

Form 990  
2017Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

|   |  |  |
|---|--|--|
| C Name of organization<br>BUSINESS CONSORTIUM FOR ARTS SUPPORT  |  | D Employer identification number<br>54-1437382 |
| Doing business as   |  | E Telephone number<br>(757) 383-6047           |
| Number and street (or P O box if mail is not delivered to street address)<br>101 WEST MAIN STREET NO 4500 |  | Room/suite                                     |
| City or town, state or province, country, and ZIP or foreign postal code<br>NORFOLK, VA 23510             |  | G Gross receipts \$ 1,435,424                  |

|   |  |
|---|--|
| F Name and address of principal officer<br>LISA W DOUD<br>101 WEST MAIN STREET NO 4500<br>NORFOLK, VA 23510 | H(a) Is this a group return for<br>subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | H(b) Are all subordinates<br>included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|   | If "No," attach a list (see instructions)  |
|   | H(c) Group exemption number ►  |

I Tax-exempt status  501(c)(3)  501(c) ( ) ► (insert no)  4947(a)(1) or  527J Website: ► [WWW BCARTSUPPORT ORG](http://WWW BCARTSUPPORT ORG)

|   |                          |                              |
|---|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | L Year of formation 1987 | M State of legal domicile VA |
|---|--------------------------|------------------------------|

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO STRENGTHEN MAJOR BUSINESS AND FOUNDATION SUPPORT FOR ARTS AND CULTURAL ORGANIZATIONS OF SOUTH HAMPTON ROADS

|  |    |    |
|--|----|----|
| 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | 3  | 13 |
| 3 Number of voting members of the governing body (Part VI, line 1a)  | 4  | 13 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 5  | 1  |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)   | 6  | 0  |
| 6 Total number of volunteers (estimate if necessary)   | 7a | 0  |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7b | 0  |
| b Net unrelated business taxable income from Form 990-T, line 34   |    |    |

|   |            |              |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h)                                     | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g)                                      | 832,465    | 838,858      |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 0          | 0            |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 75         | 66           |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0          | 87,258       |
|   | 832,540    | 926,182      |

|  |            |              |
|--|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | Prior Year | Current Year |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     | 737,745    | 831,378      |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0          | 0            |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    | 74,983     | 77,411       |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 30,691                 | 0          | 0            |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 22,058     | 24,726       |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 834,786    | 933,515      |
| 19 Revenue less expenses Subtract line 18 from line 12                               | -2,246     | -7,333       |

|  |                           |             |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16)                            | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26)                       | 111,235                   | 103,902     |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 0                         | 0           |
|  | 111,235                   | 103,902     |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

|           |   |                    |
|-----------|---|--------------------|
| Sign Here | *****<br>Signature of officer<br>LISA W DOUD EXECUTIVE DIRECTOR<br>Type or print name and title | 2018-11-08<br>Date |
|-----------|---|--------------------|

|                        |  |                                       |                         |   |                   |
|------------------------|--|---------------------------------------|-------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name<br>MARK A NELSON                          | Preparer's signature<br>MARK A NELSON | Date                    | Check <input type="checkbox"/> if self-employed | PTIN<br>P00358004 |
|                        | Firm's name ► CAVANAUGH NELSON PLC                                   |                                       | Firm's EIN ► 54-1967771 |   |                   |
|                        | Firm's address ► 999 WATERSIDE DRIVE SUITE 2250<br>NORFOLK, VA 23510 |                                       | Phone no (757) 578-4900 |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO STRENGTHEN MAJOR BUSINESS AND FOUNDATION SUPPORT FOR ARTS AND CULTURAL ORGANIZATIONS OF SOUTH HAMPTON ROADS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 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

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 1 | Yes        |           |
| 2 | Yes        |           |
| 3 |            | No        |
| 4 |            | No        |
| 5 |            | No        |
| 6 |            | No        |
| 7 |            | No        |
| 8 |            | No        |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
|  |     |    |

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website    Another's website    Upon request    Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
►THE ORGANIZATION 101 WEST MAIN STREET NO 4500 NORFOLK, VA 23510 (757) 383-6047

**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 . . . . . 

|   |           |   | Yes | No |
|---|-----------|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .   | <b>1a</b> | 0 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | <b>1b</b> | 0 |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                       | <b>1c</b> |   |     |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | <b>2a</b> | 1 |     |    |

|  |               |   |  |  |  |  |   |   |   |
|--|---------------|---|--|--|--|--|---|---|---|
| (8) WINTHROP SHORT<br>.....<br>MEMBER                      | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (9) TOMMY LEEMAN<br>.....<br>MEMBER                        | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (10) PATRICIA RAWLS<br>.....<br>MEMBER                     | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (11) ROGER SCHEFFEL<br>.....<br>VISION & ARTS ADVOCACY CHA | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (12) SHANE SMITH<br>.....<br>MEMBER                        | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (13) WALKER PHILLIPS<br>.....<br>MEMBER                    | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
| (14) LEANNE MARILLEY<br>.....<br>MEMBER                    | 4 00<br>..... | X |  |  |  |  | 0 | 0 | 0 |
|  |               |   |  |  |  |  |   |   |   |
|  |               |   |  |  |  |  |   |   |   |
|  |               |   |  |  |  |  |   |   |   |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

### Section A. Governing Body and Management

**1a** Enter the number of voting members of the governing body at the end of the tax year

| 1a   | 13 | Yes | No |
|--|----|-----|----|
| 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 |    |     |    |

**10**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )

**11**  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

**12**  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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**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**  **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 III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e**  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

**f** Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |

**Total**

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

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

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

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

check this box and **stop here**

## **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2016 Schedule A, Part III, line 15

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

**18** Investment income percentage from **2016 Schedule A, Part III, line 17**

WORK

year

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee |   |  |             |         |   |  |  |
|---|---|--|-------------|---------|---|--|--|
| <b>(A)</b><br>Name and Title  | <b>(B)</b><br>Average hours per week (list any hours for related organizations below dotted line) | <b>(C)</b><br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |             |         | <b>(D)</b><br>Reportable compensation from the organization (W-2/1099-MISC) | <b>(E)</b><br>Reportable compensation from related organizations (W-2/1099-MISC) | <b>(F)</b><br>Estimated amount of other compensation from the organization and related organizations |
|   |   | Individual or director   | Institution | Officer | Key employee  | Highest paid employee  | Former   |

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

(A)

Name and Title

(B)

Average  
hours per  
week (list  
any hours  
from 0-100)

(c)

Position (do not check more than one box, unless person is both an officer and a director/trustee)

11

Reportable  
compensation  
from the  
organization (W-  
2/1000, MISC)

(E)

Reportable  
compensation  
from related  
organizations (W-  
3/1000, MISC)

(F)

Estimated amount of other compensation from the

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

| Contributions, Gifts, Grants<br>and Other Similar Amounts                                   |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|----------------|----------------------|--|---|--|
|   |                |                      |  |   |  |
| 1a Federated campaigns . . .  | 1a             |                      |  |   |  |
| b Membership dues . . .   | 1b             |                      |  |   |  |
| c Fundraising events . . .  | 1c             |                      |  |   |  |
| d Related organizations   | 1d             |                      |  |   |  |
| e Government grants (contributions)   | 1e             |                      |  |   |  |
| f All other contributions, gifts, grants,<br>and similar amounts not included<br>above      | 1f             | 838,858              |  |   |  |
| g Noncash contributions included<br>in lines 1a-1f \$                                       |                |                      |  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                | 838,858              |  |   |  |
| <b>Program Service Revenue</b>  |                | Business Code        |  |   |  |
| 2a  |                |                      |  |   |  |
| b   |                |                      |  |   |  |
| c   |                |                      |  |   |  |
| d   |                |                      |  |   |  |
| e   |                |                      |  |   |  |
| f All other program service revenue   |                |                      |  |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .   |                |                      |  |   |  |
| 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . . | ►              | 66                   |  |   |  |
| 4 Income from investment of tax-exempt bond proceeds  | ►              |                      |  |   |  |
| <b>5 Royalties . . . . .</b>  | ►              |                      |  |   |  |
| <b>6a Gross rents</b>   |                |                      |  |   |  |
| b Less rental expenses  |                |                      |  |   |  |
| c Rental income or<br>(loss)  |                |                      |  |   |  |
| <b>d Net rental income or (loss) . . . . .</b>  | ►              |                      |  |   |  |
|   | (i) Securities | (ii) Other           |  |   |  |

**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 **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

- 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, line 15 and 16
- 4 Benefits paid to or for members

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | 831,378               | 831,378                         |  |                             |
| 2 |                       |                                 |  |                             |
| 3 |                       |                                 |  |                             |
| 4 |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

|               |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---------------|--|--------------------------|------------|--------------------|
| <b>Assets</b> |  |                          |            |                    |
| <b>1</b>      | Cash—non-interest-bearing . . . . .  |                          | <b>1</b>   |                    |
| <b>2</b>      | Savings and temporary cash investments . . . . .   | 110,032                  | <b>2</b>   | 103,124            |
| <b>3</b>      | Pledges and grants receivable, net . . . . .   |                          | <b>3</b>   |                    |
| <b>4</b>      | Accounts receivable, net . . . . .   |                          | <b>4</b>   |                    |
| <b>5</b>      | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                    |
| <b>6</b>      | 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 . . . . . |                          | <b>6</b>   |                    |
| <b>7</b>      | Notes and loans receivable, net . . . . .  |                          | <b>7</b>   |                    |
| <b>8</b>      | Inventories for sale or use . . . . .  |                          | <b>8</b>   |                    |
| <b>9</b>      | Prepaid expenses and deferred charges . . . . .  |                          | <b>9</b>   |                    |
| <b>10a</b>    | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b>               | 2,124      |                    |
| <b>h</b>      | <u>Less accumulated depreciation</u> . . . . .   | <b>10h</b>               | 1,346      |                    |
|               |  |                          | <b>10c</b> | 1,203              |
|               |  |                          |            | 778                |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

|    |   |    |         |
|----|---|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 926,182 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 933,515 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | -7,333  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 111,235 |
| 5  | Net unrealized gains (losses) on investments  | 5  |         |
| 6  | Donated services and use of facilities  | 6  |         |
| 7  | Investment expenses   | 7  |         |
| 8  | Prior period adjustments  | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 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 | 103,902 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other CASH MODIFIED  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

~~Was the organization's financial statement audited or reviewed by an independent accountant?~~

|  | Yes | No |
|--|-----|----|
|  |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1437382

**Name:** BUSINESS CONSORTIUM FOR ARTS SUPPORT

Form 990 (2017)

---

### **Form 990, Part III, Line 4a:**

GRANTS TO CHARITABLE ORGANIZATIONS WHICH SUPPORT THE ARTS OR PROVIDE CULTURAL EXPERIENCES TO THE COMMUNITY

---



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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

|   | <b>Calendar year<br/>(or fiscal year beginning in) ►</b>  | <b>(a) 2013</b> | <b>(b) 2014</b> | <b>(c) 2015</b> | <b>(d) 2016</b> | <b>(e) 2017</b> | <b>(f) Total</b> |
|---|---|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 815,180         | 803,870         | 839,165         | 832,465         | 838,858         | 4,129,538        |
| 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   |                 |                 |                 |                 |                 |                  |

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

(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**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6 )  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, 12, and 13b )   |          |          |          |          |          |           |



**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** 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?

**b** A family member of a person described in (a) above?

**c** 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*

|     | Yes | No |
|-----|-----|----|
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

**Section B. Type I Supporting Organizations**

**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*

|  | Yes | No |
|--|-----|----|
|  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 035   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  | Current Year   |                             |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>   |  | <b>Current Year</b>                     |
|--|--|---|
| <b>1</b>   | Amounts paid to supported organizations to accomplish exempt purposes  |   |
| <b>2</b>   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |   |
| <b>3</b>   | Administrative expenses paid to accomplish exempt purposes of supported organizations  |   |
| <b>4</b>   | Amounts paid to acquire exempt-use assets  |   |
| <b>5</b>   | Qualified set-aside amounts (prior IRS approval required)  |   |
| <b>6</b>   | Other distributions (describe in <b>Part VI</b> ) See instructions   |   |
| <b>7</b>   | <b>Total annual distributions.</b> Add lines 1 through 6   |   |
| <b>8</b>   | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |   |
| <b>9</b>   | Distributable amount for 2017 from Section C, line 6   |   |
| <b>10</b>  | Line 8 amount divided by Line 9 amount   |   |
| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i) Excess Distributions</b>  | <b>(ii) Underdistributions Pre-2017</b> |
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI)<br>See instructions  |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2017   |  |   |
| <b>a</b>   |  |   |
| <b>b</b> From 2013. . . . .  |  |   |
| <b>c</b> From 2014. . . . .  |  |   |
| <b>d</b> From 2015. . . . .  |  |   |
| <b>e</b> From 2016. . . . .  |  |   |
| <b>f Total</b> of lines 3a through e   |  |   |
| <b>g</b> Applied to underdistributions of prior years  |  |   |
| <b>h</b> Applied to 2017 distributable amount  |  |   |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |  |   |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |  |   |
| <b>4</b> Distributions for 2017 from Section D, line 7<br>\$   |  |   |
| <b>a</b> Applied to underdistributions of prior years  |  |   |
| <b>b</b> Applied to 2017 distributable amount  |  |   |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2<br>If the amount is greater than zero, explain in Part VI<br>See instructions |  |   |
| <b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                              |  |   |
| <b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c  |  |   |
| <b>8</b> Breakdown of line 7   |  |   |
| <b>a</b> Excess from 2013. . . . .   |  |   |
| <b>b</b> Excess from 2014. . . . .   |  |   |
| <b>c</b> Excess from 2015. . . . .   |  |   |
| <b>d</b> Excess from 2016. . . . .   |  |   |
| <b>e</b> Excess from 2017. . . . .   |  |   |

**Software ID:**

**Software Version:**

**EIN:** 54-1437382

**Name:** BUSINESS CONSORTIUM FOR ARTS SUPPORT

**Part 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)

**Facts And Circumstances Test**

2017

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/form990).Name of the organization  
BUSINESS CONSORTIUM FOR ARTS SUPPORTEmployer identification number  
54-1437382**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year                       |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year                    |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, 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., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

| Held at the End of the Year |  |
|-----------------------------|--|
| 2a                          |  |
| 2b                          |  |
| 2c                          |  |
| 2d                          |  |

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

|   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

|           | <b>Amount</b> |
|-----------|---------------|
| <b>1c</b> |               |
| <b>1d</b> |               |
| <b>1e</b> |               |
| <b>1f</b> |               |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | <b>(a) Current year</b> | <b>(b) Prior year</b> | <b>(c) Two years back</b> | <b>(d) Three years back</b> | <b>(e) Four years back</b> |
|---|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                         |                       |                           |                             |                            |
| <b>b</b> Contributions . . . . .                                  |                         |                       |                           |                             |                            |
| <b>c</b> Net investment earnings, gains, and losses               |                         |                       |                           |                             |                            |
| <b>d</b> Grants or scholarships . . . . .                         |                         |                       |                           |                             |                            |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                         |                       |                           |                             |                            |
| <b>f</b> Administrative expenses . . . . .                        |                         |                       |                           |                             |                            |
| <b>g</b> End of year balance . . . . .                            |                         |                       |                           |                             |                            |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►  
b Permanent endowment ►  
c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .  
(ii) related organizations . . . . .

|               | <b>Yes</b> | <b>No</b> |
|---------------|------------|-----------|
| <b>3a(i)</b>  |            |           |
| <b>3a(ii)</b> |            |           |
| <b>3b</b>     |            |           |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property         | <b>(a) Cost or other basis (investment)</b> | <b>(b) Cost or other basis (other)</b> | <b>(c) Accumulated depreciation</b> | <b>(d) Book value</b> |
|---------------------------------|---|--|-------------------------------------|-----------------------|
| <b>1a</b> Land . . . . .        |   |  |                                     |                       |
| <b>b</b> Buildings . . . . .    |   |  |                                     |                       |
| <b>c</b> Leasehold improvements |   |  |                                     |                       |
| <b>d</b> Equipment . . . . .    |   |  |                                     |                       |
| <b>e</b> Other . . . . .        |   | 2,124                                  | 1,346                               | 778                   |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ► 778

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other _____  |                |   |
| (A) _____  |                |   |
| (B) _____  |                |   |
| (C) _____  |                |   |
| (D) _____  |                |   |
| (E) _____  |                |   |
| (F) _____  |                |   |
| (G) _____  |                |   |
| (H) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | ►              |   |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) _____  |                |   |
| (2) _____  |                |   |
| (3) _____  |                |   |
| (4) _____  |                |   |
| (5) _____  |                |   |
| (6) _____  |                |   |
| (7) _____  |                |   |
| (8) _____  |                |   |
| (9) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | ►              |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1) _____  |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) | ►              |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (1) (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | ►              |

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |    |           |
|---|--|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 1,435,424 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |           |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a |           |
| b | Donated services and use of facilities . . . . .   | 2b |           |
| c | Recoveries of prior year grants . . . . .  | 2c |           |
| d | Other (Describe in Part XIII) . . . . .  | 2d | 509,242   |
| e | Add lines 2a through 2d . . . . .  | 2e | 509,242   |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 926,182   |
| 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 . . . . .               | 4a |           |
| b | Other (Describe in Part XIII) . . . . .  | 4b |           |
| c | Add lines 4a and 4b . . . . .  | 4c | 0         |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 926,182   |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 1,442,757 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |           |
| a | Donated services and use of facilities . . . . .  | 2a |           |
| b | Prior year adjustments . . . . .  | 2b |           |
| c | Other losses . . . . .  | 2c |           |
| d | Other (Describe in Part XIII) . . . . .   | 2d | 509,242   |
| e | Add lines 2a through 2d . . . . .   | 2e | 509,242   |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 933,515   |
| 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) . . . . .   | 4b |           |
| c | Add lines 4a and 4b . . . . .   | 4c | 0         |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 933,515   |

**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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

## **Part XIII      Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1437382

**Name:** BUSINESS CONSORTIUM FOR ARTS SUPPORT

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | THE CONSORTIUM IS NOT SUBJECT TO INCOME TAXATION AS IT OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF IRS CODE SECTION 501(C)(3). THE CONSORTIUM'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED AND, CONSEQUENTLY, THE CONSORTIUM'S TAX RETURNS FILED FOR THE YEARS DECEMBER 31, 2016, 2015, AND 2014 REMAIN SUBJECT TO EXAMINATION |

## Supplemental Information

| Return Reference                        | Explanation                              |
|---|--|
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS | ACTIVITY FROM FUNDRAISING EVENTS 509,242 |

## Supplemental Information

| Return Reference                         | Explanation                              |
|--|--|
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | ACTIVITY FROM FUNDRAISING EVENTS 509,242 |

SCHEDULE E, G

Supplemental Information Page Number

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12  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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  | (a) Event #1<br><b>CELEBRATION FOR THE ARTS</b><br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br><b>1</b><br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|--|---|------------------------------|--|---|
| <b>Revenue</b>   |   |                              |  |   |
| 1 Gross receipts . . . . .   | 596,500   |                              |  | 596,500   |
| 2 Less Contributions . . . . .   |   |                              |  |   |
| 3 Gross income (line 1 minus line 2) . . . . .                           | 596,500   |                              |  | 596,500   |
| <b>Direct Expenses</b>   |   |                              |  |   |
| 4 Cash prizes . . . . .  |   |                              |  |   |
| 5 Noncash prizes . . . . .   |   |                              |  |   |
| 6 Rent/facility costs . . . . .  | 509,242   |                              |  | 509,242   |
| 7 Food and beverages . . . . .   |   |                              |  |   |
| 8 Entertainment . . . . .  |   |                              |  |   |
| 9 Other direct expenses . . . . .  |   |                              |  |   |
| 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .  |   |                              |  | 509,242   |
| 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . |   |                              |  | 87,258  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|--|
| <b>Revenue</b>  |   |   |   |  |
| 1 Gross revenue . . . . .   |   |   |   |  |
| 2 Cash prizes . . . . .   |   |   |   |  |
| 3 Noncash prizes . . . . .  |   |   |   |  |
| 4 Rent/facility costs . . . . .   |   |   |   |  |
| 5 Other direct expenses . . . . .   |   |   |   |  |
| 6 Volunteer labor . . . . .   | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
| 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .        |   |   |   |  |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

|          |                             |     |   |
|----------|-----------------------------|-----|---|
| <b>a</b> | The organization's facility | 13a | % |
| <b>b</b> | An outside facility         | 13b | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....  
 Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....  
 Address ► .....

**16** Gaming manager information

Name ► .....  
 Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**Name of the organization  
BUSINESS CONSORTIUM FOR ARTS SUPPORT

Employer identification number

54-1437382

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

 Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

38

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2   | GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS FOR GRANTS FROM UNRESTRICTED AND FIELD OF INTEREST FUNDS, A PRE-GRANT INQUIRY IS MADE BY STAFF WHICH MAY INCLUDE A REVIEW OF A WRITTEN PROPOSAL AND A SITE VISIT |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1437382

**Name:** BUSINESS CONSORTIUM FOR ARTS SUPPORT

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHRYSLER MUSEUM OF ART<br>245 WEST OLNEY ROAD<br>NORFOLK, VA 23510       | 51-0243196 | 501(C)3                       | 108,520                  |                                   |   |  | ART SUPPORT                        |
| MUSEUM OF CONTEMPORARY ART<br>2200 PARKS AVE<br>VIRGINIA BEACH, VA 23451 | 23-7112328 | 501(C)3                       | 60,510                   |                                   |   |  | ART SUPPORT                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>      | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA ARTS FESTIVAL<br>440 BANK STREET<br>NORFOLK, VA 23510 | 54-1786140     | 501(C)3                              | 114,020                         |  |  |   | ART SUPPORT                               |
| VIRGINIA OPERA<br>PO BOX 2580<br>NORFOLK, VA 23501             | 54-0985006     | 501(C)3                              | 108,520                         |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>           | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA STAGE COMPANY<br>PO BOX 3770<br>NORFOLK, VA 23514          | 54-0839234     | 501(C)3                              | 99,160                          |  |  | ART SUPPORT                                   |   |
| VIRGINIA SYMPHONY<br>861 GLENROCK RD SUITE 200<br>NORFOLK, VA 23502 | 54-6000598     | 501(C)3                              | 114,020                         |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b> | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAY YOUTH ORCHESTRA<br>PO BOX 8158<br>NORFOLK, VA 23503   | 54-1802721     | 501(C)3                              | 5,000                           |  |  |   | ART SUPPORT                               |
| D'ART CENTER<br>208 EAST MAIN STREET<br>NORFOLK, VA 23510 | 52-1372461     | 501(C)3                              | 14,500                          |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FELDMAN CHAMBER MUSIC SOCIETY<br>PO BOX 6144<br>NORFOLK, VA 23508          | 54-6054241     | 501(C)3                              | 2,750                           |  |  | ART SUPPORT                                   |   |
| FRANKLIN SOUTHAMPTON COMMUNITY CONCERT<br>PO BOX 694<br>FRANKLIN, VA 23851 | 51-0226174     | 501(C)3                              | 3,000                           |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>    | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GENERIC THEATRE<br>PO BOX 11071<br>NORFOLK, VA 23517         | 54-1678345     | 501(C)3                              | 4,250                           |  |  |   | ART SUPPORT                               |
| HERMITAGE MUSEUM<br>7637 NORTH SHORE RD<br>NORFOLK, VA 23505 | 54-0505909     | 501(C)3                              | 10,000                          |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>    | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HURRAH PLAYERS<br>935 WOODROW AVE<br>NORFOLK, VA 23517       | 52-1409025     | 501(C)3                              | 12,000                          |  |  |   | ART SUPPORT                               |
| I SHERMAN GREENE CHORALE<br>PO BOX 1071<br>NORFOLK, VA 23501 | 52-1238453     | 501(C)3                              | 3,500                           |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>              | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ISLE OF WIGHT ARTS LEAGUE<br>319 MAIN STREET<br>SMITHFIELD, VA 23430   | 54-1889006     | 501(C)3                              | 4,500                           |  |  |   | ART SUPPORT                               |
| LITTLE THEATRE OF NORFOLK<br>801 CLAREMONT AVENUE<br>NORFOLK, VA 23507 | 54-1285618     | 501(C)3                              | 4,250                           |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>     | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORFOLK CHAMBER CONSORT<br>PO BOX 11031<br>NORFOLK, VA 23517  | 30-0366645     | 501(C)3                              | 8,000                           |  |  |   | ART SUPPORT                               |
| PORTSMOUTH MUSEUMS<br>420 HIGH STREET<br>PORTSMOUTH, VA 23704 | 54-1703447     | 501(C)3                              | 500                             |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>         | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RAWLS MUSEUM OF ART<br>22376 LINDEN STREET<br>COURTLAND, VA 23837 | 54-1576149     | 501(C)3                              | 4,270                           |  |  |   | ART SUPPORT                               |
| SUFFOLK ART LEAGUE<br>PO BOX 1086<br>SUFFOLK, VA 23439            | 51-0208914     | 501(C)3                              | 4,300                           |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SYMPHONICITY<br>291 INDEPENDENCE BLVD<br>SUITE 421<br>PEMBROKE FOUR<br>VIRGINIA BEACH, VA 23462 | 52-1270466     | 501(C)3                              | 10,500                          |  |  |   | ART SUPPORT                               |
| TIDEWATER ARTS OUTREACH<br>809 BRANDON AVENUE SUITE<br>204<br>NORFOLK, VA 23517                 | 68-0583526     | 501(C)3                              | 8,500                           |  |  |   | ART SUPPORT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TIDEWATER CLASSICAL<br>GUITAR SOCIETY<br>PO BOX 777<br>NORFOLK, VA 23501 | 54-1301497     | 501(C)3                              | 2,300                           |  |  | ART SUPPORT                                   |   |
| TIDEWATER WINDS<br>9625 GRANBY STREET SUITE<br>205<br>NORFOLK, VA 23503  | 54-1637882     | 501(C)3                              | 8,500                           |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TODD ROSENLIEB DANCE<br>325 GRANBY STREET<br>NORFOLK, VA 23510  | 90-0121582 | 501(C)3                       | 17,000                   |                                   |   | ARTSUPPORT                             |                                    |
| VIRGINIA CHILDREN'S CHORUS<br>PO BOX 11679<br>NORFOLK, VA 23517 | 54-1652996 | 501(C)3                       | 4,500                    |                                   |   | ARTSUPPORT                             |                                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA CHORALE<br>PO BOX 3455<br>NORFOLK, VA 23514  | 52-1384004     | 501(C)3                              | 6,000                           |  |  | ART SUPPORT                                   |   |
| VIRGINIA MUSICAL THEATER<br>228 NORTH LYNNHAVEN DR<br>SUITE 114<br>VIRGINIA BEACH, VA 23452 | 54-1588760     | 501(C)3                              | 14,500                          |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a) Name and address of organization or government</b>                 | <b>(b) EIN</b> | <b>(c) IRC section if applicable</b> | <b>(d) Amount of cash grant</b> | <b>(e) Amount of non-cash assistance</b> | <b>(f) Method of valuation (book, FMV, appraisal, other)</b> | <b>(g) Description of non-cash assistance</b> | <b>(h) Purpose of grant or assistance</b> |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOWNTOWN NORFOLK FUND<br>223 E CITY HALL AVE STE 212<br>NORFOLK, VA 23510 | 54-1472420     | 501(C)3                              | 6,000                           |  |  | ART SUPPORT                                   |   |
| VIBE CREATIVE DISTRICT<br>PO BOX 3601<br>VIRGINIA BEACH, VA 23454         | 47-1131974     | 501(C)3                              | 6,000                           |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LITTLE THEATRE OF VIRGINIA<br>BEACH<br>550 BARBERTON DR<br>VIRGINIA BEACH, VA 23451 | 54-6046779     | 501(C)3                              | 1,750                           |  |  | ART SUPPORT                                   |   |
| SANDLER CENTER<br>FOUNDATION<br>201 MARKET STREET<br>VIRGINIA BEACH, VA 23462       | 20-2409231     | 501(C)3                              | 1,500                           |  |  | ART SUPPORT                                   |   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PORTSMOUTH COMMUNITY CONCERTS<br>PO BOX 6361<br>PORTSMOUTH, VA 23703 | 54-1301614 | 501(C)3                       | 2,500                    |                                   |   | ART SUPPORT                            |                                    |
| TEENS WITH A PUROSE<br>PO BOX 2658<br>CHESAPEAKE, VA 23327           | 33-1207585 | 501(C)3                       | 3,000                    |                                   |   | ART SUPPORT                            |                                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MUSE WRITERS CENTER<br>635 W PRINCESS ANNE RD<br>NORFOLK, VA 23517         | 56-2532348 | 501(C)3                       | 1,250                    |                                   |   | ART SUPPORT                            |                                    |
| SUFFOLK CENTER FOR THE<br>CULTURAL ARTS<br>PO BOX 147<br>SUFFOLK, VA 23439 | 54-2051283 | 501(C)3                       | 1,250                    |                                   |   | ART SUPPORT                            |                                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOVERNORS SCHOOL FOR THE ARTS<br>254 GRANBY STREET<br>NORFOLK, VA 23510 | 54-1656477     | 501(C)3                              | 4,500                           |  |  | ART SUPPORT                                   |   |
|   |                |                                      |                                 |  |  | ART SUPPORT                                   |   |

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

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

BUSINESS CONSORTIUM FOR ARTS SUPPORT

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public  
Inspection****Employer identification number**

54-1437382

**990 Schedule O, Supplemental Information**

| Return<br>Reference                           | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | THE ORGANIZATION HAS ONE CLASS OF MEMBERS OPEN ONLY TO CHARITABLE FOUNDATIONS (EITHER IN TRUST OR CORPORATE FORM) AND TO CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS AND OTHER ENTITIES (OTHER THAN INDIVIDUALS) WHICH ARE ENGAGED IN A BUSINESS OR PROFESSION |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE MEMBERS ARE ENTITLED TO FIX THE NUMBER OF DIRECTORS AND VOTE FOR THE ELECTION AND REMOVAL OF DIRECTORS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | A MAJORITY OF THOSE PRESENT AT A MEETING SHALL DECIDE ANY QUESTION THAT MAY COME BEFORE THE MEETING AND ARE ENTITLED TO ONE VOTE |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY AFTER IT HAS BEEN FILED |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART XII,<br>LINE 1 | THE ORGANIZATION USES THE MODIFIED CASH BASIS ACCOUNTING METHOD AND CONSIDERS IT TO BE MORE ADMINISTRATIVELY EFFICIENT |

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

**BUSINESS CONSORTIUM FOR ARTS SUPPORT**

**Employer identification number**

54-1437382

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and FEIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state) | (d)<br>Exempt Code section | (e)<br>Public charity status | (f)<br>Direct controlling | (g)<br>Section 512(b) |
|--|-------------------------|-------------------------------|----------------------------|------------------------------|---------------------------|-----------------------|
|--|-------------------------|-------------------------------|----------------------------|------------------------------|---------------------------|-----------------------|

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

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b;<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .

|    | Yes | No |
|----|-----|----|
| 1a |     | No |
| 1b |     | No |
| 1c | Yes |    |
| 1d |     | No |
| 1e |     | No |
| 1f |     | No |

functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see

instructions) **You must complete Part IV, Sections A and D, and Part V.**

**e**  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

---

**Part VII      Supplemental Information**

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

---