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# **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

DLN: 93493060008439 OMB No 1545-0047

Internal Revenue Service

Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization NATIONAL FOUNDATION FOR ADVANCEMENT D Employer identification number B Check if applicable ☐ Address change IN THE ARTS INC 59-2141837 ☐ Name change Doing business as ☐ Initial return YOUNGARTS ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 2100 BISCAYNE BLVD ☐ Amended return ☐ Application pending (305) 377-1140 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 21,455,434 F Name and address of principal officer **H(a)** Is this a group return for JEWELLYN MALONE ☐Yes **☑**No subordinates? 2100 BISCAYNE BLVD H(b) Are all subordinates MIAMI, FL 33137 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW YOUNGARTS ORG L Year of formation 1981 M State of legal domicile FL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities IDENTIFY AND ASSIST EMERGING ARTISTS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 120 Total number of volunteers (estimate if necessary) . . . 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**b 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 9,158,549 8 Contributions and grants (Part VIII, line 1h) . 10,275,249 **9** Program service revenue (Part VIII, line 2g) . . . . 109,123 131,557 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . 2,259,078 2,660,085 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -398,536 -283,110 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,150,648 12,761,347 **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 991,296 669.953 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 4,437,196 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,860,627 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 134,754 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,428,505 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 5,493,967 5,181,051 10,922,459 9,846,385 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,914,962 19 Revenue less expenses Subtract line 18 from line 12 . 228,189 Assets or d Balances End of Year **Beginning of Current Year** 47,977,312 20 Total assets (Part X, line 16) . 46,689,648 498,100 21 Total liabilities (Part X, line 26) . . . . . 2,842,197 47,479,212 43,847,451 22 Net assets or fund balances Subtract line 21 from line 20 .

Signature Block

Signature of officer

JEWELLYN MALONE COO Type or print name and title

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

Paid
Preparer
Use Only

Sign Here

Print/Type preparer's name DAVID HOLLANDER CPA	Preparer's signature DAVID HOLLANDER CPA	Date 2019-03-01	Check If	PTIN P00646430		
Firm's name ► MORRISON BROWN ARG	Firm's EIN ► 01-0720052					
Firm's address ► 1450 BRICKELL AVENUE	Phone no (305	) 373-5500				
MIAMI, FL 33131						

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

2019-03-01

✓ Yes □ No

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Par	Statemen	t of Program Servic	e Accomplis	hments		
	Check ıf Sch	edule O contains a respo	nse or note to	any line in this Part III		🗹
1		organization's mission				
CRIT:		THEIR EDUCATIONAL AN			IDENTIFY EMERGING ARTISTS A TO RAISE THE APPRECIATION	
2	-	n undertake any significa		- '	hich were not listed on	
		or 990-EZ?				🗌 Yes 🗹 No
_	,	nese new services on Sch				
3	-	n cease conducting, or m	_	changes in now it condi	icts, any program	☐ Yes 🗹 No
						□ Yes 🖭 NO
4	Section 501(c)(3) a	ind 501(c)(4) organization	ons are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code See Additional Data	) (Expenses \$	3,282,975	including grants of \$	669,953 ) (Revenue \$	91,931 )
4b	(Code See Additional Data	) (Expenses \$	351,356	including grants of \$	) (Revenue \$	)
4c	(Code See Additional Data	) (Expenses \$	375,901	including grants of \$	) (Revenue \$	)
	(Code OTHER PROGRAMS IN	) (Expenses \$ CLUDE OUTSIDE THE BOX, A	2,736,008 RT BASEL, SALON	including grants of \$	) (Revenue \$ NI PROGRAMS	108,206 )
4d	Other program serv	rices (Describe in Schedi 2,736,008 incl	ule O ) uding grants of	\$	) (Revenue \$	108,206 )
4e	Total program se	rvice expenses ▶	6,746,2	40		Form <b>990</b> (2017)

or X as applicable

**Checklist of Required Schedules** 

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Page 3

No

No

Nο

No

4 5 6

7

R

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes Yes Yes

Yes

Yes

Yes

Yes

Yes

Nο Nο

Nο

Nο

Nο

No

No

Nο

No

Nο

Nο

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29

31

36

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
22	Did the organization answer "Vec" to Part VII. Section A. June 3. 4 or 5 about compensation of the organization's			

Yes

Nο

Nο

No

Nο

Nο

No

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

36

37

Yes

Yes

Yes

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Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 😼

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 488			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
<b>L</b>		2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No' 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management		· ·	
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 21		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 21			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did th	e organization have members or stockholders?	6		No
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing			
а	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	P.)	
		·		Yes	No
		e organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a	Yes	
		be in Schedule O the process, if any, used by the organization to review this Form 990			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflic		12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in ule O how this was done</i>	12c	Yes	
13	Did th	e organization have a written whistleblower policy?	13	Yes	
14	Did th	e organization have a written document retention and destruction policy?	14	Yes	
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other	officers or key employees of the organization	15b		No
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b		
Se	ction	C. Disclosure	-00		
17		e States with which a copy of this Form 990 is required to be filed▶			
18	Section	FL , AL , CT , ME , NH , NC , OK , PA , RI , in 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	SC , U	T, WA,	MD
19	☐ C Descr	ble for public inspection. Indicate how you made these available. Check all that apply twn website. Another's website. Upon request. Other (explain in Schedule O) libe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records ELLYN MALONE 2100 BISCAYNE BOULEVARD MIAMI, FL 33137 (305) 377-1140			
				orm 904	n /201

orm 990 (2	2017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L <b>a</b> Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's <b>current</b> off ation Enter -0- in columns (D), (							als o	or organizations), re	gardless of amount	
	of the organization's <b>current</b> key		•								
vho receive	organization's five <b>current</b> high d reportable compensation (Box n and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
<ul> <li>List all e organization</li> </ul>	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d orgar	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

WOW FACTOR MARKETING GROUP 800 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134

207 WEST 21ST STREET SUITE 3 NEW YORK, NY 10011

compensation from the organization ▶ 8

DAUN LLC

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

146,387

134,754

Form **990** (2017)

Section A. Officers, Direc	tolo, ilustees	<del>"//</del> ·	<u>p</u> ,				<u></u>	1000	препласс	a Linpidyces (		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
<b>(A)</b> Name and Title	Name and Title  Average hours per week (list any hours any lovers per to the project of the proj													
			Institutional Truste	Офісы	Key employee	Highest compensated employee	Former	2/1099	}-MISC)	2/1099-MISC)		organizatio relate organiza	ed	
See Additional Data Table		<u> </u>	1.	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>			$\bot$			
		<del> </del>	_	<u>                                     </u>	-	_	+	-			+			
			$\vdash$	$\vdash$			+	-			+			
											丁			
		<u> </u>	_	<u> </u>	<u>_</u>		<u> </u>	<del>                                     </del>			$\bot$			
		<del> </del>	_	<del> </del> '	<u> </u>	_	+	-			+			
		<del>                                     </del>	$\vdash$			<del>                                     </del>	+				+			
						<u> </u>								
1b Sub-Total	Part VII, Sectio	on A.				<b>*</b>	_	1,4	<b>1</b> 44,285	0			162,750	
Total number of individuals (including of reportable compensation from the	ng but not limited	d to thos				e) who	) rec	:eived mor	re than \$10	00,000				
										г		Yes	No	
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>	,		,	,		, ,		_		employee on	3		No	
<b>4</b> For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5 Did any person listed on line 1a rece services rendered to the organization					,			-	ion or indi	vidual for	5		No	
Section B. Independent Contract			_		_									
Complete this table for your five high from the organization Report compe											ipens			
	(A) and business addre	ess								(B) ription of services	1	(C) Compen	sation	
DESIGN BY COSMIC			_	_	_	_	_		SOFTWARE (	DEVELOPER			254,000	
115 COOPER STREET SANTA CRUZ, CA 95060											$\perp$			
3G PRODUCTIONS INC		<u> </u>	_	_	_		_		LIGHT AND S	SOUND PRODUCTION	V		156,305	
5810 SOUTH EASTER AVE LAS VEGAS, NV 89119									EVENT DDOE		$\perp$			
WOW EACTOR MARKETING CROUD								1.5		SUCTION				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

EVENT PRODUCTION

FUNDRAISING CONSULTANT

Part			e O contains	a respo	onse or note to any	line in t	hıs Part VII	I			$\square$
						(	( <b>A)</b> revenue	Rela ex fui	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campaig	ns	<b>1</b> a				re	/enue		312-314
ributions, Gifts, Grants Other Similar Amounts	ь	• Membership dues		<b>1</b> b							
672 701	c	: Fundraising events		1c	1,379,300						
ts A_	d	d Related organizatio	ns	1d							
<u>.</u> 11a_	e	Government grants (co	ontributions)	1e	188,250						
ns, Sim	f	All other contributions	, gıfts, grants,								
er.		and similar amounts n above	ot included	1f	8,707,699						
년 원	g	Noncash contribution									
Contributions, Gifts, Grants and Other Similar Amounts	L	in lines 1a-1f \$ Total.Add lines 1a-1	<u> </u>		_						
	'''ـــــــــــــــــــــــــــــــــــ	Total.Add IIIIes 1a-1		• •	Business		0,275,249				
n.	22	APPLICATION FEES			Busiliess	711190		91,931	91	931	
ج× م <del>ا</del>	_	FACILITIES RENTAL AND	TICKET SALE			711190		17,192		192	
Se F			- 1101121 01122								
ervi	c d			_							
E S	e			_							
Program Service Revenue	f	All other program se	rvice revenue								
Ğ	g٦	<b>Total.</b> Add lines 2a-2f			<b>&gt;</b>	L09,123					
		Investment income (ii imilar amounts) .			interest, and other		1,077,69	7			1,077,697
		Income from investme			ond proceeds	.					
	5 F	Royalties									
			(ı) Rea	l	(II) Personal						
	6a	Gross rents		76,126							
	b	Less rental expenses		0		1					
	_	Rental income or		76,126		4					
		(loss)									
	d	Net rental income o			• • • <b>•</b>	1	76,12	5	76,126		
	7a	Gross amount	(ı) Securit	ies	(II) Other	-					
		from sales of assets other	9,2	63,314							
		than inventory									
	b	Less cost or other basis and	7,6	80,926							
	c	sales expenses Gain or (loss)	1.5	82,388		+					
		Net gain or (loss)		-	<u> </u>	-	1,582,38	3			1,582,388
		Gross income from fi	_			1					
ıne		(not including \$ contributions reporte	1,379,300 ed on line 1c)	of							
Other Revenue		See Part IV, line 18		a	639,037						
Re		Less direct expense		b	1,013,161						
her		Net income or (loss) Gross income from g		-	ents	_	-374,12	4			-374,124
ō		See Part IV, line 19		E5	]						
				а		_					
		Less direct expense Net income or (loss)		b	TIES .						
		Gross sales of invent		accivic	nes ▶	1					
		returns and allowand	es	_	]						
	ь	Less cost of goods s	old	a b		-					
		Net income or (loss)				_					
		Miscellaneous	Revenue		Business Code						
	11:	aMISCELLANEOUS IN	ICOME		71399	ס	14,88	8	14,888		
	b	•									
	С										
	Į,	All other revenue .									
		Total. Add lines 11a			•	1					
		Total revenue. See				-	14,88	8			
				•			12,761,34	7	200,137		0 2,285,961 Form <b>990</b> (2017)

IV, line 22

and 16

**b** Legal

c Accounting .

13 Office expenses 14 Information technology

15 Royalties .

**17** Travel .

20 Interest .

23 Insurance .

d

16 Occupancy .

key employees

section 4958(c)(3)(B)

7 Other salaries and wages

9 Other employee benefits . 10 Payroll taxes . . .

**11** Fees for services (non-employees) a Management . . .

**d** Lobbying . . . . .

12 Advertising and promotion

21 Payments to affiliates . . .

expenses on Schedule O )

c EQUIPMENT RENTAL

e All other expenses

a MATERIALS AND SUPPLIES

**b** PROGRAM AND EVENT CONSU

22 Depreciation, depletion, and amortization .

7b, 8b, 9b, and 10b of Part VIII.

4 Benefits paid to or for members

1 Grants and other assistance to domestic organizations and

2 Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

> . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees . . .

	Part IX	Statement of Functional Expenses	
--	---------	----------------------------------	--

domestic governments See Part IV, line 21

151,998

664,583

20,613

60,116

50,905

134,754

46,011

50.526

1,135

106,973

17,605

17,811

104,558

1,428,505

Form **990** (2017)

917

Fundraisingexpenses

general expenses

151,998

883,224

4,011

14,262

7,832

37,500

225,406

135,773

118

44.564

5,675

4,587

31,778

116,467

8,445

1,671,640

expenses

669,953

455,993

883,224

92,009

217,289

202,570

948,145

98,435

120,139

49,938

40,900

710,514

553,458

182,966

321,877

6,746,240

1.198.830

D	4.53		(B)			(C)	)	_
Check if Schedule O contains a response or note to any	y line in this Part IX							
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $c$	columns All other org	janizatio	ons mus	t com	plete	colum	n (A)	

		,					٠				(, ,)	
Check if Schedule O contains a response or note to any	/ line in this Part IX											
Do not include amounts reported on lines 6b,	(A)		Prog	(B ram	) serv	/ice		Mai	nage	C) men	t and	F

Chack if Schodula O contains a recognic or note to any line in this Bart IV
Check if Schedule O contains a response or note to any line in this Part IX

ection 301(c)(3) and 301(c)(4) organizations must complete an c	oldiffins All other org	ailizat	OHS HIL	ist con	ibiere	COIL	411111	(^)				
Check if Schedule O contains a response or note to any	y line in this Part IX										<b>✓</b>	
Do not include amounts reported on lines 6b.	(A)		(B)				(C)			(D)		

Do not include amounts reported on lines 6h	(4)		(B)			$\overline{}$	(C)			
Check if Schedule O contains a response or note to any	y line in this Part IX									
	-				•					

·			 	
Check if Schedule O contains a response or note to any line in this Part	×			<b>✓</b>
section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other	organizations must comp	plete column (A)		

Total expenses

669,953

759,989

2,431,031

116,633

291,667

261,307

37,500

134,754

225,406

98,553

120,139

56,748

46,404

849,265

571,063

317,244

434,880

9,846,385

1.293.920

1,129,929

11

12

13

14

15

16

17

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26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Page **11** 

1,063,185

134.646

400,726

38.665.200

6.776.085

127.254

493,600

4.500

498,100

4.092.091

31,545,772

11.841.349

47,479,212

47.977.312

Form **990** (2017)

47.977.312

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

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

	Beginning of year		
Cash-non-interest-bearing	203,456	1	
Savings and temporary cash investments	0	2	

_	<b>3</b>			
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	178,815	4	810,216
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part		5	

961,711

560.985

203.273

38.685.758

5.185.661

2.118.894

46,689,648

804.697

37,500

2.000.000

2,842,197

2.417.339

29.597.123

11.832.989

43,847,451

46.689.648

10c

11

12

13

14

15

16

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22 23

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33

34

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)6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 8 113.791 9 Prepaid expenses and deferred charges

10a

10b

**~** 

No

Nο

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Form 990 (2017)

Part XII

Schedule O

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,847,451
5	Net unrealized gains (losses) on investments	5	716,799
6	Donated services and use of facilities	6	
7	Investment expenses	7	
	Dries period adjustments	0	

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	47,479,212

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

#### **Additional Data**

Software ID:

Software Version: EIN: 59-2141837

Name: NATIONAL FOUNDATION FOR ADVANCEMENT

IN THE ARTS INC

Form 990 (2017)

#### ----

Form 990, Part III, Line 4a:

YOUNGARTS IS NFAA'S CORE PROGRAM IT PROVIDES RECOGNITION AND AWARDS TO YOUNG ARTISTS ACROSS THE COUNTRY NFAA IS THE ONLY ORGANIZATION THAT ENCOURAGES AND RECOGNIZES ARTISTIC EXCELLENCE IN THE LITERARY, VISUAL AND PERFORMING ARTS, INCLUDING DANCE, CINEMATIC ARTS, JAZZ, MUSIC, PHOTOGRAPHY, THEATER, VISUAL ARTS, VOICE, AND CREATIVE WRITING EACH YEAR, APPROXIMATELY 10,000 STUDENTS REGISTER FOR THE YOUNGARTS PROGRAM AND APPROXIMATELY 437 STUDENTS RECEIVE CASH AWARDS

# YOUNGARTS "EDUCATIONAL INITIATIVE" INCLUDES EFFORTS EXPENDED TO IMPROVE THE EDUCATIONAL IMPACT OF THE YOUNGARTS PROGRAM, INCLUDING CONDUCTING AND/OR PRODUCING EDUCATIONAL TOOLS, CLASSES, AND WORKSHOPS USED IN PUBLIC SCHOOLS ACROSS THE COUNTRY AT NO COST TO SCHOOLS AS WELL AS EFFORTS TOWARD INCREASING SCHOLARSHIP OPPORTUNITIES FOR YOUNG ARTISTS VIA CONNECTING TALENTED YOUNG ARTISTS WITH COLLEGES AND

Form 990, Part III, Line 4b:

CONSERVATORIES SEEKING SUCH TALENT

#### Form 990, Part III, Line 4c: EACH YEAR, 20 YOUNGARTS FINALISTS ARE NAMED PRESIDENTIAL SCHOLARS IN THE ARTS AT THE REQUEST OF THE COMMISSION ON PRESIDENTIAL SCHOLARS, WHICH IS APPOINTED BY THE PRESIDENT OF THE UNITED STATES, THE NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS, THROUGH ITS YOUNGARTS PROGRAM,

ELIGIBLE TO RECEIVE THE DESIGNATION OF PRESIDENTIAL SCHOLARS IN THE ARTS (PSA), BASED ON THEIR ARTISTIC AND ACADEMIC ACHIEVEMENTS BEING NAMED A PRESIDENTIAL SCHOLAR IS THE HIGHEST SCHOLASTIC HONOR AVAILABLE TO GRADUATING HIGH SCHOOL SENIORS EACH YEAR, A GROUP OF 60 PSA NOMINEES ARE

SERVES AS THE EXCLUSIVE NOMINATING AGENCY FOR PRESIDENTIAL SCHOLARS IN THE ARTS PARTICIPANTS IN THE YOUNGARTS PROGRAM ARE THE ONLY STUDENTS

SELECTED FROM THE 170 YOUNGARTS FINALISTS FROM THESE STUDENTS, 20 WINNERS ARE CHOSEN BY THE COMMISSION ON PRESIDENTIAL SCHOLARS AND NAMED

PRESIDENTIAL SCHOLARS IN THE ARTS, ALONGSIDE 120 ACADEMIC SCHOLARS AT A WHITE HOUSE CEREMONY IN ADDITION TO THIS ONCE-IN-A-LIFETIME HONOR, THE

VISUAL ARTISTS, PHOTOGRAPHERS AND WRITERS PRESENT THEIR WORK IN AN EXHIBITION AT THE SMITHSONIAN MUSEUM, AND THE PERFORMING ARTISTS PERFORM

AT THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS, TRULY A LIFE CHANGING EXPERIENCE FOR ANY YOUNG ARTIST

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

organization

0

0

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

					•		<b>'</b>	1 11 2 11 200	(11) 2/1000		
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SARAH ARISON	5 00	x		×				0	0	0	
CHAIR	1 00	l '''		<u> </u>				,	,		
LINDA COLL	1 00	×						0	0	0	
TRUSTEE											
BRIAN CULLINAN	1 00	×						0	0	0	
TRUSTEE									_	-	

1 00

1 00

1 00

1 00

1 00

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LINDA COLL	1 00	×		
TRUSTEE		^		
BRIAN CULLINAN	1 00	×		
TRUSTEE		^		
JUSTIN DICIOCCIO	1 00	×		

and Independent Contractors

**TRUSTEE** 

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

AGNES GUND

JOHN J KAUFMAN

JAY FRANKE

PLACIDO DOMINGO

KRISTY EDMUNDS

DANIELLE GARNO

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	for a laboral							organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD KOHAN VICE CHAIR	5 00	×		x				0	0	0
DR RONALD C MCCURDY TRUSTEE	1 00	X						0	0	0
STEVEN MARKS TRUSTEE	1 00	×						0	0	0
WILLIAM L MORRISON	1 00	Х						0	0	0

1 00

1 00 1 00

1 00

1 00

1 00

1 00

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TRUSTEE
WILLIAM L MORRISON
TRUSTEE
JOHN J O'NEIL

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

SANDY TAMER

DESMOND RICHARDSON

.......

MARCUS SHERIDAN

VICTORIA ROGERS

ZUZANNA SZADKOWSKI

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) from the

for related

......

......

......

40 00

1 00 40 00

1 00 40 00

40 00

Х

organization

(W- 2/1099-

0

453,874

244,127

196,831

157,253

0

0

0

30,964

31,024

33,909

12,706

organizations

(W- 2/1099-

organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
JOSEPH M THOMPSON TRUSTEE	1 00	x						0	0	0
MAURICE ZARMATI TRUSTEE	1 00	х						0	0	0
RICHARD WAGMAN TREASURER	2 00	x		x				0	0	0
ARMANDO CODINA TRUSTEE EMERITUS	1 00	X						0	0	0
DR EDUARDO PADRON TRUSTEE EMERITUS	1 00	x						0	0	0
MERYL COMER	1 00									

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TRUSTEE EMERITUS
DR EDUARDO PADRON
TRUSTEE EMERITUS

TRUSTEE EMERITUS

JEWELLYN MALONE

VP OF PROGRAMS

LISA LEONE

CAROLINA GARCIA JAYARAM

CHIEF EXECUTIVE OFFICER

CHIEF OPERATING OFFICER

STACEY GLASSMAN MIZENER

VP OF EXTERNAL RELATIONS

.......

and Independent Contractors

and Independent Contractors (A) Name and Title

DEIHA CARRINGTON

VP OF DEVELOPMENT

SENIOR DIRECTOR OF INDIVIDUAL GIVING

DIRECTOR OF ALUMNI AND PUBLIC PROGRAMS

AMY ROSENBERG

**EUM Y PARK** 

week (list any hours for related organizations below dotted line)
 40 00
40 00

. . . . . . . . . . . . . . . . .

(B)

Average

hours per

Position (do not check more than one box, unless person is both an officer and a director/trustee)							
Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		
				Х			
				х			

r r	
Former	

report compen from organiz (W- 2/1 MIS	sation the ation L099-
	137,235
	129,219
	125,746

(D)

Reportable



(E)

Reportable

compensation

(F)

Estimated

amount of other

compensation

from the

organization and

21,599

20,632

11,916

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

<sup>40 00</sup> 

related ons organizations

efil	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493060008439
SCI	HED	ULE A		Public (	Charity Statu	s and Pul	nlic Sunn		OMB No 1545-0047
	m 99		Cor		rganization is a sect			<b>I</b>	2017
990I	EZ)			-	4947(a)(1) nonexe ► Attach to Form				<b>201</b> /
•		the Treasury	<b>▶</b> Inf	ormation abou	ıt Schedule A (Form		ctions is at	Open to Public Inspection	
Nam NATIC	e of th	<b>he organiza</b> DUNDATION FO		NT				Employer identific	ation number
	E ARTS		ta a Barbita	Cl : :			h - h	59-2141837	
	rt I				<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.	
1			•		ssociation of churches	· ,	, ,	(Δ)(i).	
2		•		,	1)(A)(ii). (Attach Sch			(~)(.).	
						•		:::>	
3		·	·	•	vice organization desc			•	
4		name, city,	and state		ed in conjunction with				
5		(b)(1)(A)	( <b>iv).</b> (Compl	ete Part II )	t of a college or unive				bed in <b>section 170</b>
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7	<b>✓</b>			rmally receives <b>(vi).</b> (Complete	a substantıal part of ıt Part II )	s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust desc	rıbed ın <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its su	
11					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(a</mark>	
a		Type I. A s organizatio	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio				ted with, its
d		Type III n functionally	on-function	nally integrate The organizatio	ions) You must com d. A supporting organ n generally must satis	ization operated fy a distribution	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the or	ganızatıon recei	r <b>t IV, Sections A and</b> ved a written determir Integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			d organizations	mregrated supporting	organization			
g	Provi	de the follow	ing informat	ion about the su	upported organization(	s)		_	
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				l					
Tota									
		work Reduc	tion Act No	tice, see the Iı	nstructions for	Cat No 11285	5F \$	Schedule A (Form 9	90 or 990-EZ) 2017

	(Complete only if you ch	ecked the hov o	n line 5 7 8 or	9 of Part I or if	the organization	n failed to qualify	v under Part
	III. If the organization fa						y anach rait
_	Section A. Public Support						_
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	13,380,447	12,593,801	10,362,573	9,158,549	10,275,249	55,770,619
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	13,380,447	12,593,801	10,362,573	9,158,549	10,275,249	55,770,619
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						35,773,614
6	Public support. Subtract line 5						19,997,005
	from line 4						19,997,003
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	(e)2017	(f)Total
7	Amounts from line 4	13,380,447	12,593,801	10,362,573	9,158,549	10,275,249	55,770,619
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,209,103	1,350,368	1,291,115	939,873	1,077,697	5,868,156

6	<b>Public support.</b> Subtract line 5 from line 4							19,997,005
•	Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2	2017	(f)Total
7	Amounts from line 4	13,380,447	12,593,801	10,362,573	9,158,549	1	0,275,249	55,770,619
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,209,103	1,350,368	1,291,115	939,873		1,077,697	5,868,156
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	_ · · · · · · · · · · · · · · · · · · ·							
11	<b>Total support.</b> Add lines 7 through 10							61,638,775
12	Gross receipts from related activities,	etc (see instruction	ons)			12		626,312
13	First five years. If the Form 990 is for check this box and stop here				•		· · · · · <u>-</u>	
•	Section C. Computation of Publi							

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ 🗸 organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

32 440 % 30 950 % Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	. ,	. ,	. ,	. ,	, ,	. ,
-	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6 )						
Se	ection B. Total Support		I	l			I
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)  First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and <b>stop here</b>	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	33 1/3% support tests—2016. If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	escribe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
С			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

determination		3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
checked 12a or 12b ın Part I, answer (b) and (c) below	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40	

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections  501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support	4b	
с		70	
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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	11c		
S	ection B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
_				
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			<u> </u>
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	res	NO
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36		

Pai	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 truinstructions. All other Type III non-functionally integrated supporting organizations.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
	Management and the second of the Control Bullion Control A	_					

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	<del>-</del> -	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Distributions to attentive supported organizations to what details in Part VI) See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
6 Takal addison 2a khararah			

e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
<b>h</b> Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
Distributions for 2017 from Section D, line 7	
\$	
Applied to underdistributions of prior years	
<b>b</b> Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI	

\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 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		

2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 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 Excess distributions carryover to 2018.</b> Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2017)

**c** Excess from 2015. . . . . d Excess from 2016. . . e Excess from 2017. . . . .

#### Additional Data

#### Software ID:

Software Version:

EIN: 59-2141837

Name: NATIONAL FOUNDATION FOR ADVANCEMENT

IN THE ARTS INC

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information, Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

instructions)

YOUNG ARTISTS' ACHIEVEMENTS IN ALL FORMS OF ART

Page 8

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

## Facts And Circumstances Test

NFAA HAS RECEIVED SEVERAL LARGE DONATIONS THAT. WHEN COMBINED, CAUSED IT TO FALL BELOW THE ONE-THIRD MEASUREMENT OF BROAD PUBLIC SUPPORT. THE ORGANIZATION WAS AND REMAINS COMMITTED TO REPRESENTING AND

SERVING THE BROAD GENERAL PUBLIC THROUGH ITS PROGRAMS TO SOLICIT PUBLIC FUNDS. COMMUNITY-BASED GOVERNING BODY, AND PROVISION OF FACILITIES AND SERVICES FOR THE BENEFIT OF THE PUBLIC NFAA HAS A SIGNIFICANT AND HIGHLY VISIBLE CHARITABLE PRESENCE ACROSS THE COUNTRY THROUGH ALL OF ITS EDUCATION, ARTS PROMOTION, AND OTHER ACTIVITIES, INCLUDING THROUGH ITS MASTERCLASS, FILM SERIES AND STUDY GUIDE AND PARTICIPATION IN THE U.S. PRESIDENTIAL SCHOLARS IN THE ARTS PROGRAM THE ORGANIZATION IS THE ONLY NATIONAL ORGANIZATION THAT EDUCATES. RECOGNIZES AND SUPPORTS EMERGING YOUNG ARTISTS IN TEN DISCIPLINES IN THE VISUAL, LITERARY AND PERFORMING AND

DESIGN ARTS EACH YEAR THE ORGANIZATION SPONSORS PUBLIC DISPLAYS AND EXHIBITIONS OF THE WORKS OF THE YEAR'S WINNERS, INCLUDING BUT NOT LIMITED TO, RECIPIENTS OF THE U.S. PRESIDENTIAL SCHOLARS IN THE ARTS, AND SUPPORTS

MANY PUBLIC PERFORMANCES BY THE RECIPIENTS OF THE AWARDS. WHICH ARE OPEN TO THE PUBLIC NEAD'S GOVERNING BODY IS COMPRISED OF 21 INDIVIDUALS WITH DIVERGENT AND CIVIC-MINDED BACKGROUNDS AND WHO REPRESENT A WIDE ARRAY OF COMMUNITY AND PUBLIC INTERESTS. INCLUDING THE ARTS AND PHILANTHROPIC COMMUNITIES ALL OF THE ORGANIZATION'S BOARD MEMBERS ARE "INDEPENDENT VOTING MEMBERS" AS DEFINED BY THE FORM 990 REPORTING

INSTRUCTIONS NEAR CONTINUES TO MAINTAIN AN ACTIVE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC AND EACH YEAR RECEIVES DONATIONS FROM A VARIETY OF SOURCES. INCLUDING PUBLIC AND PRIVATE DONORS AS WELL AS CORPORATIONS, FOUNDATIONS, AND PHILANTHROPIC INSTITUTIONS INFAA MAINTAINS A DEVELOPMENT DEPARTMENT AND ITS LONG-STANDING FUNDRAISING EFFORTS HAVE INCLUDED FUNDRAISING THROUGH TELEPHONE. MAIL. INTERNET SOLICITATIONS. AND FUNDRAISING EVENTS. THE ORGANIZATION'S ANNUAL "BACKYARD BALL" PERFORMANCE AND GALA IS RECOGNIZED AS A SIGNIFICANT PHILANTHROPIC EVENT, AND OVER THE YEARS HAS BROUGHT ART ENTHUSIASTS TOGETHER AND SHOWCASED

GOVERNMENT GRANTS THE ORGANIZATION RELIES GREATLY ON THE CONTRIBUTIONS OF GENEROUS INDIVIDUALS.

SCHEDULE D Supplemental Final

## **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.

2017

DLN: 93493060008439

Open to Public Inspection

Internal Revenue Service

Name of the organ

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Name of the organization **Employer identification number** NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 59-2141837 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) Aggregate value of grants from (during year) Aggregate value at end of year 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 ☐ No 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 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 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 Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Pai	t III	Organizations Ma	aintaining Col	lections of Art, H	Iistori	ical Tr	eası	ures, or	Other	Similar As	sets (cor	itinued)	
3		the organization's acquired (check all that apply)	uisition, accessioi	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant u	se of its co	ollection	
а	$\checkmark$												
b		Scholarly research			е	✓	Othe	er EDUCA	NOITA				
С		Preservation for future	generations										
4	Provid Part X	de a description of the d	organızatıon's col	lections and explain i	how the	ey furth	er th	e organız	ation's ex	empt purpos	se in		
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?												
Pa	rt IV	Escrow and Custo Complete if the ord X, line 21.			m 990	, Part	IV, I	ıne 9, oı	r reporte	d an amou			
1a		organization an agent led on Form 990, Part )		an or other intermed	ary for	contrib	oution	ns or othe	er assets i	not	☐ Yes	□ n•	• •
ь	If "Yo	s," explain the arrange	ment in Part VIII	and complete the fo	llowing	table		ı		Δr	nount		_
c		ning balance	ment mratt XIII	and complete the fo	nowing	table			1c				-
d	_	ons during the year							1d				-
е		butions during the year	-					l	1e				-
f		g balance						l	1f				-
2a		e organization include	an amount on Fo	rm 990 Part X line	21 for	escrow	or ci	l Istodial a	ccount lia	hility?	П		_
b		s," explain the arrange								·	☐ Yes 	□ N•	•
Pa	art V	Endowment Fund			•								
			· ·	(a)Current year		rıor yeaı		(c)Two ye		(d)Three year		Four year	s back_
<b>1</b> a	Beginn	ing of year balance .		43,929,189		42,160	,171	4	4,001,200	46,5	544,796	43,6	78,349
b	Contrib	utions											
С	Net inv	estment earnings, gain	s, and losses	3,159,838		3,968	,968		359,470	6	556,404	4,6	45,442
d	Grants	or scholarships	•										
е		expenditures for facilitie ograms	es	1,580,803		2,199	,950		2,200,000	3,2	200,000	1,7	78,995
f	Admini	strative expenses .											
g	End of	year balance		45,508,224		43,929	,189	4	12,160,670	44,0	01,200	46,5	44,796
2	Provid	de the estimated percer	ntage of the curre	ent year end balance	(line 1	g, colur	mn (a	)) held a	s				
а	Board	designated or quasi-ei	ndowment 🟲	5 950 %									
b	Perma	anent endowment 🟲	26 020 %										
С	Temp	orarily restricted endov	vment ► 68 0	30 %									
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100%									
3a		nere endowment funds Ization by	not in the posses	sion of the organizat	on tha	t are he	eld ar	nd admini	stered fo	the		Yes	No
		related organizations				•					3a(i		No
b	If "Ye	elated organizations . s" on 3a(ii), are the rel	ated organization	s listed as required o			· .	• •			3a(i 3b		No
4		ibe in Part XIII the inte			vment f	funds							
Pa	rt VI	Land, Buildings, Complete if the ord			m 000	Dart	T\/ 1	ıno 11a	Soo For	.m 000 Par	+ V lina	10	
	Descri	ption of property	(a) Cost or oth (investme	ner basis (b) Cost						epreciation		Book value	!
1a	Land												
b	Building	gs											
c	Leaseh	old improvements											
d	Equipm	nent				96	1,711			560,985			400,726
	Other												
Tota	al. Add I	lines 1a through 1e (Co	olumn (d) must ei	gual Form 990. Part 1	X colur	mn(B)	line	10(c)).		<b>•</b>			400.726

	See Form 990, Part X, line 12.	(b) Book value	d "Yes" on Form 990, Part IV, line 11b.	
	(a) Description of security or category (including name of security)		(c) Method of valuation Cost or end-of-year market value	
	I derivatives			
<b>3)</b> Other <u> </u>	ATIVE INVESTMENTS	6,776,085	F	
3)				
C)				
D)				
≣)				
=)				
G)				
⊣)				
	n (b) must equal Form 990, Part X, col (B) line 12 )	6,776,085		
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fe			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>b</b>	(	
Part IX	Other Assets. Complete if the organization answered (a) Description		(b) Book va	
1)				
2)				
3)				
1)				
5)				
5)				
7)				
3)				
9)				
otal. (Colui Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization ai		990 Part TV line 11e or 11f	
ruit	See Form 990, Part X, line 25.  (a) Description of liability			
			value	
	ncome taxes	(b) Book		
	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal II	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal II	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III 2)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
2) 3) 4)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III  2)  3)  4)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III  2)  3)  4)  5)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III  2)  3)  4)  5)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III  2)  3)  4)  5)  7)	• • • • • • • • • • • • • • • • • • • •	(b) Book		
1) Federal III  2)  3)  4)  5)  6)  7)	• • • • • • • • • • • • • • • • • • • •	(b) Book		

Schedule D (Form 990) 2017

Page 4

Pa		evenue per Audited Financial Statements With Revenu Ization answered 'Yes' on Form 990, Part IV, line 12a.	e per Return		
1		support per audited financial statements	1		
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on	investments   2a			
Ь	Donated services and use of facil	ities			
С	Recoveries of prior year grants				
d		2d			
e	Add lines 2a through 2d		. 2e		
3	Subtract line <b>2e</b> from line <b>1</b> .		3		
4	Amounts included on Form 990,	Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII ) .	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12 )	. 5		
Par		penses per Audited Financial Statements With Expensization answered 'Yes' on Form 990, Part IV, line 12a.	es per Return.		
1	Total expenses and losses per au	dited financial statements	1		
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25			
а	Donated services and use of facil	ıtıes			
Ь	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII ) .	2d			
e	Add lines 2a through 2d	<del></del>	2e		
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3		
4	Amounts included on Form 990,	Part IX, line 25, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII ) $\ .$	4b			
c	Add lines 4a and 4b		4c		
5	5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				
Pai	t XIII Supplemental Info	ormation			
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and s 2d and 4b  Also complete this part to provide any additional inform			
	Return Reference	Explanation			
See /	Addıtıonal Data Table				
		1			

Page <b>5</b>	Schedule D (Form 990) 2017		
	ormation (continued)	XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Ret

Schedule D (Form 990) 2017

### **Additional Data**

Return Reference

PART III, LINE 4

Supplemental Information

FET AT THE DATE OF TRANSFER

Software ID: Software Version:

EIN:

Name:

HE ART IN EMBASSIES PROGRAM. THE ARTWORK WAS RECORDED AS AN ASSET AND LIABILITY ON THE BAL ANCE SHEET DURING 2018 THE FOUNDATION DONATED THE ARTWORK TO THE U.S. DEPARTMENT OF STATE ART IN EMBASSIES PROGRAM. THE RELATED ASSET AND LIABILITY WAS REMOVED FROM THE BALANCE SH

THE FOUNDATION HAD A COLLECTION OF ART CREATED BY SEVERAL OF OUR MASTER TEACHERS AND WAS O N DISPLAY AT APPROPRIATE TIMES THE FOUNDATION RECEIVED A GIFT OF ARTWORK VALUED AT \$2,000 .000 IN 2013 THE GIFT AGREEMENT SPECIFIED THAT THE ARTWORK WILL BE LOANED OR DONATED TO T

Explanation

NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC.

59-2141837

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTE  MPT TO PROVIDE A PREDICTABLE STREAM OF INCOME TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS

Constant and add to Constant and

pupplemental Information				
Return Reference	Explanation			
PART X, LINE 2	THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND AS SESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE F ACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD INTEREST AND PENA LTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTE REST EXPENSE, RESPECTIVELY THE U S FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FOUNDATION FILES INCOME TAX RETURNS THE FOUNDATION IS GENERALLY NO LONGER SUBJECT TO U.S. EEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR EISCAL YEARS B			

Supplemental Information

EFORE 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G

DLN: 93493060008439

OMB No 1545-0047

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Open to Public Inspection

Department of the Treasury Internal Revenue Service

licensing

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 59-2141837 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING DAUN LLC CONSULTANT 207 WEST 21ST STREET No 670,600 134,754 535,846 SUITE 3 NEW YORK, NY 10111 670,600 Total 134,754 535,846 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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 (b) Event #2 (c)Other events (d) Total events **GALA** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 2,018,337 2,018,337 2 Less Contributions. 1,379,300 1,379,300 3 Gross income (line 1 minus 639,037 line 2) 639,037 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 118,236 118,236 7 Food and beverages 196,425 196,425 8 Entertainment 9 Other direct expenses 698,500 698,500 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 1,013,161 11 Net income summary Subtract line 10 from line 3, column (d) . . . . -374,124 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. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes\_\_\_\_ 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

sche	dule G (Form 990 or 990-EZ) 2017					F	Page <b>3</b>
L1	Does the organization conduct gaming	g activities with nonmember	5?		☐ Yes	Пио	
L2	Is the organization a grantor, benefici formed to administer charitable gamin		member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming act	tivity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pe	erson who prepares the orga	nization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b			ne			
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under staretain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		☐Yes	Пио	
b	Enter the amount of distributions required in the organization's own exempt acti		uted to other exempt organizations or spent				
Par	t IV Supplemental Informati	on. Provide the explanat	ions required by Part I, line 2b, column				
		15c, 16, and 17b, as app	licable. Also provide any additional info	matior	(see insi	Liuctions	٠).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493060008439 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** NATIONAL FOUNDATION FOR ADVANCEMENT 59-2141837 IN THE ARTS INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page <b>2</b>
Part IIII Grants and Other A	Assistance to icated if addition	Domestic Individua onal space is needed	als. Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assi	ıstance	(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) YOUNGARTS FINALISTS, HONO MENTION AND MERIT AWARDS		437	669,953		CASH	
(2)						
(3)						
(4)						
(5)						
(6)				<u> </u>		
(7)						
Part IV Supplementa	al Information	on. Provide the info	ormation required in F	Part I, line 2; Part III	i, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
PART I, LINE 2						THE AWARDS LISTED IN PART III REPRESENT THE ITHER WINNERS WHO EACH RECEIVED CASH AWARDS

Schedule I (Form 990) 2017

BETWEEN \$250 AND \$10,000

Schedule I (Form 990) 2017

Dage 2

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19306	50008	439
Sch	edule J	C	ompensati	ion Information	OM	1B No	1545-0	0047
(For	n 990)	For certain Offic	ers, Directors, T	rustees, Key Employees, and Hig	hest			
		Complete if the or		ated Employees vered "Yes" on Form 990, Part IV	. line 23.	20	17	7
_			► Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at		ectio	
	me of the organiza	ation N FOR ADVANCEMENT			Employer identificat	ion nu	ımber	
	HE ARTS INC	N FOR ADVANCEMENT			59-2141837			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	. 남	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	unectors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked in line	: Iar			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Westen employment centract				
		ation committee ent compensation consultant	₹	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4		-	990, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza			, , , , ,				
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retirement plan?		4b		No
c		r receive payment from, an equ				4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	id provide the app	olicable amounts for each item in Par	t 111			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
-	The organization	_				5a		No
a b	Any related orga					5a		No
		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section		the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe			N-
9		8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For I	Danarwark Badu	iction Act Notice, see the Inc	structions for Ec	orm 990	50053T Schedule 1		2000)	2017

			y Employees, and Hi					
For each individual whose instructions, on row (ii) [ <b>Note.</b> The sum of column	o no	ot list any individuals tha	rted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				at ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CAROLINA GARCIA JAYARAM	(i)	453,874	0	0	4,335	26,629	484,838	0
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2 JEWELLYN MALONE CHIEF OPERATING OFFICER	(i)	244,127	0	0	4,395	26,629	275,151	0
	(ii)	0	0	0	0	0	0	0
3 LISA LEONE VP OF PROGRAMS	(i)	196,831	0	0	7,524	26,385	230,740	0
VI OI TROOM IS	(ii)	0	0	0	0	0	0	0
4 STACEY GLASSMAN	(i)	157,253	0	0	0	12,706	169,959	0
MIZENER VP OF EXTERNAL RELATIONS	(ii)	0	0	0	0	0	0	0
5 DEJHA CARRINGTON VP OF DEVELOPMENT	(i)	137,235	0	0	7,035	14,564	158,834	0
VF OF DEVELOPMENT	(ii)	0	0	0	0	0	0	0
I								

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	IC print - [	O NOT PROCESS	As Filed Data -		DLN:	93493060008439		
SCHEDUL	FΩ	Supplement	al Informatio	on to Form 990 or 9	90-F <i>7</i>	OMB No 1545-0047		
(Form 990 or EZ) Department of the T	990-	Complete to pro Form 990 c	ovide information fo or 990-EZ or to prov ▶ Attach to Form t Schedule O (Form	r responses to specific questi ide any additional informatio n 990 or 990-EZ. 990 or 990-EZ) and its instru v/form990.	ons on n.	2017 Open to Public Inspection		
Name of the org NATIONAL FOUND IN THE ARTS INC	In the ARTS INC    Control   Control							
990 Schedul	e O, Supple	mental Informatio	n					
Return Reference		Explanation						
FORM 990, PART VI, SECTION A, LINE 1	OARD OF T E CHAIR OF ISON, ARM, IES ARE TO THE ENTIRI	IERE IS AN EXECUTIVE COMMITTEE OF THE NYA WHICH COMPRISES OF MEMBERS FROM THE GOVERNING B ARD OF TRUSTEES THERE ARE 5 MEMBERS WHO SIT ON THIS COMMITTEE WHICH IS CHAIRED BY THE THE CHAIR OF THE BOARD OF TRUSTEES THE FIVE MEMBERS OF THE EXECUTIVE COMMITTEE ARE SARAH ARDDN, ARMANDO M CODINA, RICH KOHAN, JACK O'NEIL AND MARC SHERIDAN THE MAIN RESPONSIBILIT OF THE OVERSEE AND MAKE DECISIONS REGARDING THE FUNCTIONING OF THE ORGANIZATION SINCE IS ENTIRE BOARD OF TRUSTEES MEET ONLY TWICE PER YEAR, THE EXECUTIVE COMMITTEE IS CALLED ON TO MAKE KEY DECISIONS IN BETWEEN MEETINGS						

Return Explanation
Reference

FORM 990,	THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT AND CONSULTANTS FROM PRICEWATERHOUSECOOPE
PART VI,	RS AND APPROVED BEFORE IT IS FILED BY THE INDEPENDENDENT ACCOUTANTS WHO PREPARED THE RETUR
SECTION B,	N THE BOARD OF DIRECTORS ARE SENT A COPY OF THE FORM 990 BEFORE THE TAX RETURN IS FILED
LINE 11B	

Doturn

Reference	Explanation
PART VI,	THE FOUNDATION'S CONFLICT OF INTEREST POLICY APPLIES TO EMPLOYEES AND IS INCLUDED IN THE E MPLOYEE HANDBOOK ALL EMPLOYEES ACKNOWLEDGE THEIR UNDERSTANDING OF THE POLICY THE CEO REI TERATES THE POLICY AS DEEMED NECESSARY THE CEO DETERMINES WHETHER A CONFLICT EXISTS AND R EVIEWS THE CONFLICT IF A CONFLICT EXISTS, RESTRICTIONS INCLUDE PROHIBITING THE EMPLOYEE F ROM PARTICIPATING AND TERMINATION, IF NECESSARY

Evolunation

Return Explanation
Reference

FORM 990,	THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION FOR THE CEO AND THESE DELIBERATIONS AR
PART VI,	E GUIDED BY AN EXTERNAL PARTY'S COMPENSATION STUDY WHICH LOOKS AT COMPARABLE INSTITUTIONS
SECTION B,	AND THE CURRENT RATE IN THE MARKET TO ATTRACT THE BEST TALENT TO FILL THIS MOST IMPORTANT
LINE 15A	POSITION THE PROCESS WAS LAST UNDERTAKEN IN JUNE 2018

Return Explanation

FORM 990, THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI, STATEMENTS AVAILABLE UPON REQUEST SECTION C.

990 Schedule O, Supplemental Information

LINE 19

Return Explanation Reference

11010101100	
FORM 990,	OTHER FEES PROGRAM SERVICE EXPENSES 948,145 MANAGEMENT AND GENERAL EXPENSES 135,773 FUN
PART IX,	DRAISING EXPENSES 46,011 TOTAL EXPENSES 1,129,929

LINE 11G

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990, PART XI, EWS AND RECOMMENDS THE AUDITED FINANCIAL STATEMENTS FOR APPROVAL BY THE FULL BOARD OF DIRE CTORS THE FULL BOARD OF DIRECTORS APPROVES THE FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493060008439 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 59-2141837 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part III Identification of Related Tax-Exempt Organizat	i <b>ons</b> Comple	te if the org	anization	answered	"Yes" on Fo	orm 990	. Part I\	/. line 34 b	ecause	ıt had one or	more	
related tax-exempt organizations during the tax yea (a) Name, address, and EIN of related organization	r.	(b) ry activity	Legal do	(c)	(d)	on Form 990, Part IV, line 34 because it had one or more  (d) pt Code section Public charity status (if section 501(c)(3)) Pilot charity status (if section 501(c)(3)) Prict controlling entity Yes No Yes  Schedule R (Form 990) 2017						
			or foreign country)				(if section	in 501(c)(3))			en	itity?
(1)NATIONAL YOUNGARTS FOUNDATION SUPPORTING ORGANIZATION INC C/O AFO LLC 2100 BISCAYNE BOULEVARD	FUNDRAISIN	IG		FL	501(C)(3)		LINE 12A	, I	YOUNGA	RTS	Yes	
MIAMI, FL 33137 45-5508211												
												+-
For Paperwork Reduction Act Notice, see the Instructions for For	 m 990.		Ca	t No 5013	<u> </u> 5Y				Sche	dule R (Form	990) 2	017

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan Income(relate unrelated, excluded fror tax under sections 512	ed, total incom		Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or     ging	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						nization ans	wered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Τ	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign untry)		controlling Ty	ype of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percei owne	ntage	(13	ction 512 3) control entity?
			und y)									Y	es No
										_			_

Schedule K (Form 990) 2017		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete	e 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 the	nis schedule	Yes	No
1 During the tax year, did the orgranization engage in any of the following	g 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		No
${f b}$ Gift, grant, or capital contribution to related organization(s)			No
			No
			No
			No
f Dividends from related organization(s)			No
		$\overline{}$	No
			No
	11		No
	(s)		No
k Lease of facilities, equipment, or other assets from related organizat	tion(s)		No
	r related organization(s)		No
	y related organization(s)	4	No
	ated organization(s)		No
	10	Yes	
${f p}$ Reimbursement paid to related organization(s) for expenses			No
a Daymburgament and by related arganization(s) for avanage	10	$\vdash$	No

j Lease of facilities, equipment, or other assets to related organization(s)	•	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)		1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)		11	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	No
o Sharing of paid employees with related organization(s)		1o Yes	
p Reimbursement paid to related organization(s) for expenses		1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>1</b> q	No
r Other transfer of cash or property to related organization(s)		1r	No
		4	<del> </del>

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or x managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2017												0) 2017	

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017