 990	3), sed , Part i	ction 501(c V, line 25a o	)(4), and 50 r 25b, or Form	)1 (c)( 990-E	(29) ( Z, Pa	orgar int V, I	nizati ine 40	ions Ob.	only)	•				
1	(a) Name of disqu	alified person	<b>(b)</b> Re		p between o		ed	(c) Des	cription	of trans	action			(d) Cor	rected?				
				person a	ind organiza	ation								Yes	No				
<u>(1)</u>																			
(2)														<u> </u>	<u> </u>				
(3)														L					
(4)	_													<b>├</b>					
(5)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>												├	├				
(6)			_!				,,,,,							l	l				
2 Ent	er the amount of tion 4958 .		by the organiza								. ►s								
	er the amount										. • s								
Part II			Interested	•							<del>. •</del>								
1 41411	Complete if	the organization	answered 'Yes ount on Form 9	on For	m 990-E	2, Part 5, 6, or	V, line 38a or 22.	Form 990, Pai	rt IV, I	ne 26	; or if	the							
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or m the		e) Original cipal amount	(f) Balance due		(g) In	default?	(h) Ar	oproved pard or		ritten ment?				
		I I I I I I I I I I I I I I I I I I I	) "	organ	zation?	]	cipal uniouni		<u></u>		<u> </u>					com	nittee?	ugice	
				То	From					Yes	No	Yes	No	Yes	No				
	slie Thom			<u> </u>	<u> </u>					<del> </del>		L	<u> </u>		ļ				
(2)		Officer	Exp reim	X			11,319.	<b> </b>		<del> </del>	X	X	ļ	<u> </u>	<u> </u>				
(3)		ļ		ļ	ļ	ļ		<b> </b>		ļ	ļ		<u> </u>	<u> </u>	<u> </u>				
<u>(4)</u>		1		ļ	<u> </u>						<u> </u>			-	<u> </u>				
(5)		<del> </del>	<u> </u>		<del>                                     </del>	├		-		<del> </del>	<del>├</del> ──		<b> </b>	<del> </del> -	<u> </u>				
<u>(6)</u> (7)		<del> </del>		<del>├</del>	<del> </del>	<del> </del>				<del>                                     </del>	<del>                                     </del>	—-	<del> </del>	-					
(8)	<del></del>	<del> </del>		<del>                                      </del>	<del> </del>	<del></del>	· — — · ·	<del> </del>		<del> </del>	<del>                                     </del>		├	-	<del> </del>				
(9)		<del>                                     </del>	-	<u> </u>	<del> </del>					t			<del>                                     </del>						
(10)		†			1			·					<del>                                     </del>	<del> </del>	<del></del>				
Total		· · · · · · · · · · · · · · · · ·		<del>' -</del>			▶\$		-				<u> </u>	1					
Part III	Grants or Complete if	Assistance the organization	Benefiting I answered 'Yes	nteres on For	s <b>ted P</b> e m 990, P	erson:	s. Ime 27.							<u> </u>					
	(a) Name of intere	ested person	(b) Relationship and	between the organ	interested ( ization	person	(c) Amount o	f assistance	( <b>d)</b> Typ	e of as	sistance	(e)	Purpos	e of ass	stance				
(1)																			
(2)																			
(3)																			
(4)		<del></del>				_	<u> </u>												
<u>(5)</u>			ļ				<b></b>												
(6)			ļ					-				4							
<u>(7)</u>			ļ									_ _							
(8)			<del> </del>				<del> </del>					- -							
(9)			<del> </del>	-			<del> </del>												
(10)	. Domenius de S		<u> </u>				000 c=		C-L-	ا حلىاس	/C			<b>MD</b> - 5					
BAA FOI	Paperwork Re	auction Act No	ouce, see the in	struction	ons for h	orm 9	50 OF 330-EZ.		ocne	uule L	. (Form	ואללו	or 990	·EZ) 20	)14				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes	' on Form 990. F	Part IV.	line 28a	. 28b. or 28c.
--	------------------	----------	----------	----------------

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organa rever	aring of zation's nues?	
		ļ		Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)					i	
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### **Supplemental Information**

The loan from the President/Executive Director is a result of unreimbursed expenses incurred in the course of organizing the business. In 2014, the President/Executive Director decided the loan should not be paid back by the Organization. The loan has been reclassified as contributions in 2014.

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Art Works Projects

Employer Identification number 71-1049669

Form 990, Part III, Line 4a - Program Service Accomplishments

The Prosecutors film features:

Colombia

The Colombian armed conflict is one of the longest in the world, rooted in a 10-year civil war between political parties in Colombia. This conflict led to the creation of various guerrilla and paramilitary groups that have been fighting the government since the early 1960s. While the guerrillas claim to be fighting for the rights of poor Colombians, the paramilitary groups claim they are protecting citizens from guerrilla threats. In order to protect its citizens the Colombian government is fighting for order and stability.

This conflict has killed over one million people and displaced more than five million, the largest group of internally displaced people worldwide. Those affected also face sexual and physical assault, as well as forced membership and many other violent crimes. This is where civil society and human rights groups come into play as the leading champions of witness protection and prosecution. They work with prosecutors from the Fiscalia to bring criminals to justice.

The prosecutor from the Fiscalía (name withheld at the present time) followed in this documentary is fighting to help victims of sexual violence, assaulted by a paramilitary commander in a rural area of Colombia see justice. Her responsibilities include coordinating a large and dedicated team determined to navigate the road to justice while avoiding life-threatening security threats, legal challenges, and

long-held cultural impediments to the public discussion of sexual violence.

Name of the organization

Art Works Projects

Employer identification number

71-1049669

#### Form 990, Part III, Line 4a - Program Service Accomplishments

#### BOSNIA AND HERZEGOVINA

While much of the world has been focused on the war crimes and crimes against humanity tried with much international attention at the International Criminal Court in the Hague, in Bihac, and around Bosnia and Herzegovina, the judicial system has been tackling the hard, often slow, and always challenging effort of ending the global culture of impunity for perpetrators of sexual violence in conflict at the most local of levels. This work involves not only prosecutors but also police investigators, witness protection teams, and most importantly, survivors, their families, and those who are accused of crimes. The 20-years that have passed since these crimes were committed (between 1992 - 1995) have in no way lessened the pain for those who live with the daily memories, but they have made a hard task already harder, especially when combined with a strong concern by survivors of shame and stigma.

It is against this backdrop that Jasmin Mesic and the team at the Una Sana Canton Prosecutor's Office brings these important cases to court. He and his team are coordinate a network of civil society support groups, social workers, and police investigators with little fanfare but absolute conviction; challenging the idea that rape is the one war crime that justice cannot address.

#### DEMOCRATIC REPUBLIC OF CONGO

Sometimes, problems with access to justice are literally physical. The Democratic Republic of Congo is the size of Western Europe - and there are simply not enough

71-1049669

#### Form 990, Part III, Line 4a - Program Service Accomplishments

courts, judges, roads, prisons, lawyers, and anything or anyone else necessary to make access to justice easy. These shortages are compounded by, and often caused by, the decades of violence that the eastern portion of the country has endured.

But that doesn't mean that lawyers in the DRC have given up, nor does it mean that victims and witnesses are unwilling to testify, even when they risk enormous consequences. Congolese lawyers like Amani Kahatwa and her colleagues at the American Bar Association Rule of Law Initiative and parters at Avocats Sans Frontières and others are working together with civil society, the UN, and the DRC government to support the ability of the Congolese judicial system to meet the needs of those whose bodies have been the battleground for war. This effort is not fast, nor is it easy, but it is happening.

#### Form 990, Part III, Line 4b - Program Service Accomplishments

Congo Women is a traveling photography exhibition highlighting the beauty and strength of the girls and women of the Democratic Republic of Congo (DRC), a group of girls and women who currently face an unprecedented wave of gender-based violence and a lack of essential medical care.

Featuring the work of Lynsey Addario, Marcus Bleasdale, Ron Haviv, and James
Nachtwey, the installation weaves together large portraits of Congolose women and
contextual images of the region's culture and history along with explanatory essays.
The result of this combination is a touring project which depicts the complexity of
the situation and incites viewers to act.

Video and audio testimonies also accompany the exhibition, allowing viewers to gain an in-depth understanding of the crisis.

Name of the organization

Art Works Projects

Employer identification number

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#### Form 990, Part III, Line 4b - Program Service Accomplishments

Congo/Women discusses the effects of such gender violence, which include pregnancy as a result of rape, obstetric and traumatic fistula, HIV infection, permanent reproductive health damage, and death. In addition to these conditions, the exhibition presents the inevitable societal stresses caused by such atrocities. Curated from a combination of existing photography and newly-commissioned work - particularly of women and girls recovering from violence - the exhibit provides a comprehensive view of the issue and its possible solutions.

Form 990, Part III, Line 4d - Other Program Services Description

Other Program Services

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.