Department of the Treasury

Return of Organization Exempt From Income 1920
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047	
2016	
	ı
Open to Publicate Inspection	

	THE THOUGH OUT THE		I III OI III ALI	Out Poill 330		Maria de Maria	01/10/1//000	46/	
<u>A</u>	For the 2016 c	alendar year, or tax yea	r beginning		, and ending				
В	Check if applicable	C Name of organization						ப employeri	dentification number
	Address change		Spokane Ar	ts Fund					
Ξ	-	Doing business as						91-09	98745
ᆜ	Name change	Number and street (or P O b	ox if mail is not delivered	o street address)			Room/suite	E Telephone	
	Initial return	PO Box 978						509-3	321-9614
	Final return/	City or town, state or province	e, country, and ZIP or fore	ign postal code					
	terminated	Spokane	•	WA 9921				G Gross recei	pts \$ 210,516
L	Amended return	F Name and address of principal	al officer						
	Application pending	Melissa Hu	rains				H(a) is this a gro	oup return for sub	pordinates? Yes X No
	, -	11022004 114	39				H(b) Are all sub	ordinates includ	ed? Yes No
						\sim		" attach a list. (s	
		<u> </u>					1		••,
1_	Tax-exempt status			nsert no)	4947(a)(1) or	517	4		
J	Website S	pokanearts.o	rg				H(c) Group exe	mption number	<u> </u>
ĸ	Form of organization	X Corporation Trus	t Association	Other >		L Ye	ear of formation		M State of legal domicile
F	artil f Sı	ummary							
تبيين		escribe the organization's	mission or most sig	nificant activ	ties	, , ,			
	TO a	mplify Spokane				alvst for	the Inla	nd	
ဥ	Nort	hwest through a							
2) NOI C	iwest chrough a	ircs teader	mip, ac	vocacy, i	echoraring	and supp	,	
ě	1								
Ó	2 Check th	is box 🕨 🔝 if the organ	zation discontinued	l its operation	is or disposed o	of more than 25%	of its net asset	1 1	-
~	3 Number	of voting members of the	governing body (Pa	irt VI, line 1a)				3	7
es	4 Number	of independent voting me	mbers of the gover	ning body (Pa	irt Vt, line 1b)			4	7
Activities & Governance	5 Total nur	mber of individuals employ	yed in calendar yea	2016 (Part)	√, line 2a)			5	2
Ç	6 Total nur	mber of volunteers (estima	ate if necessary)					6	0
•		related business revenue	from Part VIII. colu	nn (C), line 1	2			7a	
	3	lated business taxable inc						7b	0
	# 1100 C11110	Idioa basiness taxasis in	Delia ir delia ir delia de	3 1, 11119 34	RECE	VED I	Prior Ye		Current Year
8	8 Contribut	tions and grants (Part VIII	. line 1h)	lг			62	8,988	152,277
0 2018 Revenue	9 Program	service revenue (Part VII		121				2,829	48,849
~ ≥ ×	10 Investme	ent income (Part VIII, colu	mn /Δ\ linns 3 / s		NOV 07	2018		363	163
0 2	44 Othor so				,,	₩		314	9,227
67	11 Outer les	venue (Part VIII, column (——————————————————————————————————————	65	2,494	210,516
<u>u</u>	1	enue - add lines 8 throug		L	un (A) -Nice H-S)		_ 63	2,232	210,310
日		ind similar amounts paid (, ,	•					
	l .	paid to or for members (P		•		Ļ			07 600
	15 Salanes,	, other compensation, emp	ployee benefits (Pa	t IX, column	(A), lines 5-10)	<u> </u> _	10	4,870	97,638
TI E	16a Profession	onal fundraising fees (Part		•		L	····		0
CANNED	b Total fun	idraisiņg expenses (Part I)	X, column (D), line	25) 🕨	8	,192		-	
نا کے	17 Other ex	penses (Part IX, column (A), lines 11a-11d,	11f-24e)		Ĺ	37	5,267	119,839
$\ddot{\mathbf{c}}$	18 Total exp	penses Add lines 13-17 (must equal Part IX	column (A),	line 25)	ĺ	48	0,137	217,477
(J)	19 Revenue	less expenses Subtract	line 18 from line 12				17	2,357	-6,961
let Assets or	900				·		Beginning of Cu		End of Year
Sets.	20 Total ass	sets (Part X, line 16)					22	8,533	220,415
Š.	21 Total liab	pilities (Part X, line 26)						2,379	1,220
2	E 22 Netasse	ets or fund balances Subt	ract line 21 from lin	e 20		r		6,154	219,195
	1-2-1-X	ignature Block				 		<u> </u>	
						 			
t	rue correct and co	религу, I declare that I have o omplete Declaration of prepa	examined this return, arer (other than office)	houging accor	mpanying schedu	ies and statements,	and to the best o	of my knowled	ige and belief, it is
		144 4		7.0 50350 017		Thich property has a		 	
٠.		_ Thill	-12/0/2						<u>416</u>
	9'' <u>'</u>	Signature of officer	()					Date	•
He	ere 📗	Melissa Hug	gins V			Presid	dent / (CEO	
		Type or print name and title							
	Print/Typ	e preparer's name		Preparer's signa	iture		Date	Check	If PTIN
Pa	id _{R.R. I}	Parks, CPA		R R. Park	s. CPA		10/25	5/18 self-em	□ "[
Pro	eparer Firm's na		Associate		-,··				
	e Only		Cataldo		200			Firm's EIN	27-0942656
	1			201-32					E00 0E0 1000
N.4-	Firm's ad							Phone no	509-252-1600
		s this return with the prep		(see instruc	tions)	 			X Yes No

For Paperwork Reduction Act Notice, see the separate Instructions.



Checklist of Required Schedules Part IV

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2
- 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
- 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
- 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 98-197 If "Yes," complete Schedule C, Part III
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - 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
 - 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
- 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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

_		V	N-
ſ		Yes	No
1	1	x	
Į	2		X
	3		x
Ì			
	4		<u>x</u>
į	5		<u> </u>
	6		<u>x</u> _
	7		<u>x</u> _
			v
	8		<u> </u>
	9		x
	10		x
	V-4	14	-
		111	
	11a	x	
	11b		x
	11c		x
	444	ļ	x
	11d 11e	X	_
	1		
	11f		X
	12a		x
	12b		х
	13		X
	14a		Х
	14b		х
	15		x
ļ	16		х
	17		x
			$\overline{}$
	18		x
	18		x

Form 990 (2016)

	The Checklist of Required Schedules (Continued)			
		ر ۔ ۔	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	(
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	l		7.5
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			•
27	disqualified persons? If "Yes," complete Schedule L, Part II	26_		X
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			x
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	771	L L
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		#	Ш
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-	e de la composition della comp	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
-	Schedule L, Part IV			v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
·		اما		v
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	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			
31	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			۱
32		31		X
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I			
34		33		X
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1			
35a		34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		Х
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	0.51		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
•	related organization? If "Yes," complete Schedule R, Part V, line 2			w
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36_	-	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	,,		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	400 Mode All Farm 200 Cl			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Page 5

91-0998745 Page 6 Form 990 (2016) Spokane Arts Fund Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 では 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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 X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **>** None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

State the name, address, and telephone number of the person who possesses the organization's books and records $\,\blacktriangleright\,$

Parks Associates PLLC

101 W Cataldo Ave Ste 200

WA 99201

509-252-1600

Spokane

orm 990 (2016)	Snokane	Arts	Fund
orm 990 (2016)	Spokane	MI CO	runa

91-0998745

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	(d bo	o not x, unli	Pos check ess pe	C) sition more erson i lirecto	than or s both r/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1089-MISC)		organization and related organizations
(1) Greg Lipsker										
	0.00	1							_	
Director	0.00	X		L	<u> </u>			0	0	0
(2) Brooke Kiener						l l				
	0.00	}			1	1 !			_	_
Chair	0.00	X		X	<u>L</u>	<u> </u>		0	0	0
(3) Mark Dailey										
	0.00	İ							_	_
Director	0.00	X	L.	_		1		0	0	0
(4) Scott Simmons										
	0.00				}				_	
Director	0.00	X	<u></u>		<u> </u>	1		0	0	0
(5) Karen Stratton		1								
	0.00	l							_	
Director	0.00	X	<u> </u>	 	<u> </u>		<u> </u>	0	0	0
(6) Dean Davis										
	0.00									
Director	0.00	X	_	ļ	_	\vdash		0	0	0
(7) Brenda Nienhouse										-
Dimant	0.00									
Director	0.00	X		 -	\vdash	├		0	0	0
(8)										
(9)		-								
(10)	·		-							
(11)		-				$\left \cdot \right $				
PAA										

(A) Name and title		(B) (C) Average Position hours per (do not check more than on box, unless person is both a officer and a director/trustee					than or	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2 1086-WISC)	organization and related organizations
))								
		-									
					\ 						
		,							·		
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	·						> > >			
2	Total number of individuals (in- reportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of	
3 4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	complete Schede 1a, is the sum o izations greater t	ile J f rep han S	for s ortab 3150	uch i le co ,000	indiv ompe ? If °	idual ensat Yes,	on : "cor	and other compensation fro mplete Schedule J for such	m the	Yes No X X X X X
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Ye								dividual 	5 X
Secti 1	ion B. Independent Contracto Complete this table for your five	e highest compe	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of	
	compensation from the organiz	zation Report coi (A) I business address	nper	satio	on fo	r the	cale	nda 		the organization's tax year (B) thon of services	(C) Compensation
											
		<u>.</u>				_					
					_					·	
			-		-	-					
		·									
2 DAA	Total number of independent or received more than \$100,000 or	ontractors (included compensation	ing t	out no	ot lim organ	nited	to th	ose	listed above) who	0	Form 990 (201e)

Form 990 (2016) Spokane Arts Fund

Pa	rt V	Statemer Check if S	n t of Reve l Schedule C	nue) con	tains a r	esponse o	or note to any line			
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			A PER PER					revenue	hida Eriatotakitakitak	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campa	_	1a						
Sign	b	Membership dues	1	1b						A STATE OF THE STA
ξĘ	C	Fundraising event		1c		22,518				
عَقِ	a	Related organizati		1d 1e	- ·	102,000				
Sin	e	e Government grants (contributions) 1e 102, f All other contributions, grits, grants,		102,000						
ig je	'	and similar amounts not		1f		27,759				
₽₽	_	Noncash contributions in			\$.	21,133				
55	. 9 h	Total. Add lines 1		•	•	>	152,277			
<u>ه</u>		TOTAL FLOOR IN CO.	<u> </u>			Busn Code	ACCORDED TO THE			
Program Service Revenue	2a	Service In	come				47,031	47,031		
æ	b	Art Sales	,				1,818			
je	c									
Şe	d									
Ē	e		•		,					
ogr	f	All other program	service reven	ue						
4	g	Total. Add lines 2	a-2f			D	48,849			
	3	Investment incom	e (including d	vident	ds, interes	t,			}	}
	İ	and other similar	•		•	>	163	163		
	4	Income from investment of tax-exempt bond prod				oceeds 🕨				
٠	5	Royalties	_ 			· •				
			(i) Real		(a) F	Personal				
	6a	Gross rents								
	ь	Less rental exps								
	C	Rental inc or (loss)						A CONTROL OF THE PROPERTY OF		
	d Net rental income or (loss) 7a Gross amount from (1) Common (1)			<u> </u>			,			
	/4	sales of assets	(i) Securities		(ii)	Other				
	1	other than inventory b Less. cost or other basis & sales exps				and the second second second				
	Ь									
	•									
		Gain or (loss)			<u> </u>				ETECHTEET.	
	d	Net gain or (loss)					The state of the s			tinke. One in the second considerable the shades of the second
ne	8a		undraising even							
evenue		(not including \$		ì						
		of contributions repo	rted on line 1c).							
Other R		See Part IV, line 18 Less direct exper		a						
ŏ	6	Net income or (los		יט						
	92	Gross income from g			CVCIILS	— <u>F</u> ,	A K CELEBRATE KING SELECTION	THE REPORT OF THE	TO LEAD TO POST OF BUILDING	THE REPORT OF
		See Part IV, line 19	Juning activities	а	•					
	þ	Less direct exper	1505	ь						
	,c	Net income or (los		- 1	vities					
	-	Gross sales of inv	-	.5	•					建设设设计划
		returns and allowa	-	a			Contract that there is a			
	b	Less cost of good	ds sold	b						
	<u> </u>	Net income or (los	ss) from sales	of inv	entory	>			f	
		Miscellaneous Revenue Busi							计图片数据	
	11a	a Reimbursed Expense					6,839		THE RESIDENCE OF THE PARTY OF T	
	þ	Misc Income					2,388			
	C		•							
ı	ď	All other revenue				L		,		
	е	Total. Add lines 1			•	•	9,227	BECKERNIE		
	12	Total revenue. So	ee instructions	<u> </u>	<u> </u>		210,516	58,239	0	0

Form 990 (2016) Spokane Arts Fund

Ť	å	rt IX	Statement	of	Functional	Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	ising ises
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors,	
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	
Individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors,	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors,	
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	
4 Benefits paid to or for members 5 Compensation of current officers, directors,	
5 Compensation of current officers, directors,	Transit 1 Da - Thi Ingge Casar 1
trustees, and key employees	
6 Compensation not included above, to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
7 Other salanes and wages 90 , 487 90 , 487	
8 Pension plan accruals and contributions (include	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes 7,151 7,151	
11 Fees for services (non-employees)	
a Management	
b Legal	
c Accounting 2,923 2,923	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule O) 17,080 7,400 9,680	
12 Advertising and promotion 66,138 57,946	8,192
13 Office expenses 22,058 5,522 16,536	
14 Information technology	
15 Royalties	
16 Occupancy 2,518 2,518	
17 Travel 71 71	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 1,777 1,777	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 3,307 3,307	
23 Insurance 1,167 1,167	
24 Other expenses. Itemize expenses not covered	
above (List miscellaneous expenses in line 24e. If	
line 24e amount exceeds 10% of line 25, column	
(A) amount, list line 24e expenses on Schedule O.)	MINIT
a Intern Stipiend 2,800 2,800	
c ·	
d . All other expenses	
e All other expenses 25 Tatal functional expenses Additional through the control of the control	
25 Total functional expenses. Add lines 1 through 24e 217,477 176,461 32,824 26 Joint costs. Complete this line only if the	8,192
organization reported in column (B) joint costs	
from a combined educational campaign and	
fundraising solicitation. Check here ▶ ☐ Iffollowing SOP 98-2 (ASC 958-720)	

PartX **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest bearing 222,507 2 214,607 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 3,150 Notes and loans receivable, net Inventones for sale or use ,490 1,489 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 5,467 1,387 2,808 b Less accumulated depreciation 10b 10c Investments-publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments---program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 228,533 220,415 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D <u>2,379</u> Total liabilities. Add lines 17 through 25 379 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 226,154 27 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 226,154 219,195 33 Total liabilities and net assets/fund balances 228,533 220,415 34

Form **990** (2016)

orm	990 (2016) Spokane Arts Fund	91-0998/45			Pag	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Pa	art XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		10,	
2	Total expenses (must equal Part IX, column (A), line 25)		2		17,	
3	Revenue less expenses Subtract line 2 from line 1		3		-6,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	2:	26,:	<u> 154</u>
5	Net unrealized gains (losses) on investments	·	5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Pnor period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9		-	2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X	, line				
	33, column (B))		10	2:	19,	195
Pa	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Pa	art XII				
			·		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual	Other				-
	If the organization changed its method of accounting from a prior year or checked "Other,"					
	Schedule O			300		
2a	Were the organization's financial statements compiled or reviewed by an independent acc	ountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were				100	
	reviewed on a separate basis, consolidated basis, or both	·				
	Separate basis Consolidated basis Both consolidated and separate	e basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited on a		6444	4	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate	e basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independ			2c		
	If the organization changed either its oversight process or selection process during the tax	year, explain 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		ļ		
	the Single Audit Act and OMB Circular A-133?			3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did n					
	required audit or audits, explain why in Schedule O and describe any steps taken to under	go such audits		3b	<u>.</u>	
				For	m 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			Spokane Arts	Fund			91-099	8745					
×P:	rt'l	Reas		Status (All organizations r	nust coi	nplete t	his part.) See instruction	S					
				it is (For lines 1 through 12, che				10-7					
1	Ť			ciation of churches described in s			A)(i).	() /					
2	Н			A)(ii). (Attach Schedule E (Form 9				\cup I					
3	Н		or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Н			in conjunction with a hospital des				oital's name.					
•	\Box		=	in conjunction with a neopher cou	3011204			,					
_	\Box	city, and state		a college or university owned or	operated	by a gove	immental unit described in						
5	Ш				operated	uy a guve	Timenal din described in						
			b)(1)(A)(iv). (Complete Part I		tion 170/	h)/4\/A\/v	A						
6	V			vernmental unit described in secubstantial part of its support from									
7		_	section 170(b)(1)(A)(vi). (Co		a govern	mental un	it of from the general public						
۰	\Box		* * * * * * * * * * * * * * * * * * * *	70(b)(1)(A)(vi). (Complete Part II	1								
٥	H					in coniun	ction with a land-grant college						
3	Ш	_		ribed in section 170(b)(1)(A)(ix) agnculture (see instructions) En		-							
		university	or a non-land grant college or	agriculture (see instructions) Li	iter trie ne	iiiie, city,	and state of the conlege of						
10	\Box	•	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	atabutions	membership fees, and gross						
	سا	_		ot functions—subject to certain ex									
			•	d unrelated business taxable inco	•								
			-	, 1975 See section 509(a)(2). (•		•						
11		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a)(4),						
12		An organizati	on organized and operated e	xclusively for the benefit of, to be	rform the	functions	of, or to carry out the purposes						
_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
	_			er to regularly appoint or elect a r		_							
				emplete Part IV, Sections A and									
	b			pervised or controlled in connection		supporte	d organization(s), by having						
				ing organization vested in the sar			, , , ,						
			tion(s) You must complete										
	С	Type III 1	iunctionally integrated. A si	upporting organization operated ii	n connect	ion with, a	and functionally integrated with						
				ructions) You must complete P									
	d	Type III ı	non-functionally integrated	. A supporting organization opera	ated in cor	nection v	with its supported organization(s	s)					
		that is no	t functionally integrated. The	organization generally must satis	fy a distril	oution req	uirement and an attentiveness						
		requirem	ent (see instructions) You m	ust complete Part IV, Sections	A and D	, and Par	t V.						
	e	Check th	is box if the organization rece	ived a written determination from	the IRS	hat it is a	Type I, Type II, Type III						
				functionally integrated supporting	g organiza	ition							
	f ~		nber of supported organizatio										
_	g		ollowing information about the		T'								
(e of supported janization	(ii) EIN	(lii) Type of organization	1 7 7	rganization	(v) Amount of monetary	(vi) Amount of					
	Ψ.,	Jan 1200011	}	(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	ather support (see instructions)					
			}		Yes	No		,					
(A)													
` '			!		ļ	}		{					
(B)					 			 					
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(C)								 					
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			Many Landers of the control of the c	West books a souther, six printer law and the desired brains and	- ASSOCIATION	.2.42.521	· · · · · · · · · · · · · · · · · · ·						
ota	l			Land Andrews Control of the Control	**	"快快报 "		1					

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Sched

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			, <u> </u>					
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,603	129,302	147,767	628,988	152,277	1,066,937		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	8,603	129,302	147,767	628,988	152,277	1,066,937		
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)								
6	Public support. Subtract line 5 from line 4.				定四本加速出版	大学(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	1,066,937		
	tion B. Total Support			, -, -					
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	8,603	129,302	147,767	628,988	152,277	1,066,937		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2					7		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		City to the Market had the second						
11	Total support. Add lines 7 through 10	·	地方上野神流区的	de l'est en la company de la c	The Property of	· · · · · · · · · · · · · · · · · · ·	1,066,944		
12	Gross receipts from related activities, etc					12	58,239		
13	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year a	as a section 501(c)	(3)			
Sec	organization, check this box and stop here tion C. Computation of Public St		ane		·				
14	Public support percentage for 2016 (line 6,			(ft)		14	100.00%		
15	Public support percentage from 2015 Sche			·" .		15	100.00%		
16a	33 1/3% support test-2016. If the organ			3. and line 14 is 33	1/3% or more, che		100 00 70		
	box and stop here. The organization quali						► X		
b	33 1/3% support test-2015. If the organ	ization did not chec	k a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	. check	. (=		
	this box and stop here. The organization of						▶ □		
17a	10%-facts-and-circumstances test—20				, or 16b, and line 1	4 is	ــا ٠		
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization Supported								
b	10%-facts-and-circumstances test-20					ine			
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
40	supported organization						▶ 🗌		
18	Private foundation. If the organization did	I not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see				
	instructions						▶ [_]		

Schedule A (Form 990 or 990-EZ) 2016

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

图Rart III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (d) 2015 (e) 2016 (f) Total (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 6 Gross income from interest, dividends. 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2015 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

33 1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Scriedule A (Form 990 of 990-EZ) 20

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 the designation of thistoric and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 made the determination
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3b	7 Miles per mer an	112.30 1222
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Schedule A (Form 990 or 990-EZ) 2016 Spokane Arts Fund		<u> </u>	/45 Page 6
Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
instructions. All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Section B - Initialization Asset Attount		1	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	,	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	性性		计维护性处理性
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,	1	1	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recovenes of prior-year distributions	7	ļ	
8 Minimum Asset Amount (add line 7 to line 6)	8	Schelle, N. 27 beth the brazelo of the said	<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1,	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	VEH TO THE TO	
4 Enter greater of line 2 or line 3	4		24
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	Market har best best bet bet best best best best b	, , ,
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III sı	upporting organization (see	·

91-0998745 Spokane Arts Fund Page 7 Schedule A (Form 990 or 990-EZ) 2016 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount am Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See Excess distributions carryover, if any, to 2016 是是我们的一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人, SECTION REPORTED FOR FACILITY OF THE PROPERTY c From 2013 CHEER PROPERTY OF THE PROPERTY d From 2014 THE BEST PROPERTY. e From 2015 THE PROPERTY OF THE PROPERTY. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 **建设在设置的企业的发生应该的** a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 31 Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Spokane Arts Fund

91-0998745

Page 8

Rart VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public L.

Employer identification number

		e Arts Fund		91-0998745
CPā	irt I	Organizations Maintaining Donor Advised Complete if the organization answered "Yes"	I Funds or Other Similar Funds or A on Form 990. Part IV. line 6.	Accounts.
		Complete if the organization anomales.	(a) Donor advised funds	(b) Funds and other accounts
1	Total nun	nber at end of year		
2		e value of contributions to (during year)		
3		e value of grants from (during year)		
4		e value at end of year		
5		rganization inform all donors and donor advisors in writing	that the assets held in donor advised	
•		the organization's property, subject to the organization's		☐ Yes ☐
6		rganization all grantees, donors, and donor advisor	<u> </u>	
ŭ		haritable purposes and not for the benefit of the donor or		
	•	g impermissible private benefit?		☐ Yes ☐
P.Pa	irt II-	Conservation Easements.		
- A	TI, TALE AND	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply)	
		ervation of land for public use (e.g., recreation or educatio		portant land area
	\vdash	ection of natural habitat	Preservation of a certified histori	
	Pres	ervation of open space		
2		e lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a conserv	vation
_	-	on the last day of the tax year		Held at the End of the Tax
а		nber of conservation easements		2a
ь		eage restricted by conservation easements		2b
-		of conservation easements on a certified historic structure	; (a) as bobulant	2c
C			· ·	20
d		of conservation easements included in (c) acquired after 8	5/1//06, and not on a	
		tructure listed in the National Register		
3		of conservation easements modified, transferred, released	d, extinguished, or terminated by the organization	on during the
	tax year l			
4		of states where property subject to conservation easemen		
5		organization have a written policy regarding the periodic i		
		s, and enforcement of the conservation easements it holds		∐ Yes ∐
6	Staff and	volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conservation eas	sements during the year
	>			
7		of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation easeme	ents during the year
	▶ \$			
8		ch conservation easement reported on line 2(d) above sat	usfy the requirements of section 170(h)(4)(B)(i)	
		on 170(h)(4)(B)(ιι)?		Yes L
9		III, describe how the organization reports conservation ear		
		sheet, and include, if applicable, the text of the footnote to	the organization's financial statements that des	scribes the
F.O.	irt III	con's accounting for conservation easements	A.4.18:4: 1.4.7	
ar r	nr in M	Organizations Maintaining Collections of Complete if the organization answered "Yes'	Art, Historical Treasures, or Other	Similar Assets.
	If the are			
ıa	works of	anization elected, as permitted under SFAS 116 (ASC 95)	B), not to report in its revenue statement and ba	llance sheet
		art, historical treasures, or other similar assets held for purple provide in Part XIII, the text of the footbate to its for		rance of
h		rvice, provide, in Part XIII, the text of the footnote to its fin		
		anization elected, as permitted under SFAS 116 (ASC 95)		
	nublic se	art, historical treasures, or other similar assets held for purvice, provide the following amounts relating to these item	iblic exhibition, education, or research in further	ance of
			s	
		nue included on Form 990, Part VIII, line 1		> \$
•		ts included in Form 990, Part X		▶ \$
2	it the orga	anization received or held works of art, historical treasures	s, or other similar assets for financial gain, provi	ide the
_		amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items	
_	_	included on Form 990, Part VIII, line 1		▶ \$
D	Assets in	cluded in Form 990, Part X		. .

Schei	dule D (Form 990) 2016 Spokane	Arts Fund				91-0	<u>9987</u>	45			Pa	age 2
	rt III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	easures, c	or Other	Simila	ır Ass	ets (c	ontinue	ed)	
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records,	check any o	f the follow	ing that are a	significan	t use of	ts				
а	Public exhibition	d 🗍	Loan or exc	hange prog	rams							
b	Scholarly research	e 🗍	Other									
С	Preservation for future generations	_										
4	Provide a description of the organization's co	ollections and explain h	low they furt	her the orga	anization's e	xempt purp	ose in P	art				
	XIII											
5	During the year, did the organization solicit of	r receive donations of	art, historica	l treasures,	, or other sim	ular						-
	assets to be sold to raise funds rather than t	o be maintained as pai	rt of the orga	inization's c	collection?					Ye	s _	No
Pa	it IV Escrow and Custodial A											
	Complete if the organization	n answered "Yes'	on Form	990, Par	t IV, line 9	, or repo	orted a	n amo	unt or	Form		
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contrib	outions or o	ther assets r	not				_		_
	included on Form 990, Part X?									Ye	s [_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table									
										Amount		
c	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escro	w or custod	ial account li	ability?				∐ Ye	s L	No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has	been prov	ided on Part	XIII						<u> </u>
L Pa	Endowment Funds.											
_	Complete if the organization	on answered "Yes	on Form	990, Pai	t IV, line 1	10.	,		—			
		(a) Current year	(b) Pro	or year	(c) Two ye	ars back	(d) Th	ree years	back	(e) Four	years I	back
1a	Beginning of year balance		 		ļ —		<u> </u>					
b	Contributions		 		ļ — — —		├ ─					
С	Net investment earnings, gains, and		Ì		1		1					
	losses Grants or scholarships				 		 					
e	Other expenditures for facilities and				 		 					
٠	programs						ł					
f	· •		 		 -		<u> </u>					
g	End of year balance						 					
2	Provide the estimated percentage of the cur	rent year end balance	(line 1a. calı	ımn (a)) he	ld as							
а	Board designated or quasi-endowment	%	((-//								
b	Permanent endowment ▶ %	1										
C	Temporanly restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%										
3a	Are there endowment funds not in the posse	ession of the organizati	on that are h	neld and ad	ministered fo	or the				_		
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Sched	ule R?						3b		
4	Describe in Part XIII the intended uses of the		ment funds									
-Pa	itt VI Land, Buildings, and Equ			- <u></u> -		_ _						
	Complete if the organization	n answered "Yes"	on Form	990, Par	t IV, line 1	1a. See	Form	<u>990, F</u>	art X,	line 10)	
	Description of property	(a) Cost or other i	1	(b) Cost or o			Accumulate			(d) Book		
		(investment)		(othe	er)		epreciation					
	Land					性性對	HHE					
	Buildings											
	Leasehold improvements											
	Equipment											
	Other 10 th				8,275	L			<u> </u>			275
otal	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	(, column (B), line 10c)		_		_	1		8,	275

Schedule D (Form 990) 2016 Spokane Arts Fund

国军门家门	Complete if the organization answered "Yes" or	Form 990. Part IV. line	11b. See Form 990. P	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cast or end-of-ye	ar market value
(1) Financial d	erivatives			
	ld equity interests			
(3) Other				
(A)	·			
(B)				
(c)				
(D)				
(E)	•			
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		to the first time	计算机 计数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, P	art X, line 13.
•	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)			<u></u>	·
(7)				
(8)		<u> </u>		
(9)			<u> </u>	
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
PartiX	Other Assets.		(
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part XI	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
	oll Liabilities	1,062		
	Taxes Payable	158		
_(4)			en artistant de production de la propiet de la propiet de la propiet de la propiet de la propiet de la propiet	
(5)			The state of the s	
(6)			The state of the s	
(7)				
(8)				
(9)	74.			
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,220		
Z. Liability for t	uncertain tax positions. In Part XIII, provide the text of the footi	note to the organization's finan	icial statements that reports t	he
organization's l	iability for uncertain tax positions under FIN 48 (ASC 740). Ch	eck here if the text of the footr	note has been provided in Pai	t XIII

Sche	dule D (Form 990) 2016 Spokane Arts Fund		998745	Page 4
Pa	Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er Return.	
متا واسما ك	Complete if the organization answered "Yes" on Form 99	0, 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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recovenes of pnor year grants	2c	profession and the second	
đ	Other (Describe in Part XIII)	2d		
8	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	No miles	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	·
•Pâ	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 99	0, 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			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d	3000	
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		- Friends	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	22.5	
C	Add lines 4a and 4b		4c	
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, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2016 Spokane Arts Fund
Part XIII Supplemental Information (continued)

91-0998745

Page 5

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

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

s.gov/form990. Finspection

Spokane Arts Fund

91-0998745

Form 990, Part III, Line 4d - All Other Accomplishment Bring awareness of the arts.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is prepared by an outside independent Certified Public Accountant and reviewed by the organization's CEO. The Form 990 is presented to the Board of Directors by the CEO at a board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Conflicts of interest are disclosed and reviewed annually by the board who

determines the appropriate actions if any required at the time a conflict
is disclosed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official CEO, executive director and top management compensation is reviewed and approved annually by the board of directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Key officer compensation (if any) is reviewed and approved annually by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents of the organization are made available to the public upon request.

Book / Tax Depreciation Difference

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

Spokane. Arts Fund

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

2,423