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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

145 TREMONT ST NO 7TH FL

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 021110010

F Name and address of principal officer:
CATHERINE EDWARDS
145 TREMONT ST NO 7TH FL
BOSTON, MA 021110010

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
04-2593591

E Telephone number
(617) 951-0010

G Gross receipts \$ 11,285,794

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NEFA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1969

M State of legal domicile: MA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
NEFA INVESTS IN ARTISTS AND COMMUNITIES AND FOSTERS EQUITABLE ACCESS TO THE ARTS, ENRICHING THE CULTURAL LANDSCAPE IN NEW ENGLAND AND THE NATION.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶260,924

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

CATHERINE EDWARDS, EXECUTIVE DIRECTOR
Type or print name and title

2020-04-14
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00085224

Firm's name ▶ MELANSON HEATH AND COMPANY PC

Firm's EIN ▶ 02-0354851

Firm's address ▶ 10 NEW ENGLAND BUSINESS CENTER
DRIVE
ANDOVER, MA 01810

Phone no. (978) 749-0005

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

NEFA INVESTS IN ARTISTS AND COMMUNITIES AND FOSTERS EQUITABLE ACCESS TO THE ARTS, ENRICHING THE CULTURAL LANDSCAPE IN NEW ENGLAND AND THE NATION.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	3,202,103	including grants of \$	2,663,559) (Revenue \$)
See Additional Data					

4b	(Code:) (Expenses \$	2,108,085	including grants of \$	1,568,796) (Revenue \$)
See Additional Data					

4c	(Code:) (Expenses \$	1,129,893	including grants of \$		(Revenue \$ 140,693)
See Additional Data					

	(Code:) (Expenses \$	1,558,108	including grants of \$	398,946) (Revenue \$	6,870)
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NEW ENGLAND PRESENTING AND TOURING - PROVIDES FINANCIAL AND PROFESSIONAL SUPPORT TO NEW ENGLAND ARTISTS AND ARTS ORGANIZATIONS TO FOSTER THE DEVELOPMENT AND SHARING OF CREATIVE WORK; THE PROGRAM STRIVES TO REACH POPULATIONS FOR WHOM ACCESS IS MORE LIMITED. PUBLIC ART - PROVIDES FINANCIAL AND PROFESSIONAL SUPPORT TO ARTISTS AND ARTS ORGANIZATIONS TO FOSTER THE DEVELOPMENT OF PUBLIC ART. CREATIVE GROUND PROVIDES A NETWORK FOR INDIVIDUALS AND ORGANIZATIONS INTERESTED IN THE ARTS FIELD; CREATIVE ECONOMY SUPPORTS THE ARTS FIELD IN NEW ENGLAND BY COLLECTING, ORGANIZING AND DISTRIBUTING ECONOMIC AND OTHER DATA.

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	1,558,108	including grants of \$	398,946) (Revenue \$	6,870)

4e	Total program service expenses	7,998,189			
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b 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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 459	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Form **990** (2018)

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **MA, NY**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
THE ORGANIZATION 145 TREMONT ST 7TH FL BOSTON, MA 02110010 (617) 951-0010

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRISTAL BROWN DIRECTOR	1.00	X						0	0	0
(2) TAYLOR BYNUM DIRECTOR	1.00	X						0	0	0
(3) AMY ELLSWORTH SECRETARY	1.50	X						0	0	0
(4) GEOFFREY HARGADON DIRECTOR	1.00	X						0	0	0
(5) JOHN HENRY DIRECTOR	1.00	X						0	0	0
(6) DOUGLAS KEITH TREASURER	1.50	X						0	0	0
(7) GINNIE LUPI DIRECTOR	1.00	X						0	0	0
(8) KAREN MITTELMAN DIRECTOR	1.00	X						0	0	0
(9) BARBARA MURPHY DIRECTOR	1.00	X						0	0	0
(10) CHIP NEWELL DIRECTOR	1.00	X						0	0	0
(11) KRISTINA NEWMAN-SCOTT DIRECTOR	1.00	X						0	0	0
(12) JULIE RICHARD DIRECTOR	1.00	X						0	0	0
(13) RANDALL ROSENBAUM DIRECTOR	1.00	X						0	0	0
(14) LARRY SIMPSON CHAIR	1.50	X						0	0	0
(15) ANN SMITH VICE-CHAIR	1.50	X						0	0	0
(16) PAMELA TATGE DIRECTOR	1.00	X						0	0	0
(17) TED WENDELL DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCO WERMAN DIRECTOR	1.00	X						0	0	0
(19) LISA WONG DIRECTOR	1.00	X						0	0	0
(20) CARRIE ZASLOW DIRECTOR	1.00	X						0	0	0
(21) CATHERINE EDWARDS EXECUTIVE DIRECTOR	40.00			X				169,361	0	16,351
(22) JANE PRESTON DEPUTY DIRECTOR; ASST SECRETARY	40.00			X				127,771	0	13,086
(23) JUG CHOKSHI DIRECTOR OF FINANCE & AMIN, ASST TREASURER	40.00			X				122,850	0	20,089
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								419,982	0	49,526

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
LISA BOOTH MANAGEMENT INC 1501 BROADWAY NEW YORK, NY 10036	MANAGEMENT SERVICES	156,532
HAIRPIN COMMUNICATIONS LLC 63 GREEN STREET BROOKLINE, MA 02446	COMMUNICATIONS SERVICES	140,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2		

Form 990 (2018)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1b

Membership dues

1c

Fundraising events

1d

Related organizations

1e

Government grants (contributions)

1f

All other contributions, gifts, grants, and similar amounts not included above

g

Noncash contributions included in lines 1a - 1f:\$

h Total.

Add lines 1a-1f

1a

1b

1c

1d

1e

1f

22,339

9,488,769

2,026,321

7,462,448

Program Service Revenue

2a

SERVICE FEES

b

c

d

e

f

All other program service revenue.

g Total.

Add lines 2a-2f

Business Code

900099

147,563

147,563

147,563

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

4

Income from investment of tax-exempt bond proceeds

5

Royalties

6a

Gross rents

b

Less: rental expenses

c

Rental income or (loss)

d

Net rental income or (loss)

7a

Gross amount from sales of assets other than inventory

b

Less: cost or other basis and sales expenses

c

Gain or (loss)

d

Net gain or (loss)

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18

b

Less: direct expenses

c

Net income or (loss) from fundraising events

9a

Gross income from gaming activities. See Part IV, line 19

b

Less: direct expenses

c

Net income or (loss) from gaming activities

10a

Gross sales of inventory, less returns and allowances

b

Less: cost of goods sold

c

Net income or (loss) from sales of inventory

11a

Miscellaneous Revenue

b

c

d

All other revenue

e Total.

Add lines 11a-11d

12 Total revenue.

See Instructions.

(i) Real

(ii) Personal

(i) Securities

(ii) Other

1,611,316

1,258,121

353,195

353,195

38,146

38,146

353,195

391,341

10,027,673

147,563

0

391,341

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Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,232,517	4,232,517		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	398,784	398,784		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	517,027	260,971	218,545	37,511
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,262,206	727,313	416,531	118,362
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,009	16,768	11,467	2,774
9 Other employee benefits	202,480	128,250	54,241	19,989
10 Payroll taxes	133,604	75,018	46,684	11,902
11 Fees for services (non-employees):				
a Management				
b Legal	11,610	4,385	7,225	
c Accounting	34,648		34,648	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,441		68,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	576,232	440,715	134,517	1,000
12 Advertising and promotion	265,878	235,129	30,749	
13 Office expenses	76,133	53,596	14,034	8,503
14 Information technology	54,968	31,932	17,843	5,193
15 Royalties				
16 Occupancy	313,253	182,473	100,594	30,186
17 Travel	678,031	630,654	41,597	5,780
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,772	142,489	21,860	10,423
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,204	43,468	24,399	7,337
23 Insurance	13,531	8,675	3,736	1,120
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARIA	342,392	340,142	2,250	
b MISCELLANEOUS	45,187	24,359	20,065	763
c PROFESSIONAL DEVELOPMEN	33,265	20,551	12,633	81
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,541,172	7,998,189	1,282,059	260,924
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,192,069	1	8,980,845	
	2	Savings and temporary cash investments		61,820	2	61,847	
	3	Pledges and grants receivable, net		6,442,829	3	5,210,190	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		102,391	9	24,634	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	412,539			
	b	Less: accumulated depreciation	10b	340,846	146,896	10c	71,693
	11	Investments—publicly traded securities		9,707,069	11	10,258,631	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,727	15	12,727	
16	Total assets. Add lines 1 through 15 (must equal line 34)		24,665,801	16	24,620,567		
Liabilities	17	Accounts payable and accrued expenses		278,128	17	306,038	
	18	Grants payable		2,316,849	18	3,531,700	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		61,835	21	61,847	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		2,656,812	26	3,899,585	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		5,964,339	27	6,223,011	
	28	Temporarily restricted net assets		16,044,650	28	14,497,971	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		22,008,989	33	20,720,982		
34	Total liabilities and net assets/fund balances		24,665,801	34	24,620,567		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,027,673
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,541,172
3	Revenue less expenses. Subtract line 2 from line 1	3	486,501
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,008,989
5	Net unrealized gains (losses) on investments	5	251,292
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,025,800
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	20,720,982

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-2593591
Name: NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Form 990 (2018)

Form 990, Part III, Line 4a:

NATIONAL DANCE PROJECT (NDP) - PROVIDES SUPPORT FOR THE CREATION ANDTOURING OF DANCE WORK THROUGH GRANTS TO DANCE ARTISTS AND PRESENTERS;FOSTERS COMMUNITY ENGAGEMENT AND INTERNATIONAL EXCHANGE; AND THROUGHSPECIAL INITIATIVES, CREATES OPPORTUNITIES FOR DANCE ARTISTS AT VARIOUSSTAGES IN THEIR CAREERS.

Form 990, Part III, Line 4b:

NATIONAL THEATER PROJECT (NTP) - EXPLORES CREATING A SYSTEM OF SUPPORT FOR PROFESSIONAL ARTIST-LED COLLABORATIVE, DEVISED THEATER. MODELED AFTER NEFA'S NATIONAL DANCE PROJECT, THE PROGRAM SUPPORTS ENSEMBLE THEATER DEVELOPMENT AND TOURING IN THE UNITED STATES.

Form 990, Part III, Line 4c:

CENTER STAGE - AN INTERNATIONAL EXCHANGE PROGRAM THAT WILL BRING PERFORMING ARTISTS FROM AROUND THE GLOBE TO TOUR THROUGHOUT THE U.S. THE PROGRAM IS AN EFFORT TO DEMONSTRATE RESPECT AND UNDERSTANDING OF CULTURES BY BRINGING INTERNATIONAL PERFORMING ARTISTS TO THE U.S. SO THAT AMERICANS CAN GROW IN APPRECIATION AND UNDERSTANDING OF OTHER NATIONS, WHILE PROVIDING OPPORTUNITIES TO INTERNATIONAL PERFORMERS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Employer identification number
04-2593591

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,501,174	2,349,384	11,406,089	6,550,553	9,488,769	36,295,969
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	6,501,174	2,349,384	11,406,089	6,550,553	9,488,769	36,295,969
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)						18,437,288
6	Public support. Subtract line 5 from line 4.						17,858,681

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	6,501,174	2,349,384	11,406,089	6,550,553	9,488,769	36,295,969
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	202,242	220,160	220,414	199,713	38,146	880,675
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						37,176,644
12	Gross receipts from related activities, etc. (see instructions)					12	725,868
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 48.040 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 43.330 %
16a	33 1/3% support test—2018. 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 ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 04-2593591
Name: NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Employer identification number
04-2593591

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☒ Yes☐ No

b

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

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	4,539,674	4,306,868	4,053,500	
b	Contributions	32,813		4,110,918	
c	Net investment earnings, gains, and losses	301,496	455,511	461,430	-30,003
d	Grants or scholarships				
e	Other expenditures for facilities and programs	206,898	187,822	181,586	
f	Administrative expenses	22,976	34,883	26,476	27,415
g	End of year balance	4,644,109	4,539,674	4,306,868	4,053,500

2

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

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	159,649	107,670	51,979
d	Equipment	16,201	11,731	4,470
e	Other	236,689	221,445	15,244
Total.	Sum of lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			71,693

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,210,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	251,292
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	251,292
3	Subtract line 2e from line 1	3	9,959,232
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,441
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	68,441
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,027,673

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

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

1	Total expenses and losses per audited financial statements	1	9,472,731
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,472,731
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,441
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	68,441
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,541,172

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2593591
Name: NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	NEFA WAS A FISCAL AGENT FOR THE MASSACHUSETTS AND NEW HAMPSHIRE STATE ARTS AGENCIES. IN AC CORDANCE WITH NEFA'S BY-LAWS, SENIOR LEADERS OF THE ABOVE-MENTIONED AGENCIES, AS WELL AS T HE CONNECTICUT, MAINE, RHODE ISLAND, AND VERMONT STATE ARTS AGENCIES, ARE ALSO BOARD MEMBE RS OF NEFA. EACH OF THESE AGENCIES ALSO FUNDS NEFA

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Employer identification number

04-2593591

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CREATION OF NEW WORK	43	46,484			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	NEFA MAINTAINS COMMUNICATION WITH GRANTEES AND REQUIRES FINAL AND/OR INTERIM REPORTS TO BE SUBMITTED BY GRANTEES. REPORTS ARE REVIEWED BY APPROPRIATE GRANT STAFF AND DISBURSEMENTS OF GRANT FUNDS ARE MADE UPON APPROVAL OF REPORTS.

Additional Data

Software ID:
Software Version:
EIN: 04-2593591
Name: NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSECTION FOR THE ARTS 1448 MARKET ST SAN FRANCISCO, CA 94102	94-1593216		156,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HEADLONG DANCE THEATER 1170 S BROAD STREET PHILADELPHIA, PA 19146	23-2803557		131,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCKY PLUSH PRODUCTIONS 3825 BELL AVE CHICAGO, IL 60618	36-4490783		60,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
YOUTH SPEAKS INC 1663 MISSION STREET SUITE 306 SAN FRANCISCO, CA 94103	91-2134499		60,736				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDGLASS CENTER FOR THEATER AND PUPPETRY RESEARCH 17 KIMBALL HILL PUTNEY, VT 05346	04-3340533		45,544				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WIDEMAN DAVIS DANCE 4026 SANDWOOD DRIVE COLUMBIA, SC 29206	90-0696982		76,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ANCHOR ARTS MANAGEMENT INC 15125 NE 9TH COURT MIAMI, FL 33162	20-0116582		50,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INVERTIGO DANCE THEATRE 11166 LUCERNE AVENUE CULVER CITY, CA 90230	26-2085983		71,111				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STAIBDANCE INC 1605 WINDSOR WALK AVONDALE ESTATES, GA 30002	27-3371922		71,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CALPULLI MEXICAN DANCE COMPANY INC 2512 77TH STREET EAST ELMHURST, NY 11370	20-0642440		71,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KYLE ABRAHAMABRAHAMINMOTION PO BOX 986 NEW YORK, NY 10113	45-2929138		60,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WORX WORKS OF RAPHAEL XAVIER 1326 S 26TH ST PHILADELPHIA, PA 19146	46-1522564		75,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENTACLE (DANCEWORKS INC) 75 BROAD STREET SUITE 304 NEW YORK, NY 10004	23-7426261		49,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FUSEBOX FESTIVAL 2023 E CESAR CHAVEZ ST AUSTIN, TX 78702	26-3676365		77,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCE THEATRE OF HARLEM INC 466 WEST 152ND STREET NEW YORK, NY 10031	13-2642091		71,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SOLO MAGICPACE 2327 23RD AVENUE SOUTH SEATTLE, WA 98144			55,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRACTURED ATLAS INC 248 WEST 35TH STREET 10TH FLOOR NEW YORK, NY 10001	11-3451703		73,570				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WACO THEATER CENTER 5144 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91601	81-2917440		72,171				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNER CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629	36-4167433		70,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LOS ANGELES PERFORMANCE PRACTICE 3805 LOS FELIZ BLVD 5 LOS ANGELES, CA 90027	81-2571475		70,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIST AND HEEL PERFORMANCE GROUP 476 DEAN STREET SUITE 2 BROOKLYN, NY 11217	04-3702601		56,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NATIONAL PERFORMANCE NETWORK 8121 FIG STREET NEW ORLEANS, LA 70118	06-1522546		62,050				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALVIN AILEY DANCE FOUNDATION INC 405 WEST 55TH ST NEW YORK, NY 10019	13-2584273		55,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BARYSHNIKOV ARTS CENTER INC 450 WEST 37TH STREET SUITE 501 NEW YORK, NY 10018	13-3031485		55,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL CHAMBER ORCHESTRA 408 SAINT PETER STREET ST PAUL, MN 55102	41-0829498		55,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
YERBA BUENA CENTER FOR THE ARTS 701 MISSION STREET SAN FRANCISCO, CA 94103	94-3042571		55,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN, CT 06459	06-0646959		53,956				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PRESIDENT AND TRUSTEES OF BATES COLLEGE 2 ANDREWS ROAD 221 LANE HALL LEWISTON, ME 04240	01-0211781		44,570				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE THEATER OFFENSIVE 565 BOYLSTON STREET 3RD FLOOR BOSTON, MA 02116	04-3039900		42,010				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JACOB'S PILLOW DANCE FESTIVAL INC 358 GEORGE CARTER ROAD BECKET, MA 012234001	04-6002993		40,300				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS 2700 F STREET NW WASHINGTON, DC 20566	53-0245017		37,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FLYNN CENTER FOR THE PERFORMING ARTS LIMITED 153 MAIN STREET BURLINGTON, VT 05401	03-0277052		34,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE YARD INC PO BOX 405 CHILMARK, MA 02535	23-7348937		26,175				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PAINTED BRIDE ART CENTER 230 VINE STREET PHILADELPHIA, PA 19106	23-1946391		25,662				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PORTLAND INSTITUTE FOR CONTEMPORARY ART (PICA) 415 SOUTHWEST 10TH SUITE 300 PORTLAND, OR 97205	93-1177971		23,750				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PORTLAND OVATIONS 50 MONUMENT SQUARE 2ND FLOOR PORTLAND, ME 04101	01-0350707		20,933				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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RAGAMALA DANCE 711 WEST LAKE STREET SUITE 309 MINNEAPOLIS, MN 55408	41-1747144		20,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COLUMBIA COLLEGE CHICAGO 600 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605	36-6112087		19,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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ON THE BOARDS 100 WEST ROY STREET SEATTLE, WA 98119	91-1081983		19,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMUNITY THEATER PROJECT CORPORATION 5530 PENN AVENUE PITTSBURGH, PA 15206	31-1692848		10,250				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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GLOBAL ARTS LIVE 720 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	22-3036665		18,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES 10889 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 900951406	95-6006143		18,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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FIRSTWORKS 275 WESTMINSTER STREET STE 501 PROVIDENCE, RI 02903	22-2597014		17,125				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104	23-1352685		17,024				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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ST JOSEPH COLLEGE - UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARFORD, CT 061172791	06-0646829		16,442				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DANCER'S GROUP INC 44 GOUGH STREET 201 SAN FRANCISCO, CA 94103	94-2879185		16,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DOUBLE EDGE THEATRE PRODUCTIONS INC 948 CONWAY ROAD ASHFIELD, MA 013309772	04-2972334		16,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PAN AFRICAN CENTER FOR EMPOWERMENT 2327 23RD AVENUE SOUTH SEATTLE, WA 98144	47-4502267		16,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET SUITE 302 HANOVER, NH 03755	02-0222111		16,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTSPOT PRODUCTIONS INC 609 SAINT FERDINAND STREET NEW ORLEANS, LA 70117	72-1499547		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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BOSTON CHINATOWN NEIGHBORHOOD CENTER 885 WASHINGTON ST BOSTON, MA 02111	23-7209691		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FIJI THEATER COMPANY INC PING CHONG COMPANY 47 GREAT JONES STREET NEW YORK, NY 10012	13-2874863		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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NORTHWEST FILM FORUM 1515 12TH AVE SEATTLE, WA 98122	91-1702331		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
OZ ARTS INC 6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209	46-0985602		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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THEATER ET AL INC 5-49 49TH AVENUE LONG ISLAND CITY, NY 11101	13-4038993		15,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY INC 50 EAST CONGRESS PARKWAY CHICAGO, IL 60605	36-3145476		14,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKELEY 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720	94-6002123		14,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE INSTITUTE OF CONTEMPORARY ART 25 HARBOR SHORE DRIVE BOSTON, MA 02210	04-2104327		13,200				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOWER MANHATTAN CULTURAL COUNCIL 125 MAIDEN LANE 2ND FLOOR NEW YORK, NY 10038	23-7348782		12,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MIAMI DADE COUNTY 111 NW 1ST ST 625 MIAMI, FL 33189	59-6000573		12,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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SING SING PRISON MUSEUM 127 MAIN STREET OSSINING, NY 10562	82-2526738		12,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY OF NORTH CAROLINA CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223	56-0791228		12,430				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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RICHARD B FISHER CENTER FOR THE PERFORMING ARTS BARD COLLEGE 30 CAMPUS ROAD PO BOX 5000 ANNANDALEONHUDSON, NY 125045000	14-1713034		12,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CAPE FEAR COMMUNITY COLLEGE FOUNDATION INC 411 N FRONT STREET WILMINGTON, NC 28401	58-1308578		11,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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DEL E WEBB CENTER FOR THE PERFORMING ARTS 2001 WEST WICKENBURG WAY WICKENBURG, AZ 85390	86-0873249		11,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ST JOSEPH'S HISTORIC FOUNDATION INC 804 OLD FAYETTEVILLE STREET DURHAM, NC 27701	56-1152267		11,131				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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DREXEL UNIVERSITY 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104	23-1352630		11,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HOME FOR CONTEMPORARY THEATRE AND ART LTD 145 SIXTH AVENUE NEW YORK, NY 10013	13-3449416		11,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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SPACE GALLERY 538 CONGRESS STREET PORTLAND, ME 04101	51-0432635		10,970				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KEENE STATE COLLEGE UNIVERSITY SYSTEM OF NH 229 MAIN STREET KEENE, NH 03435	02-6000937		10,800				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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HIGHLAND CENTER FOR THE ARTS TRUST 2875 HARDWICK STREET GREENSBORO, VT 05841	47-2798498		10,720				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
STRAWBERRY BANKE MUSEUM PO BOX 300 PORTSMOUTH, NH 03802	02-0260158		10,600				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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REGENTS OF UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE 600 DENVER, CO 80203	84-6000555		10,250				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ALLIED MEDIA PROJECTS 4126 THIRD ST DETROIT, MI 48201	01-0559608		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA INSTITUTE OF TECHNOLOGY 353 FERST DRIVE NW SUITE 233 ATLANTA, GA 30332	58-6002023		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INDO-AMERICAN ASSOCIATION 2402 PINE DRIVE FRIENDSWOOD, TX 77546	76-0409339		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SU TEATRO INC 721 SANTA FE DRIVE DENVER, CO 80204	74-2440659		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE O'SHAUGHNESSAY - ST CATHERINE UNIVERSITY 2004 RANDOLPH AVENUE F-24 ST PAUL, MN 55105	41-0695509		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 016102395	04-2103558		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WALKER ARTS CENTER 725 VINELAND PLACE MINNEAPOLIS, MN 55403	41-0693929		10,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRUCE PEAK ARTS CENTER FOUNDATION INC 122 HOURGLASS DRIVE STOWE, VT 05672	90-0146728		9,400				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BLACK MOUNTAIN COLLEGE MUSEUM ARTS CENTER 56 BROADWAY STREET ASHEVILLE, NC 28801	55-2105570		9,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COLLEGE FOUNDATION INC 1111 E LAS OLAS BLVD 11TH FLOOR FORT LAUDERDALE, FL 33301	23-7181959		9,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE PRESIDENT AND TRUSTEES OF WILLIAMS COLLEGE PO BOX 624 WILLIAMSTOWN, MA 01267	04-2104847		8,975				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALL STATE UNIVERSITY 2000 W UNIVERSITY AVE MUNCIE, IN 47306	35-6000221		8,750				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AMERICAN DANCE FESTIVAL INCORPORATED 715 BROAD STREET DURHAM, NC 27705	06-0932294		8,725				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCE MEDIA LLC 4126 THIRD STREET DETROIT, MI 48201	26-2176009		8,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY OF RICHMOND MODLIN CENTER FOR THE ARTS 28 WESTHAMPTON WAY RM T-107A RICHMOND, VA 23173	54-0505965		8,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS INC 195 CHURCH STREET FL 12 NEW HAVEN, CT 06510	06-1444222		8,235				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CHANDLER CENTER FOR THE ARTS INC 71-73 MAIN STREET RANDOLPH, VT 05060	03-0266500		8,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZEITERION THEATRE INCORPORATED 684 PURCHASE STREET PO BOX 4084 NEW BEDFORD, PA 02740	04-2845276		8,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PRESIDENTS AND FELLOWS OF MIDDLEBURY COLLEGE 84 S SERVICE ROAD MIDDLEBURY, VT 05753	03-0179298		7,700				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR SELF LEADERSHIP PO BOX 873 UNION, NJ 07083	20-1318139		7,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204196	06-0646587		7,136				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVA FOR WOMEN IN THE ARTS 2781-24TH STREET SAN FRANCISCO, CA 94110	94-2609353		7,100				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNION EPISCOPAL CHURCH 133 OLD CHURCH RD PO BOX 902 CLAREMONT, NH 03743	02-6007515		6,686				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON FOUNDATION 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98195	91-6001537		6,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COLONIAL THEATRE GROUP INC 95 MAIN STREET KEENE, NH 03431	02-0466087		6,400				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS - AMHERST 100 VENTURE WAY SUITE 9 HADLEY, MA 010359450	04-3167352		6,400				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	06-0646623		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINKERTON ACADEMY 5 PINKERTON STREET DERRY, NH 03038	02-0223338		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SONOMA STATE UNIVERSITY 1801 E COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF AMHERST COLLEGE 155 SOUTH PLEASANT ST AMHERST, MA 01002	04-2103542		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVENUE KALAMAZOO, MI 490085456	38-6007327		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE BIRD 5620 SOUTHWEST EDGEMONT PLACE PORTLAND, OR 97239	93-1263353		6,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE NEW DANCE COMPLEX INC 536 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-3131964		5,760				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637		5,600				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CHRISTOPHER NEWPORT UNIVERSITY ONE UNIVERSITY PLACE NEWPORT NEWS, VA 23606	54-0701501		5,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS COLLEGE OF LIBERAL ARTS FOUNDATION 375 CHURCH STREET NORTH ADAMS, MA 01247	04-2660810		5,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE JOYCE THEATER FOUNDATION INC 175 EIGHTH AVENUE NEW YORK, NY 10011	13-3038262		5,500				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERSON COLLEGE 120 BOYLSTON STREET BOSTON, MA 02116	04-1286950		5,456				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AARON DAVIS HALL INC 150 CONVENT AVENUE NEW YORK, NY 10031	13-3166308		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DANCE INSTITUTE INC 133 W 19TH STREET NEW YORK, NY 10011	52-2158599		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR, PA 19010	23-1352621		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENISON UNIVERSITY 100 WEST COLLEGE STREET GRANVILLE, OH 43023	31-4379459		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FRENCH INSTITUTE ALLIANCE FRANCAISE 22 EAST 60TH STREET NEW YORK, NY 10022	13-1624099		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH RESEARCH CORPORATION 349 FERST DRIVE ATLANTA, GA 303320468	58-0603146		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HENRY STREET SETTLEMENT - ABRONS ART CENTER 466 GRAND STREET NEW YORK, NY 10002	13-1562242		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KC CREATES PO BOX 415001 KANSAS CITY, KS 64141	04-3810756		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MONMOUTH UNIVERSITY 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764	21-0634584		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTCLAIR STATE UNIVERSITY FOUNDATION INC 1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-6017209		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ROY AND EDNA DISNEYCALARTS THEATER - REDCAT 631 WEST 2ND STREET LOS ANGELES, CA 90012	95-6102146		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY'S UNIVERSITY OF MINNESOTA 700 TERRACE HEIGHTS 67 WINONA, MN 55987	41-0695527		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SOUTH MIAMI-DADE CULTURAL ARTS CENTER 10950 SW 211TH STREET CUTLER BAY, FL 33189	59-6000573		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRONX ACADEMY OF ARTS AND DANCE 2474 WESTCHESTER AVENUE THE BRONX, NY 10461	13-3997265		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE BROOKLYN ACADEMY OF MUSIC INC 30 LAFAYETTE AVENUE BROOKLYN, NY 11217	11-2201344		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITY OF ATLANTA OFFICE OF CULTURAL AFFAIRS 233 PEACHTREE ST NE SUITE 1700 ATLANTA, GA 30303	58-6000511		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA BUILDING 402 MESA ROAD SANTA BARBARA, CA 93106	95-6006145		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF PRINCETON UNIVERSITY N305 ARTS TOWER PRINCETON, NJ 08544	21-0634501		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UAB 226 ALBANY, NY 12222	14-1503972		5,000				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization NEW ENGLAND FOUNDATION FOR THE ARTS INCORPORATED		Employer identification number 04-2593591

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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.

SCHEDULE M
(Form 990)

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED

Employer identification number
04-2593591

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>8</u>) OTHER)	X	8	22,339	FAIR VALUE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

31 If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

32b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2018)

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
NEW ENGLAND FOUNDATION FOR THE ARTS
INCORPORATED**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection****Employer identification number**

04-2593591

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE, AS DESIGNATED BY THE BOARD, BEFORE SUBMISSION, AND SIGNED BY THE DIRECTOR OF FINANCE & ADMIN OR THE EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL STATEMENTS ARE REVIEWED BY THE BOARD CHAIR (FOR BOARD MEMBERS) OR EXECUTIVE DIRECTOR (FOR STAFF MEMBERS) AND, IN THE EVENT OF A CONFLICT, ACTION AS DEFINED IN THE CONFLICT OF INTEREST POLICY IS TAKEN..

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S PERFORMANCE IS EVALUATED ANNUALLY BY THE CHAIR OF THE BOARD OF DIRECTORS WITH INVOLVEMENT OF OTHER MEMBERS OF THE COMPENSATION COMMITTEE AS APPROPRIATE. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS AND SETS EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS WITH REFERENCE TO COMPARABLES OF SIMILAR AGENCIES AND NON-PROFIT ORGANIZATIONS. THE BOARD AND THE COMPENSATION COMMITTEE KEEP MINUTES TO DOCUMENT KEY DISCUSSION POINTS AND DECISIONS REACHED. THE COMPENSATION COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD. THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NEFA'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE, AND DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE AND AUDIT COMMITTEE OVERSEES THE SELECTION OF THE AUDITORS AND MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT PROCESS TO REVIEW THE YEAR-END RESULTS.