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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

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

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B (heck if	C Name of organization		D Employer identifi	cation number				
	Addre	P.S. ARTS							
	chane		-1 05-3	95-3931147					
	chan ∏Initial		Doom/quit						
	returr □Final	6701 CENTED DELVE CTE 550	ROOM/Suit	E Telephone numbe					
	returr∟ termi	7		G Gross receipts \$	4,254,107.				
	ated ∏Amer	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90045		-					
	⊒returr ∏Appli	·		H(a) Is this a group r					
	tion pend	SAME AS C ABOVE		for subordinates? Yes X No H(b) Are all subordinates included? Yes No					
	TOY 01	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 52		list. (see instructions)				
		te: WWW.PSARTS.ORG	01 32	H(c) Group exemption					
		forganization: X Corporation Trust Association Other	I Vas		M State of legal domicile: CA				
		Summary	L 16a	i oriorination. ±JJ± I	VI State of legal doffliche, C11				
	1	Briefly describe the organization's mission or most significant activities: $P \cdot S$.	ARTS	TS DEDICATE	חד סיד סיד				
Activities & Governance	١.	IMPROVING THE LIVES OF CHILDREN BY PROVI	DING	ARTS EDUCATI	ON TO				
nar	2	Check this box if the organization discontinued its operations or dispo							
ver	3	· · · · · · · · · · · · · · · · · · ·		ı	24				
ဗ္ဗ	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			23				
<u>«</u> ۲	-				95				
ţį	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			350				
ξį	6	Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			12,515.				
	d	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year				
ne		Contributions and events (Port VIII line 11)	-	2,003,394.	1,848,044.				
	8	Contributions and grants (Part VIII, line 1h)		1,613,095.	1,393,793.				
Revenue	9	Program service revenue (Part VIII, line 2g)		122,862.	169,702.				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,011.	69.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,740,362.	3,411,608.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,740,302.	0.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		3,050,347.	* -				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,050,347.	2,877,153.				
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 500,6		0.	0.				
꼾				E12 161	E00 640				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		513,161.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,563,508.					
	19	Revenue less expenses. Subtract line 18 from line 12		176,854.	24,806.				
Net Assets or Fund Balances			<u> E</u>	Beginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		4,044,868.	4,117,718.				
et A	21	Total liabilities (Part X, line 26)		161,664.	199,768.				
N.D.	22	Net assets or fund balances. Subtract line 21 from line 20		3,883,204.	3,917,950.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedule			iy knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepar	er has any knowledge.					
		Cianatura of officer		Doto					
Sig	n	Signature of officer		Date					
Her	е	KRISTEN PAGLIA, CEO							
		Type or print name and title	-	Data	II DTIN				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		NAZANIN BENYAMINI NAZANIN BENYAMI	NT	11/09/18 if self-employ	P00666808				
	arer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617				
Use	Only	Firm's address 10960 WILSHIRE BLVD. STE 700			10) 485 000:				
		LOS ANGELES, CA 90024-3783		Phone no. (3					
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	Obselvit Oaksakula Oassaksina ayasaasaa ayyata ta ayyatina in thia Bart III	
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: P.S ARTS IS DEDICATED TO IMPROVING THE LIVES OF CHILDREN BY PRO	MIDING
	ARTS EDUCATION TO UNDERSERVED PUBLIC SCHOOLS AND COMMUNITIES.	MIDING
	ARTS EDUCATION TO UNDERSERVED PUBLIC SCHOOLS AND COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	163 [140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	163 [140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	avnancas
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	porioco, aria
4a		393,793.)
	THE ORGANIZATION PROVIDES HIGH QUALITY CALIFORNIA VISUAL AND PROVIDED TO THE ORGANIZATION PROVIDES HIGH QUALITY CALIFORNIA VISUAL AND PROVIDED TO THE ORGANIZATION PROVIDED TO THE ORGANIZATIO	
	ARTS (VAPA) STANDARDS BASED EDUCATION IN MUSIC, DANCE, DRAMA, AND	
	ARTS FOR UNDESERVED CHILDREN WHO ATTEND PUBLIC SCHOOLS IN THE I	
	ANGELES UNIFIED, LAWNDALE ELEMENTARY, HAWTHORNE, WISEBURN, REEF	
	SUNSET, LOST HILLS, WASCO, COMPTON, INGLEWOOD, SANTA MONICA/MALIBU U	NIFIED
	SCHOOL DISTRICTS, WHERE ARTS PROGRAMS HAVE BEEN REDUCED OR ELIM	INATED.
	CURRENTLY, P.S. ARTS SERVES MORE THAN 20,000 K THROUGH 8TH GRAI)E
	STUDENTS IN 50 SCHOOLS, INCLUDING THE INSIDE OUT COMMUNITY ARTS	(IOCA)
	PROGRAM OF P.S. ARTS. IN ADDITION TO INSTRUCTION, THE ORGANIZATI	ON
	PROVIDES SUPPORT FOR VISUAL ARTS EXHIBITS, PUBLIC PERFORMANCES,	,
	COMMUNITY ARTS EVENTS, FIELD TRIPS AND PROFESSIONAL DEVELOPMENT	1
	WORKSHOPS FOR CLASSROOM TEACHERS AND TEACHING ARTISTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,517,550.	<u>, </u>
		Form 990 (2017)

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Form 990 (2017) P.S. ARTS 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2017)

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Part IV Checklist of Required Schedules (continued) 95-3931147 Page 4

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	х	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	21	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30		20		Х
21	contributions? If "Yes," complete Schedule M	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JE	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		 -
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	155		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
				(2017)

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Form 990 (2017) P.S. ARTS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Part V				
			<u> - ا</u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	0 T		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
•	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 9	5		
	filed for the calendar year ending with or within the year covered by this return		_	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			Α.	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Х	
			_	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		30	- 25	
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
h	If "Yes," enter the name of the foreign country:	accounty:	a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 55		
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor	? 7 a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12 for public use of club facilities.	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	i i a			
D	amounts due or received from them.)	11b			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.		.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
			Forn	2000	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
		1 1	۰. ا	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24							
	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	23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form				Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х					
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
persons other than the governing body?										
8										
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?			Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		•							
	The section 2 requests members asset periods not required by the internal			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	_	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such c			+						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10k							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				+					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			' 	+					
·	in Schedule O how this was done		120	. X						
13	Did the organization have a written whistleblower policy?			X						
	Did the organization have a written document retention and destruction policy?			+						
14 15	Did the process for determining compensation of the following persons include a review and approv		14							
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
9	The organization's CEO, Executive Director, or top management official		15a	X						
			15k	77						
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		131							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
108			16-		X					
J.	taxable entity during the year?		16a		1					
Ø	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in initial variety law area to enforce and the area to enforce an									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		464							
800	exempt status with respect to such arrangements? tion C. Disclosure		16k)						
17 10	List the states with which a copy of this Form 990 is required to be filed CA	[(Coation =01/=)(0)= ===	hy) over:	hle						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (3ection 501(c)(3)s on	ıy) avalla	เมเย						
	for public inspection. Indicate how you made these available. Check all that apply.	in Cahadul- Ol								
40	Own website Another's website X Upon request X Other (explain									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	entilict of interest policy,	and fina	ncial						
00	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 bo	ooks and records:								
	GUILLAUME WATEAU - (310) 586-1017									
	6701 CENTER DRIVE STE 550, LOS ANGELES, CA 90045									

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JORGE CAMIL STARR	1.00	,						0	0	0
BOARD MEMBER	1 00	Х					_	0.	0.	0.
(2) AMANDA SCHUON	1.00	,						_	0	•
BOARD MEMBER	1 00	Х					_	0.	0.	0.
(3) ELLEN-GOLDSMITH- VEIN	1.00	\ ₇₇						0	0	0
BOARD MEMBER	1 00	Х				-	_	0.	0.	0.
(4) DAVID KAHN	1.00	\ ₇₇						0	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) KASEY CROWN	1.00	х						0.	0.	0.
BOARD MEMBER	1.00	Δ				┝	\vdash	0.	0.	0.
(6) MARY-ELIZABETH MICHAELS	1.00	х						0.	0.	0.
BOARD MEMBER (7) CARLEEN CAPPELLETTI	1.00	^				\vdash		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(8) CAREY HOTCHKIS	1.00	^	_				_	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(9) NATALYA HUDIS	1.00	22	_					0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) LISA KUDROW	1.00	22	_			\vdash	\vdash	0.	0.	•
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
(11) STEVE MCCRAY	1.00		_							•
BOARD MEMBER		$ \mathbf{x} $						0.	0.	0.
(12) CAROLYN GIANGIACOMO	1.00									
BOARD MEMBER		x						0.	0.	0.
(13) PAMELA POSEY	1.00	Н								
CROSSROADS REPRESENTATIVE		x						0.	0.	0.
(14) HADLEY DAVIS RIERSON	1.00	П								
SECRETARY		x		Х				0.	0.	0.
(15) RONA SEBASTIAN	1.00	П								
BOARD MEMBER		x						0.	0.	0.
(16) AMY ZOLLER	1.00	\Box								
BOARD MEMBER		x						0.	0.	0.
(17) KATHY TASLITZ	1.00	П								
BOARD MEMBER		Х			L	L	L_	0.	0.	0.

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Form **990** (2017)

Form 990 (2017) F.S. ARTS									33-333	TT4 /	F	age c
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	E	stimat	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	a	mount	of
	week	officer and a director/trustee)		from	from related		other					
	(list any	ector						the	organizations		npensa	
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC)	- 1	rom th	
	related organizations	stee	truste		۵	bens		(W-2/1099-MISC)		1 '	ganiza	
	below	ual trı	onal		ploye	t com				_ I	ıd rela [.] anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			lorg	ailizai	10115
(18) DEBORAH GRIBBON	1.00	드	드	5	જ	王岩	프					
BOARD MEMBER	1.00	х						0.	0			0.
(19) PAM BERGMAN	1.00	 		\vdash			\vdash			+		
PRESIDENT-AT-LARGE		X		x				0.	0			0.
(20) LAURA FOX	1.00			 						+		
BOARD CHAIR		Х		х				0.	0			0.
(21) CHI-CHIEN HOU	1.00	<u> </u>								1		
CO-VICE CHAIRPERSON		Х		х				0.	0			0.
(22) JOSHUA B. TANZER	1.00											
IMMEDIATE PAST CHAIR		Х		х				0.	0			0.
(23) GENNIFER YOSHIMARU	1.00											
CO-VICE CHAIRPERSON		Х		Х				0.	0			0.
(24) JANGO SIRCUS	1.00											
TREASURER		Х		Х				0.	0	•		0.
(25) KRISTEN PAGLIA	40.00											
CHIEF EXECUTIVE OFFICER				Х				133,978.	0	•		0.
								100 000				
1b Sub-total								133,978.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								133,978.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			1
compensation from the organization											I v	1
											Yes	No
3 Did the organization list any former officer,	•		-	-	•	•						Х
line 1a? If "Yes," complete Schedule J for s										. 3		<u>^</u>
4 For any individual listed on line 1a, is the su										1		Х
and related organizations greater than \$150										. 4		22
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-		_		Х
Section B. Independent Contractors	piete Scriedui	e 	OI SI	ucn	pers	SOII .				. 5		22
Complete this table for your five highest co	mponeated in	done	ando	nt c	onti	racto	ore t	that received more than	\$100,000 of compo	neation	from	
the organization. Report compensation for										HSallon	110111	
(A)	ine calendar y	cai	criui	ng v	VILII	OI W	<u> </u>	(B)	year.	-	C)	
Name and business	address							Description of s	services	Compe		on
BOUNCE EVENT MARKETING,	9696 CUI	LVI	ΞR	BI	JVI	D .	.	•		•		
SUITE 203, CULVER CITY,						,		EVENT PRODUC	TION	12	8,1	40.
		_					\dashv				- , -	
							\dashv					

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

Form **990** (2017)

		D G 1000				05 202	1117
	1 990 rt VI I	(2017) P.S. ARTS				95-3933	L147 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	onse or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1k Fundraising events 1c Related organizations 1c Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	296,670. 74,170. 1,477,204. 21,550.	1,848,044.			312 311
Program Service Revenue	2 a b c d e f			1,393,793. 1,393,793.	1,393,793.		
	b	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be Royalties (i) Rea Gross rents Less: rental expenses Rental income or (loss)	ond proceeds (ii) Personal	121,398.			121,398
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 588, 22 589, 90 48, 30	ies (ii) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising events (no including \$ 296,670 • of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	a 302,590.	48,304.			48,304
5	c 9 a b c	Net income or (loss) from fundraising eve Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	nts	0.			
		Gross sales of inventory, less returns and allowances					

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b

69.

69.

69.

411,608.1,393,793.

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

11 a OTHER INCOME

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Business Code 900099

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Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	139,978.	69,989.	27,996.	41,993.
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	2,373,157.	1,896,471.	172,165.	304,521.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	150,425.	117,703.	11,981.	20,741.
10	Payroll taxes	213,593.	167,131.	17,012.	29,450.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	00 000		0.0 0.00	
f	Investment management fees	20,878.		20,878.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	33,926.		31,926.	2,000.
12	Advertising and promotion			,	·
13	Office expenses	56,426.	12,604.	24,078.	19,744.
14	Information technology				
15	Royalties				
16	Occupancy	197,456.	109,933.	32,937.	54,586.
17	Travel	19,642.	14,268.	3,663.	1,711.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,320.	16,684.	2,809.	3,827.
23	Insurance	17,774.	5,625.	12,149.	
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 Schedula (A)				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES	51,914.	51,636.		278.
a b	COMMUNITY OUTREACH	50,694.	45,194.	5,500.	270•
D C	RECRUITING AND HIRING	2,657.	2,657.	3,300.	
d		2,0576	2,0576		
e e	All other expenses	34,962.	7,655.	5,475.	21,832.
25	Total functional expenses. Add lines 1 through 24e	3,386,802.	2,517,550.	368,569.	500,683.
26	Joint costs. Complete this line only if the organization	-,,	_,,,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- 11 TOHOWING GOT 30-2 (AGO 300-720)				F 000 (0047)

Form **990** (2017)

95-3931147 Page **11** Form 990 (2017)
Part X Balance Sheet P.S. ARTS

Pa	πχ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			569,814.	1	683,019.
	2	Savings and temporary cash investments	301,194.	2	301,474.		
	3	Pledges and grants receivable, net	151,488.	3	196,786.		
	4	Accounts receivable, net			239,944.	4	49,937.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			19,105.	8	4,535.
	9	Prepaid expenses and deferred charges			43,513.	9	43,546.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	335,634.			
	b	Less: accumulated depreciation	10b	257,177.	92,689.	10c	78,457.
	11	Investments - publicly traded securities	2,477,828.	11	2,648,070.		
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			149,293.	15	111,894.
	16	Total assets. Add lines 1 through 15 (must equa	4,044,868.	16	4,117,718.		
	17	Accounts payable and accrued expenses			127,523.	17	173,988.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay	,				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	24 141		25 700
		Schedule D			34,141.	25	25,780.
	26				161,664.	26	199,768.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			1 001 110		1 1/6 /70
au	27	Unrestricted net assets			1,021,113.	27	1,146,470.
Ba	28	Temporarily restricted net assets			2,053,570.	28	2,053,570.
pur	29			N -t N	4,055,570.	29	4,055,570.
Į.		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			3,883,204.	32	3,917,950.
_	33	Total net assets or fund balances			4,044,868.	33	4,117,718.
	34	Total liabilities and net assets/fund balances			4,044,000.	34	+,11/,/10•

Form **990** (2017)

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,41					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,38					
3	Revenue less expenses. Subtract line 2 from line 1	3	2 3,88		06.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				,			
	column (B))	10	3,91	7,9	50.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	, , , , , , , , , , , , , , , , , , , ,			990	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization P.S. ARTS 95-3931147 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). 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: 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). 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.) An agricultural research organization described in section 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 X 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		• •	, ,	. ,	. ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶□
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
						dule A (Form 990	

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.)

Se	ction A. Public Support	,,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,131,559.	2,637,626.	2,569,487.	2,003,394.	1,848,044.	11,190,110.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	457,837.	991,193.	1,200,452.	1,613,095.	1,393,793.	5,656,370.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	2,589,396.	3,628,819.	3,769,939.	3,616,489.	3,241,837.	16,846,480.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	913,161.	813,732.	939,119.	414,146.	393,025.	3,473,183.
k	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						0.
	Add lines 7a and 7b	913,161.	813,732.	939,119.	414,146.	393,025.	3,473,183.
	Public support. (Subtract line 7c from line 6.)	-					13,373,297.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,589,396.	3,628,819.	3,769,939.	3,616,489.	3,241,837.	16,846,480.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	31,366.	80,513.	116,531.	107,783.	121,398.	457,591.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	31,366.	80,513.	116,531.	107,783.	121,398.	457,591.
	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	16,876.	4,007.		1,011.	69.	21,963.
13	assets (Explain in Part VI.)	2,637,638.	3,713,339.	3,886,470.	3,725,283.	3,363,304.	17,326,034.
	First five years. If the Form 990 is for						· · ·
	check this box and stop here	•	,			. , . ,	
Se	ction C. Computation of Publ						
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	77.19 %
	Public support percentage from 2016					16	74.83 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	2.64 %
	Investment income percentage from 2					18	2.24 %
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						▶ X
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	За		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	_		
4c 5a 5b 5c 6 7 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	_		
5c 6 7 8 9a 9b 9c 10a	5a		
6 7 8 9a 9b 9c 10a	5b		
7 8 9a 9b 9c	5с		
7 8 9a 9b 9c			
9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c 10a	8		
9b 9c 10a	00		
9c 10a	ya		
10a	9b		
10a			
	9с		
10b	10a		
	10b		

Pa	rt IV Supporting Organizations _(continued)			
	(STIMILES)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	NI.
	Was a said to state a said to the discount of the day of the day of the state of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Р S ARTS **Employer identification number** 95 - 3931147

organization s Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 2. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, and donor advisors in writing that grant funds can be used only for charistable purposes and not for the benefit of the donor of oner advisors in writing that grant funds can be used only for charistable purposes and not for the benefit of the donor of oner advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor of oner advisors in writing that grant funds can be used only for charistable purposes and not for the benefit of the donor of oner advisors in writing that grant funds can be used only for charistable purposes to benefit? Persenvation or formal problems that the donor of oner advisors in writing that grant funds can be used only for charistable purposes to benefit? Persenvation or formal problems are grant funds an advisor of the problems of the organization in answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization of education) Preservation of a historically important land area Protection of natural habitat Presenvation of a certified historic structure and preservation of a certified historic structure and or of the tax year. 2 Total number of conservation easements and contribution held a qualified conservation contribution in the form of a conservation easement to the last advisor and the fund of the formal protection of the formal	Dai	t I Organizations Maintaining Donor Adviso	d Funds or Other Similar Fund	ds or Accounts Commission if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisor in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of 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 of anor advisor, or for any other purpose conferring impermisable private benefit?	Pai			us of Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and of year 5 Did the organization is property, subject to the organization's exclusive legal contro? 5 Did the organization is property, subject to the organization's exclusive legal contro? 6 Did the organization inform all granteses, 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 purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purpose search to flat and the public use (e.g., recreatation) [Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of particular particular Preservation of a certified historic structure Prese		organization answered "Yes" on Form 990, Part IV, lin		(In) From the condition of a condition
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal al donors and donor advisors in writing that the assets helid in donor advisor for writing that the assets helid in donor advisor for writing that the assets helid in donor advisor for any other purpose conferring informal 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 or any other purpose conferring information informal 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 or any other purpose conferring information and the property of the proper			(a) Donor advised funds	(b) Funds and other accounts
A Aggregate value of grants from (during year) Aggregate value at end of year	1			
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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			•	
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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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 S				, , , , , , , , , , , , , , , , , , , ,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	b			ent and balance sheet works of art, historical
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 \$				
(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			addation, or rescaron in ratherance of p	subile service, provide the reliewing amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 		•		> \$
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 				s
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	2	, , , , , , , , , , , , , , , , , , , ,		
a Revenue included on Form 990, Part VIII, line 1	~			olai galii, provide
	9	- · · · · · · · · · · · · · · · · · · ·		S

732051 10-09-17

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

Schedule D (Form 990) 2017

Pai	rt III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or (Other	Similar	Asset	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ar	re a sign	ificant us	se of its	collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs	3					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further tl	ne organization's	s exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit of							,	_	_
	to be sold to raise funds rather than to be ma						L	Yes		No
Pai	rt IV Escrow and Custodial Arran	•	ete if the organizatio	n answered "Ye	s" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•					1		7
	on Form 990, Part X?						🖳	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1	_	Τ
	Did the organization include an amount on F				•	?	🖳	Yes	H	∐ No
	If "Yes," explain the arrangement in Part XIII. Trick									
Fai	rt V Endowment Funds. Complete i						ro book	(-) Four	· vooro	haalı
4.	De significación de ferencia	(a) Current year	(b) Prior year	(c) Two years ba				(e) Four		
	Beginning of year balance	2,388,091.	2,100,911.	1,210,1 865,6			3,734.			320.
b	Contributions	159,869.	297 190	60,6			4,606. 7,827.			967.
	Net investment earnings, gains, and losses	139,809.	287,180.	80,8	743.	- 3	7,027.		30,	447.
	1									
е	Other expenditures for facilities	85,000.		35,5	34	41	0,331.			
	and programs	03,000.		33,3	754.		0,331.			
	Administrative expenses	2,462,960.	2,388,091.	2,100,9	911	1 21	0,182.	1	233	734.
g 2	End of year balance Provide the estimated percentage of the current.				<u> </u>	-,	0,102.		, 200 ,	751.
	Board designated or quasi-endowment	ent year end balanc	e (iiile 19, coluiliii (a	i)) Held as.						
	Permanent endowment 83.38	%								
	Temporarily restricted endowment ▶ 1									
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered	for the	organiza	tion			
-	by:	ocion or the organiza	ation that are mora a		. 101 1110	organiza		1	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Pa	art X, lin	ie 10.				
	Description of property	(a) Cost or o	' '		` '	umulated ciation		(d) Boo	k valu	e
1a	Land									
	Buildings									
	Equipment		33	5,634.	25	7,17	7.	7	8,4	57.
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.))	>	7	8,4	57.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		ne 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		4440 = 000	5	
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, II Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	45)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)			<u> </u>
	on Form 000 Dort IV I	no 110 or 11f Coo Form	2000 Dort V line	05
Complete if the organization answered "Yes" of a) Description of liability) Form 990, Fart IV, II	(b) Book value	1990, Part A, III e 2	20.
(a) Description of liability		(b) Book value		
(1) Federal income taxes		25 780		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5) (6)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5) (6) (7)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5) (6) (7) (8)		25,780.		
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5) (6) (7) (8) (9)				
(1) Federal income taxes (2) DEFERRED RENT INCENTIVES (3) (4) (5) (6) (7) (8)		25,780.		

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Pal	Complete if the organization answered "Ves" on Form 990. Part IV line		Revenue per F	teturr	1.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	3,429,410
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
	Net unrealized gains (losses) on investments	2a	9,940.	,	
b			28,740.	,	
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	38,680
3	Subtract line 2e from line 1			3	3,390,730
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,878.	,	
	Other (Describe in Part XIII.)				
С				4c	20,878
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,411,608
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,394,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	28,740.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	28,740
3	Subtract line 2e from line 1			3	3,365,924
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,878.		
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	20,878
5				5	3,386,802
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ${\tt F}$			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 inforn	nation.		
PAI	RT V, LINE 4:				
miti		D CDENDT	NO DOLLOTE		OD
THI	E ORGANIZATION HAS ADOPTED INVESTMENT AND	D SPENDI.	NG POLICIE	S F	OR .
T3377	DOLLAND AGGERG WILL AMMENTE TO DOCUTE A	DDEDIGE	3 DI E (MDE)		E EUNDING
EMI	DOWMENT ASSETS THAT ATTEMPT TO PROVIDE A	PREDICT	ABLE STREA	AM O.	F. FUNDING
ШΟ	DDOGDANG GUDDODMED DY IMG ENDOUMENM WILL	TE CEEKT	NO TO MATE	TM 7 T	NI MILITA
10	PROGRAMS SUPPORTED BY ITS ENDOWMENT WHI	LE SEEKI.	NG TO MAIN	M.I.W.T.	NTHE
חדדם	COUNCING DOWED OF MUE ENDOWMEND ACCEDS				
PUI	RCHASING POWER OF THE ENDOWMENT ASSETS.				
ד ע כד	om v itne).				
PAI	RT X, LINE 2:				
ти	E ORGANIZATION RECOGNIZES THE IMPACT OF '	MAY DOCT	TONG ON T	י יבונות	ETNANCTAT
1111	S ORGANIZATION RECOGNIZES THE IMPACT OF	IAA PUSI	TIONS ON I	пь.	FINANCIAL
Cm7	ATEMENTS IN ACCORDANCE WITH FINANCIAL AC	COLIMITATO	CWY MDY DDC	י אם	ADD /FACD\
217	ALEMENTS IN ACCORDANCE WITH FINANCIAL ACC	COUNTING	STANDARDS	ь вол	ARD (FASE)
7 C	COUNTING STANDARDS CODIFICATION TOPIC NO	740 3	CCOUNTING	₽∩D	
ACC	ON JIAOL MOTITATION CONVERTE SMITIMOO	• /4U, A	CCOOMITING	FUR	
TINI	CERTAINTY IN INCOME TAXES (ASC 740). ASC	740 CT.X	בעה באואוא	e tini	CERTATNTV
OTAL	THE THEORE IN THE THEORES (ADC 140). ADC	/ TO CHA	KILIED INE	7 014	CTIVITATI
TN	TNCOME TAXES RECOGNIZED IN AN ENTERPRIS	ES ETNAN	СТАТ. СПАПЕ	MEN	תום אום

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Schedule D (Form 990) 2017

Supplemental Information (continued)
PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. IN ACCORDANCE WITH ASC 740, THE
ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE
ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE
ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED
TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED
JUNE 30, 2018, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL
INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

P.S. AR	TS				95-3931	147			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	e Solicitar f Solicitar g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
otal			•						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 P.S. ARTS 95-3931147 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events EXPRESS (add col. (a) through PARTY 4 YOURSELF col. (c)) (event type) (event type) (total number) Revenue 112,700. 6,937. 1 Gross receipts 479,623. 599,260. 234,411 60,099. 2,160. 296,670. 2 Less: Contributions 245,212 52,601. 4,777. 302,590. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 33,883. 33,883. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 4,778. 9 Other direct expenses 211,328. 52,601. 268,707. 302,590. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

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b If "Yes," explain: ___

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017 P.S. ARTS	95-3	93114'	7 Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	l records:		
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	∍?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	e amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of convices provided			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
organization's own exempt activities during the tax year > \$	•		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lin	ies 9, 9b, 1	10b, 15b,
ros, ro, and rro, de applicable. The provide any additional information.			

Schedule G (Form 990 or 990-EZ) P.S. ARTS	95-3931147 Page 4
Schedule G (Form 990 or 990-EZ) P.S. ARTS Part IV Supplemental Information (continued)	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		P.S. A										311	47		
Part I Exce	ss Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 5	01(c))(29) organizatior	ns only	/).				
Compl	ete if the c	organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	b, or	Form 990-EZ, P	art V,	line 40	Ob.			
1	(b) Relationship between disqualified				lified						(d)	Corre	cted?		
(a) Name of dis	me of disqualified person		person and organization			((c) Description of tran			ısaction			es	No	
2 Enter the amou	ınt of tax i	ncurred by	the o	rganization mar	nagers	or disc	qualified persons du	ıring	the year under						
section 4958											\$				
3 Enter the amou							ganization				\$				
Part II Loan	s to and	d/or Fron	n Int	erested Per	sons	.									
Compl	ete if the c	organizatior	n ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or	Forn	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizatio	on	
reporte	ed an amo			, Part X, line 5, 6								V			
(a) Name o		(b) Relatio				(e) Original	(f	f) Balance due	(g) In (h) Ap			oroved (i) Written			
interested pe	rson	with organi	zation	ration of loan organization?			principal amount				default?		ittee?	agreement?	
					То	From				Yes	No	Yes	No	Yes	No
Total					<u></u>	<u></u>	> \$								
Part III Gran	ts or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons.								
Compl	ete if the c	organizatior	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested person			(b) Relationship between			(c) Amount of) Purpose of		
			interested person and the organization			assistance		assistance		ce as		assista	ssistance		
				trie Organiza	ation						_				
			+								\dashv				
			+								$-\!\!\!\!\!+$				
			+								-				
			+								-				
											-				
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			+								-+				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARLEEN CAPPELLETTI	BOARD MEMBER	128,140.	CARLEEN CAP		X
CARLEEN CAPPELLETTI	BOARD MEMBER	20,500.	CARLEEN CAP		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: CARLEEN CAPPELLETTI
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 128,140.
- (D) DESCRIPTION OF TRANSACTION: CARLEEN CAPPELLETTI IS A PS ARTS BOARD

 MEMBER AS WELL AS AN OFFICER OF AN UNRELATED COMPANY NAMED BOUNCE

 MARKETING. BOUNCE MARKETING RENDERED PRODUCTION SERVICES TO THE

 ORGANIZATION DURING THE FISCAL YEAR IN THE AMOUNT OF \$128,140 FOR ONE OF

 THE ORGANIZATION'S EVENTS IN 2017. THE BUDGET FOR THIS EVENT, WHICH

 INCLUDES A LINE FOR PRODUCTION COSTS PAID TO BOUNCE MARKETING, IS

 INCLUDED IN THE BUDGET REVIEW AND APPROVAL PROCESS BY THE FINANCE AND

 EXECUTIVE COMMITTEES. THE BUDGET IS THEN PRESENTED TO THE ENTIRE BOARD

 FOR THEIR APPROVAL. FURTHER, THE ORGANIZATION'S POLICIES AND PROCEDURES

 REQUIRE THAT TRANSACTIONS OVER A CERTAIN AMOUNT ARE APPROVED BY A SINGLE

 BOARD MEMBER WITH SIGNING AUTHORITY. MS. CAPPELLETTI WAS NOT A PART OF

 THE APPROVAL PROCESS.
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: CARLEEN CAPPELLETTI

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public

Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERSERVED PUBLIC SCHOOLS AND COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE CEO AND SENIOR FINANCIAL STAFF. ONCE APPROVED BY THESE INDIVIDUALS, THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF THE RETURN IS THEN ELECTRONICALLY FILED. DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS THROUGH AN ANNUAL QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS' COMPENSATION AND BENEFITS PACKAGE IS DECIDED BY THE EXECUTIVE COMMITTEE AND BASED ON AVAILABLE COMPENSATION SURVEYS. PRIMARILY FROM CENTER FOR NONPROFIT MANAGEMENT AND EMPLOYERS GROUP AND THE ORGANIZATION'S BUDGET.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 1023 AND 990 ARE AVAILABLE TO THE PUBLIC EITHER UPON WRITTEN RQUEST OR THROUGH WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

P.S. ARTS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

732211 09-07-17

OMB No. 1545-0687 Form 990-T **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) address changed instructions.) 95-3931147 P.S. ARTS **B** Exempt under section Print Unrelated business activity codes X = 501(c)(3)Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 6701 CENTER DRIVE STE 550 ___530(a) City or town, state or province, country, and ZIP or foreign postal code __ 408A L LOS ANGELES, CA 812930 90045 529(a) C Book value of all assets F Group exemption number (See instructions.) at end of year 4, 117, 718. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. **EMPLOYEE TRANSIT AND PARKING** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number J The books are in care of **GUILLAUME WATEAU** 586-1017 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 13,515. 13,515. Other income (See instructions; attach schedule) STATEMENT 12 12 13 13,515. 13 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 19 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

0.

13,515.

13,515.

12,515.

1,000.

27

28

29

31

33

line 32

27

28

29

30

31

32

33 34 Excess readership costs (Schedule J)

Other deductions (attach schedule)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form **990-T** (2017)

95-2302617

Phone no. (310) 477-3924

Firm's EIN ▶

12101109 701224 5546

Use Only

10960 WILSHIRE BLVD. STE 7
Firm's address LOS ANGELES, CA 90024-3783

Firm's name ► SINGERLEWAK LLP

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(0) Deductions discording			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly of columns 2(a) and	d 2(b) (attach sche		n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En ı (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Dek	ot-Financed	I Income (see	instru	ctions)					
			2	Gross income from		Deductions directly conn to debt-finance	ed property		
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deduction schedule)	S
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x 3(a) a	le deducti total of col and 3(b))	ions Iumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7		
Totals				•		0.	.		0.
Total dividends-received deductions in							1		0.

Schedule F - Interest,		o, nuya	iu c o, di		Controlled O			LauUl	is (see ins	uction	15)
1. Name of controlled organization	ation	2. Em		3. Net unr	elated income instructions)	4. Tot	al of specified ments made	5. Par	t of column 4 t	that is	6. Deductions directly connected with income
		num		(1033) (366	instructions)	рауг	nents made		ation's gross i		in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		related incon ee instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly connected in income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investme	ent Incon tructions)	ne of a	Section	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
	,					. 1	3. Deduction		4. Set-	noidos	5. Total deductions
1. Des	cription of incor	ne			2. Amount of	income	directly conne (attach sched		(attach s		and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals						0.					0.
Schedule I - Exploited	I Exempt				r Than Ac		ng Income				
(see instr	ructions)				1 Not in a con-	- (1)					
4	2. Gr			penses connected	4. Net incom from unrelated	trade or	5. Gross inco		6. Exp	enses	7. Excess exempt expenses (column
 Description of exploited activity 	unrelated I		with pr	oduction related	business (co minus colum	n 3). If a	from activity is not unrela	ted	attributa	able to	6 minus column 5, but not more than
	trade or b	usiness		ss income	gain, compute through		business inco	ome	Colum	1111 3	column 4).
(1)											
(2)											
(2) (3) (4)											
(4)											
	Enter here page 1, line 10, o	Part I,	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertis	ing Incor		nstructio								
Part I Income From		•		,	solidated	Basis					
1. Name of periodical		2. Gross advertising	adv	3. Direct		ising gain ol. 2 minus	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
		income	auv	o. noning cools		rough 7.	ancome.		COSI		than column 4).
(1)					_						
(2)			-								
(4)			_								
• /											
Totals (carry to Part II, line (5))	>		0.	0	•						0.
											Form 990-T (2017)

723731 01-22-18

5546___1

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
EMPLOYEE TRANSIT AND PARKING		13,515.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 12	13,515.

FORM	990-T LINE 35C TAX COMPUTATI	ON		STATEMENT	2
1.	TAXABLE INCOME		12,515		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		12,515		
3.	LINE 1 LESS LINE 2		0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT		0		
5.	LINE 3 LESS LINE 4		0		
6.	INCOME SUBJECT TO 34% TAX RATE		0		
7.	INCOME SUBJECT TO 35% TAX RATE		0		
8.	15 PERCENT OF LINE 2		1,877		
9.	25 PERCENT OF LINE 4		0		
10.	34 PERCENT OF LINE 6		0		
11.	35 PERCENT OF LINE 7		0		
12.	ADDITIONAL 5% SURTAX		0		
13.	ADDITIONAL 3% SURTAX		0		
14.	TOTAL INCOME TAX			1,8	877
			=		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/201	7 =	2,628		
	D	AYS			
16. 17.		184 181	946 1,303		
18.	TOTAL TAX PRORATED	365		2,2	249

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Cal	endar Year	2017 or fiscal year beginning (mm/dd/yyyy) 07/01	./2017	, and endir	ng (mm/dd/yy	yy) C	06/30/2018 .
Co	orporation/Or	ganization name			Cali	ifornia corporati	on number
Ρ.	.S. A	RTS				121902	27
Ac	lditional infor	mation. See instructions.			FE		
						95-393	31147
		(suite or room)				PMB no.	
		ENTER DRIVE STE 550					
Cit	-				State	ZIP code	
		GELES			CA	90045	
Fo	reign country	name Foreign province,	/state/county			Foreign posta	I code
_	F: . D .		N 1 1 16			0411 11	
A	First Retu	rn Yes X		mpt under R&T			
В	Amended	Return Yes X on 4947(a)(1) trust Yes X					Yes X No
C			I				23701g? • Yes X No
D		rmation Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized	I	s," enter the gro anization is exe			
		Dissolved	I	neets the filing f			
Ε		Counting method: (1) Cash (2) X Accrual (3) Othe		required.			
F		Sturn filed? (1) \bullet X 990T(2) \bullet 990PF (3) \bullet Sch H (99		organization a	I imited I iahilit	ty Company?	· · · · · · · · · · · · · · · · · · ·
			N Did th	e organization	file Form 100 (or Form 109 t	n
G	(4) X Other 990 series Is this a group filing? See instructions Yes X No report taxable income?					• Yes X No	
Н	Is this or	ganization in a group exemption Yes X		organization ur			
		what is the parent's name?		-	-		● Yes X No
				eral Form 1023			
1		ganization have any changes to its guidelines	Date f	iled with IRS			
	not repor	ted to the FTB? See instructions	No				
Р	art I	omplete Part I unless not required to file this form. See Genera					
		1 Gross sales or receipts from other sources. From Side 2, P	art II, line 8			•	1 2,406,063.00
		2 Gross dues and assessments from members and affiliates				•	2 00
F	Receipts	 Gross contributions, gifts, grants, and similar amounts rece Total gross receipts for filing requirement test. Add line 1 through line This line must be completed. If the result is less than \$50,000, see Ge 	eived		STMT	·1. • <u> </u>	1,848,044.00
-	and	4 This line must be completed. If the result is less than \$50,000, see Ge	eneral Information	В			4 4,254,107.00
R	evenues	Cost of goods soldCost or other basis, and sales expenses of assets sold		5	E20 00	00	
							7 539,909.00
		7 Total costs. Add line 5 and line 6					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
_		 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, lin 					$\frac{3,714,130.00}{9}$
E	xpenses	10 Excess of receipts over expenses and disbursements. Subt					0.4.00.4
_		11 Total payments					
		12 Use tax. See General Information K				• 1	
		13 Payments balance. If line 11 is more than line 12, subtract	line 12 from lir	ne 11		• 1	
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line					
	·	15 Filing fee \$10 or \$25. See General Information F					
		10 D III 10 0 11 (II 1					6 00
		17 Balance due. Add line 12, line 15, and line 16. Then subtra	act line 11 from	the result		1	
Sig	ın	17 Balance due. Add line 12, line 15, and line 16. Then subtra Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer)	ng accompanying) is based on all i	schedules and sin nformation of which	tatements, and to ch preparer has a	o the best of my ny knowledge.	knowledge and belief,
He		0.500	Title		Date		● Telephone
		Signature of officer	CEO				
		Propagation		Date	Check		• PTIN
		Preparer's NAZANIN BENYAMINI signature NAZANIN BENYAMINI		11/09/	18 self-er	nployed	□ P00666808 ● FEIN
Pa		Firm's name					
	eparer's	(or yours, if self-	ים ים				95-2302617 • Telephone
Us	e Only	employed) 10960 WILSHIRE BLVD. ST					I '
_		LOS ANGELES, CA 90024-3				. 37	(310) 477-3924
_		May the FTB discuss this return with the preparer shown above?	See instructio	ns		• X Y	es No

FOOTNOTES STATEMENT 2

FORM 199, QUESTION F:

THE FEDERAL FORM 990-T WAS FILED ONLY TO REPORT QUALIFIED FRINGE BENEFITS PAID AFTER JANUARY 1, 2018 PURSUANT TO THE TAX CUTS AND JOBS ACT OF 2017. AS SUCH, THERE IS NO CALIFORNIA FORM 109 FILED BY THE ORGANIZATION.

Date Accepted _____

TAXABLE YEAR California e-file Return Authorization for

FORM

201	7 Exempt Organization		1101			8453-EO
Exempt Organ	nization name				Ident	ifying number
P.S. 2	ARTS				95	-3931147
Part I	Electronic Return Information (whole dollars only)				
1 Total	gross receipts (Form 199, line 4)					1 4,254,107.00
2 Total	gross income (Form 199, line 8)					2 3,714,198.00
3 Total	expenses and disbursements (Form 199, line 9)					3,689,392.00
Part II	Settle Your Account Electronically for Taxable Y	ear 2017				
4	Electronic funds withdrawal 4a Amount	41:	Withdrawal d	ate (mm/dd/)	/ууу)	
Part III	Banking Information (Have you verified the exemp	ot organization's banking info	rmation?)			
5 Routin	ng number					
6 Accou	nt number	7 Type	of account:	Checking	, [Savings
Part IV	Declaration of Officer					
I authorize t on line 4a.	he exempt organization's account to be settled as designa	ated in Part II. If I check Part II, B	ox 4, I authorize a	an electronic fu	nds w	vithdrawal for the amount listed
transmitter, California el a balance du organization statements	Ities of perjury, I declare that I am an officer of the above or intermediate service provider and the amounts in Part ectronic return. To the best of my knowledge and belief, the return, I understand that if the Franchise Tax Board (FT in will remain liable for the fee liability and all applicable into the transmitted to the FTB by the ERO, transmitter, or intermediate authorize the FTB to disclose to the ERO or intermediate	I above agree with the amounts on the exempt organization's return in B) does not receive full and time erest and penalties. I authorize the mediate service provider. If the prediate service provider.	on the correspond s true, correct, ar ly payment of the e exempt organize processing of the	ding lines of th nd complete. If exempt organ ation return an	e exer the ex izatior d acc	npt organization's 2017 kempt organization is filing n's fee liability, the exempt ompanying schedules and
Sign		СЕО				
Here	Signature of officer Dat	e Title				
Part V I	Declaration of Electronic Return Originator (ER	O) and Paid Preparer.				
am only an accurately reprovided the 1345, 2017 the exempt I declare that	at I have reviewed the above exempt organization's return intermediate service provider, I understand that I am not reflects the data on the return.) I have obtained the organize organization officer with a copy of all forms and informa e-file Handbook for Authorized e-file Providers. I will keep organization return is filed, whichever is later, and I will mat I have examined the above exempt organization's returnt, and complete. I make this declaration based on all informations.	esponsible for reviewing the exe tation officer's signature on form tion that I will file with the FTB, an oform FTB 8453-EO on file for fo ake a copy available to the FTB u n and accompanying schedules a	mpt organization' FTB 8453-EO be nd I have followed ur years from the pon request. If I a nd statements, al	s return. I decl fore transmittir d all other requ due date of th am also the pai	are, h ig this ireme e retu d prep	owever, that form FTB 8453-EO return to the FTB; I have nts described in FTB Pub. rn or four years from the date parer, under penalties of perjury
		I Date	Check if	I Charle		I ERO's PTIN
ci	RO's- gnature	Date	also paid	Check if self-	г	
ERO _	SINGERLEWAR LLP		preparer	X emplo		P00666808
if	rm's name (or yours self-employed) SINGERLEWAK LL				FEIN	95-2302617
Sign ar	10960 WILSHIRE LOS ANGELES, C				ZIP	code 90024-3783
	Ities of perjury, I declare that I have examined the above o	rganization's return and accomp				
Paid Prepare	Paid preparer's	Da		Check if self- employed		Paid preparer's PTIN
Must	Firm's name (or yours				FEIN	N
Sign	if self-employed) and address				ZIP	code
					1	

729021 11-27-17

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 56451	Check if:				
	│	nge of address			
P.S. ARTS Name of Organization	Ame	ended report			
6701 CENTER DRIVE STE 550 Address (Number and Street)	Corporate	or Organization No.	1219027		
LOS ANGELES, CA 90045 City or Town, State and ZIP Code	Federal En	nployer I.D. No.	95-3931147		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R			7, 311, and 312)		
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual R	evenue	Fe	e
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million			0,001 and \$10 million 00,001 and \$50 million 00 million	\$15 \$25 \$30	25
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $\frac{07/01/20}{3,411,608}$ Total assets \$		ing <u>06/30/</u> 117,718.	2018_) list:		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: If you answer "yes" to any of the questions below, you must attach a s "yes" response. Please review RRF-1 instructions for information requ		ge providing an ex	planation and details	for eac	ch
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 10					
During this reporting period, were there any theft, embezzlement, diversion or or funds?	ion or misuse of the organization's charitable property				х
3. During this reporting period, did non-program expenditures exceed 50% of gr	oss revenue	9?			Х
4. During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you f	iled a Form 4720		Х
5. During this reporting period, were the services of a commercial fundraiser or for If "yes," provide an attachment listing the name, address, and telephone num	-		le purposes used?		Х
6. During this reporting period, did the organization receive any governmental funame of the agency, mailing address, contact person, and telephone number	U	, i	ment listing the TATEMENT 11	Х	
7. During this reporting period, did the organization hold a raffle for charitable puthe number of raffles and the date(s) they occurred.	urposes? If "	yes," provide an at	tachment indicating		х
8. Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a commercial					х
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? Output Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?					
Organization's area code and telephone number (310) 586-1017					
Organization's e-mail address KRISTEN.PAGLIA@PSARTS.ORG					
I declare under penalty of perjury that I have examined this report, including accompanying is true, correct and complete.	ng documents	, and to the best of n	ny knowledge and belief, t	the con	tent
KRISTEN PAGLIA	C	EO			
Signature of authorized officer Printed Name	Tit		Date		

729291 12-27-17 RRF-1 (08/2017) P.S. ARTS 95-3931147

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

10

CARLEEN CAPPELLETTI IS A PS ARTS BOARD MEMBER AS WELL AS AN OFFICER OF AN UNRELATED COMPANY NAMED BOUNCE MARKETING. BOUNCE MARKETING RENDERED PRODUCTION SERVICES TO THE ORGANIZATION DURING THE FISCAL YEAR IN THE AMOUNT OF \$128,140 FOR ONE OF THE ORGANIZATION'S EVENTS IN 2017. THE BUDGET FOR THIS EVENT, WHICH INCLUDES A LINE FOR PRODUCTION COSTS PAID TO BOUNCE MARKETING, IS INCLUDED IN THE BUDGET REVIEW AND APPROVAL PROCESS BY THE FINANCE AND EXECUTIVE COMMITTEES. THE BUDGET IS THEN PRESENTED TO THE ENTIRE BOARD FOR THEIR APPROVAL. FURTHER, THE ORGANIZATION'S POLICIES AND PROCEDURES REQUIRE THAT TRANSACTIONS OVER A CERTAIN AMOUNT ARE APPROVED BY A SINGLE BOARD MEMBER WITH SIGNING AUTHORITY. MS. CAPPELLETTI WAS NOT A PART OF THE APPROVAL PROCESS.

AMANDA SCHUON IS A PS ARTS BOARD MEMBER AND IS EMPLOYED BY TRUTH BE TOLD, A COMPANY WHICH PROVIDES PRESS MANAGEMENT AND OUTREACH SERVICES.

CARLEEN CAPPELLETTI IS A PS ARTS BOARD MEMBER AS WELL AS THE PRESIDENT OF AN UNRELATED COMPANY NAMED ANCHOR STREET COLLECTIVE. ANCHOR STREET COLLECTIVE PROVIDED PRODUCTION SERVICES TO THE ORGANIZATION DURING THE FISCAL YEAR IN THE AMOUNT OF \$20,500 FOR ONE OF THE ORGANIZATION'S EVENTS IN 2017.

11

CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT

CALIFORNIA ARTS COUNCIL CRAIG WATSON 1300 I ST. SACRAMENTO, CA 95814 916-322-6344

CITY OF LA DEPARTMENT OF CULTURAL AFFAIRS 201 N FIGUEROA ST, STE 1400 LOS ANGELES, CA 90012 213-202-5500

LOS ANGELES COUNTY ARTS COMMISSION KRISTIN SAKODA
1055 WILSHIRE BLVD. STE. 800
LOS ANGELES, CA 90017
213-202-5858

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

Inspection

Department of the Treasury

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

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, and ending JUN 30, 2018 Open to Public

OMB No. 1545-0047

B	Check if pplicab	C Name of organization		D Employer identific	cation number
	Addre	P.S. ARTS			
F	Name Chang			95-3	931147
F	Initial	0	Room/suite	E Telephone number	
F	Final	6701 CENTED DOTTE CTE 550	toom, outo) 586-1017
	termii ated			G Gross receipts \$	4,254,107.
	Amen	ded TOC ANCETEC CA 90045		H(a) Is this a group re	
	Appli	· · · · · · · · · · · · · · · · · · ·		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
1.1	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	list. (see instructions)
		te: WWW.PSARTS.ORG		H(c) Group exemption	n number 🕨
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1991 N	State of legal domicile: CA
Pa	art I	Summary			
- О	1	Briefly describe the organization's mission or most significant activities: $P \cdot S \cdot$	ARTS	IS DEDICATE	D TO
Governance		IMPROVING THE LIVES OF CHILDREN BY PROVID	OING A	RTS EDUCATI	ON TO
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
δ	3			3	24
⋖ర	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			23
Activities	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			95
ξi	6	Total number of volunteers (estimate if necessary)			350
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		12,515.
		0 17 17 17 17 17 17 17 17 17 17 17 17 17	-	Prior Year 2,003,394.	Current Year 1,848,044.
ıne	8	Contributions and grants (Part VIII, line 1h)		1,613,095.	1,393,793.
Revenue	9	Program service revenue (Part VIII, line 2g)		122,862.	169,702.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,011.	69.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,740,362.	3,411,608.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,050,347.	2,877,153.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	33.	-	
Ã	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		513,161.	509,649.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,563,508.	3,386,802.
	19	Revenue less expenses. Subtract line 18 from line 12		176,854.	24,806.
Net Assets or Fund Balances		·		ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,044,868.	4,117,718.
t Assid	21	Total liabilities (Part X, line 26)		161,664.	199,768.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,883,204.	3,917,950.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		' · · ·		Date	
Her	е	KRISTEN PAGLIA, CEO Type or print name and title			
			П	Date Check	PTIN
Paid	1	Print/Type preparer's name NAZANIN BENYAMINI NAZANIN BENYAMINI NAZANIN BENYAMIN	II	1/09/18 Check Lift self-employee	
	parer	Firm's name SINGERLEWAK LLP	4.T. T.	Firm's EIN	95-2302617
	Only	Firm's address 10960 WILSHIRE BLVD. STE 700		FIIIII S EIN	JJ ZJUZUII
030	Jilly	LOS ANGELES, CA 90024-3783		Phone no. (3	10) 477-3924
May	/ the !	RS discuss this return with the preparer shown above? (see instructions)		I Holle Ho. (5	X Yes No
ivia	, uici	no discuss this return with the preparer shown above: (see instructions)			163 180

732002 11-28-17

95-3931147 Page **3**

Form 990 (2017) P.S. ARTS 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	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		х
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
	complete Schedule G, Part III	19		47

Form **990** (2017)

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Form 990 (2017) P.S. ARTS Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	0.4		Х
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.0		
·	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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		
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	07		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		-21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			***
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2017)

Form **990** (2017)

95-3931147

Form 990 (2017) P.S. ARTS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Part V				
			<u> - ا</u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	0 T		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			- v	
•	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 9	5		
	filed for the calendar year ending with or within the year covered by this return		_	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			Α.	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Х	
			_	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		30	- 25	
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
h	If "Yes," enter the name of the foreign country:	accounty:	a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 55		
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor	? 7 a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12 for public use of club facilities.	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	i i a			
D	amounts due or received from them.)	11b			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.		.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
			Forn	2000	(2017)

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P.S. ARTS Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Other (explain in Schedule O) Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records: GUILLAUME WATEAU - (310) 586-1017

Form **990** (2017) 732006 11-28-17

90045

6701 CENTER DRIVE STE 550, LOS ANGELES,

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l g			C)			(D)	(E)	(F)
Name and Title	Average hours per	box	, unle	Pos heck ess pe	more rson	than	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated supplying employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JORGE CAMIL STARR	1.00	ļ "								0
BOARD MEMBER	1.00	Х	-					0.	0.	0.
(2) AMANDA SCHUON BOARD MEMBER	1.00	X						0.	0.	0.
(3) ELLEN-GOLDSMITH- VEIN	1.00	^	├		\vdash	├		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(4) DAVID KAHN	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) KASEY CROWN	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) MARY-ELIZABETH MICHAELS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(7) CARLEEN CAPPELLETTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CAREY HOTCHKIS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(9) NATALYA HUDIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LISA KUDROW	1.00	ļ.,								•
BOARD MEMBER	1 00	Х	<u> </u>			_		0.	0.	0.
(11) STEVE MCCRAY	1.00	١,,								0
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(12) CAROLYN GIANGIACOMO	1.00	٠,						0.		0
BOARD MEMBER	1 00	Х	-					0.	0.	0.
(13) PAMELA POSEY	1.00	X						0.	0.	0.
CROSSROADS REPRESENTATIVE (14) HADLEY DAVIS RIERSON	1.00	^	┢			┢		0.	0.	0.
SECRETARY	1.00	X		Х				0.	0.	0.
(15) RONA SEBASTIAN	1.00	<u> </u>	┢	^	_	┢		0.	0.	
BOARD MEMBER	1.00	X						0.	0.	0.
(16) AMY ZOLLER	1.00	 ^	\vdash	\vdash	\vdash	\vdash	\vdash			
BOARD MEMBER	1.00	x						0.	0.	0.
(17) KATHY TASLITZ	1.00	+	\vdash				\vdash			
BOARD MEMBER		x						0.	0.	0.
720007 11 00 17			_	_		_	_	1		Form 990 (2017)

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FOIII 990 (2017) 1 • D • 211(1)										<i>,</i> <u>,</u> <u>,</u> .		i age c
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ess pe	more erson	than	th an	compensation	(E) Reportable compensation	n		(F) timated nount of
	week (list any hours for related organizations below line)	tee or director	er lustitutional trustee	Officer	Key employee	Highest compensated	Ė	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensation om the anization d related nizations
(18) DEBORAH GRIBBON	1.00											_
BOARD MEMBER	1 00	Х						0.		0.		0.
(19) PAM BERGMAN	1.00	١										0
PRESIDENT-AT-LARGE	1 00	Х	_	Х		_	_	0.		0.		0.
(20) LAURA FOX	1.00	Į.,		7.						ا ۸		0
BOARD CHAIR (21) CHI-CHIEN HOU	1.00	Х	_	Х		\vdash	┢	0.		0.		0.
CO-VICE CHAIRPERSON	1.00	X		x				0.		0.		0.
(22) JOSHUA B. TANZER	1.00	^	\vdash	^		\vdash	\vdash	0.				0.
IMMEDIATE PAST CHAIR	1.00	x		x				0.		0.		0.
(23) GENNIFER YOSHIMARU	1.00	+	\vdash	 		\vdash	H			-		
CO-VICE CHAIRPERSON		X		Х				0.		0.		0.
(24) JANGO SIRCUS	1.00									\neg		
TREASURER		X		Х				0.		0.		0.
(25) KRISTEN PAGLIA	40.00											
CHIEF EXECUTIVE OFFICER				Х				133,978.		0.		0.
1b Sub-total								133,978.		0.		0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								133,978.		0.		0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable	е		
compensation from the organization											—	1
3 Did the organization list any former officer,	director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on	ſ		Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	•							· · · · · · · · · · · · · · · · · · ·	-			
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	-				-			-				V
rendered to the organization? If "Yes," com	plete Schedui	le J i	for s	uch	pers	son					5	X
Section B. Independent Contractors		-1						Ale ad the active of the are	\$100,000 - \$		-4: 6	
Complete this table for your five highest co the organization. Report compensation for	•								•	pensa		
(A) Name and business								(B) Description of s	services	С	(C omper	s) nsation
BOUNCE EVENT MARKETING, SUITE 203, CULVER CITY,			ER	Bl	LV]	D.	- 1	EVENT PRODUC	TION		128	8,140.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim 1\)

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P.S. ARTS

Pai	t VI	II Statement of Revenue					-
		Check if Schedule O contains a resp	onse or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	b 296,670. d 74,170. f 1,477,204. 21,550.	1,848,044.			
	2 a	SCHOOL PROGRAMS	Business Code	1,393,793.	1,393,793.		
Program Service Revenue	b d e						
_		All other program service revenue		1,393,793.			
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be	interest, and ond proceeds	121,398.			121,398.
	6 a	Royalties (i) Res					
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis (i) Secur	ities (ii) Other				
	c	and sales expenses 539,9 Gain or (loss) 48,3 Net gain or (loss)	D	48,304.			48,304.
Other Revenue		Gross income from fundraising events (rincluding \$ 296,670 of contributions reported on line 1c). See Part IV, line 18	a 302,590.				
₽		Less: direct expenses		0.			
	9 a	Gross income from gaming activities. Se Part IV, line 19	e a				
	10 a	Less: direct expenses Net income or (loss) from gaming activiti Gross sales of inventory, less returns and allowances Less: cost of goods sold	es				
		Net income or (loss) from sales of invent					
	11 a	Miscellaneous Revenue OTHER INCOME	Business Code	69.			69.
	d	<u>'</u>					
	е	Total. Add lines 11a-11d		69.	1 202 502	^	1.00 001
	12	Total revenue. See instructions.		3,411,608.	µ,393,793.	0.	169,771.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 139,978. 69,989. 27,996. 41,993. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,373,157. 1,896,471. 172,165. 304,521. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 150,425. 117,703. 11,981. 20,741. Other employee benefits 9 213,593. 167,131. 17,012. 29,450. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 20,878. 20,878. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 2,000. 33,926 31,926 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 56,426. 12,604. 24,078. 19,744. Office expenses 13 Information technology 14 Royalties 15 197,456. 109,933. 32,937. 54,586. 16 Occupancy 19,642. 14,268. 3,663. 1,711. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 23,320. 16,684. 2,809. 3,827. Depreciation, depletion, and amortization 22 17,774. 12,149. 5,625. 23 Other expenses. Itemize expenses not covered 24 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.) 51,914. 51,636. 278. SUPPLIES COMMUNITY OUTREACH 50,694. 45,194. 5,500. RECRUITING AND HIRING 2,657. 2,657. С d 34,962. 7,655. 5,475. 21,832. All other expenses е 3,386,802. 2,517,550. 368,569. 500,683. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet P.S. ARTS

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any line in this F	Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			569,814.	1	683,019.
	2	Savings and temporary cash investments			301,194.	2	301,474.
	3	Pledges and grants receivable, net			151,488.	3	196,786.
	4	Accounts receivable, net			239,944.	4	49,937.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employees. Con	nplete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as defir	ned under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and c	ontributing			
		employers and sponsoring organizations of sec	ion 501(c)(9) volunta	ıry			
ş		employees' beneficiary organizations (see instr).	Complete Part II of S	Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use			19,105.	8	4,535.
	9	Prepaid expenses and deferred charges			43,513.	9	43,546.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,634.			
	b	Less: accumulated depreciation	10b 25	7,177.	92,689.	10c	78,457.
	11	Investments - publicly traded securities		2,477,828.	11	2,648,070.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		149,293.	15	111,894.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		4,044,868.	16	4,117,718.
	17	Accounts payable and accrued expenses			127,523.	17	173,988.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	· L		21	
es	22	Loans and other payables to current and former	officers, directors, to	rustees,			
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24). Complete Pa	art X of	24 141		25 700
		Schedule D			34,141.	25	25,780.
	26	Total liabilities. Add lines 17 through 25			161,664.	26	199,768.
		Organizations that follow SFAS 117 (ASC 958		△ and			
ces		complete lines 27 through 29, and lines 33 an			1,021,113.	07	1 146 470
an	27	Unrestricted net assets			808,521.	27	1,146,470.
Ba	28	Temporarily restricted net assets			2,053,570.	28	2,053,570.
pur	29		CC 0E0) shock how		4,033,310.	29	4,033,310.
ř		Organizations that do not follow SFAS 117 (A	૩∪ ઝ૦૪), cneck nere				
် ဝ	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Ne	32	Retained earnings, endowment, accumulated in			3,883,204.	33	3,917,950.
		Total net assets or fund balances			4,044,868.	34	4,117,718.
	34	TOTAL HADIILIES AND HEL ASSELS/TUTIO DAIAITCES			-,0,000.	∪ +	

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Pa	Tt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,41			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,38			
3	Revenue less expenses. Subtract line 2 from line 1	3	24,806			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 3	3,88			
5	Net unrealized gains (losses) on investments	5		9,9	<u>40.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,91	7,9	<u>50.</u>	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2017)	

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization P.S. ARTS 95-3931147 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). 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: 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). 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.) An agricultural research organization described in section 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 X 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 P.S. ARTS 95-3931147 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(0) 2017	(i) rotai
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
Ю	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-1- / !				40	
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	•			•	. , . ,	
Sec	organization, check this box and stop	ic Support Per	rcentage				P
	<u> </u>	<u> </u>		l (f)			0/
	Public support percentage for 2017 (I					15	<u>%</u>
	Public support percentage from 2016						<u>%</u>
Iba	33 1/3% support test - 2017. If the contain have The approximation available						
	stop here. The organization qualifies						
D	33 1/3% support test - 2016. If the c						IIS DOX
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						.
18	Private foundation. If the organization	n did not check a b	box on line 13, 16	a, 16b, 17a, or 17			
					Cobe	dula A (Earm 000	A CICKLE TI OC 17

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.)

Se	ction A. Public Support	,,	,							
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,131,559.	2,637,626.	2,569,487.	2,003,394.	1,848,044.	11,190,110.			
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose	457,837.	991,193.	1,200,452.	1,613,095.	1,393,793.	5,656,370.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization'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	2,589,396.	3,628,819.	3,769,939.	3,616,489.	3,241,837.	16,846,480.			
	Amounts included on lines 1, 2, and									
	3 received from disqualified persons	913,161.	813,732.	939,119.	414,146.	393,025.	3,473,183.			
k	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						0.			
	Add lines 7a and 7b	913,161.	813,732.	939,119.	414,146.	393,025.	3,473,183.			
	Public support. (Subtract line 7c from line 6.)	-					13,373,297.			
	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6	2,589,396.	3,628,819.	3,769,939.	3,616,489.	3,241,837.	16,846,480.			
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties, and income from similar sources	31,366.	80,513.	116,531.	107,783.	121,398.	457,591.			
k	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b	31,366.	80,513.	116,531.	107,783.	121,398.	457,591.			
	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	16,876.	4,007.		1,011.	69.	21,963.			
13	assets (Explain in Part VI.)	2,637,638.	3,713,339.	3,886,470.	3,725,283.	3,363,304.	17,326,034.			
	First five years. If the Form 990 is for						· · ·			
	check this box and stop here	•	,			. , . ,				
Se	ction C. Computation of Publ									
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	77.19 %			
	Public support percentage from 2016					16	74.83 %			
	ction D. Computation of Inves									
17	7 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 2 • 64 %									
	Investment income percentage from 2					18	2.24 %			
	9a 33 1/3% support tests - 2017. 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									
							▶ X			
k	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
	line 18 is not more than 33 1/3%, che	•			•	•				
20	Private foundation If the organization									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
:	2		
3	а		
3	b		
3	С		
4	а		
4	b		
4	С		
5	9		
	u		
5	b		
5	С		
	6		
-	7		
-	3		
9	a		
9	b		
	-		
9	С		
10)a		
2000.6)b	00 E7	2017

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	^{₹ V} Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
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	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Cumplemental Information Decide the evaluations required by Datil Sec 10, Datil Sec 17, and 75, Datil Sec 10.						
T GIT VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,						
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Р S ARTS **Employer identification number** 95 - 3931147

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or Accounts Complete # the				
Pai			as of Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin		(b) From the search of the sea				
	•	(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 adv	vised funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring				
	impermissible private benefit?		Yes No				
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or e		storically important land area				
	Protection of natural habitat		ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	m of a conservation easement on the last				
_	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b							
	Number of conservation easements on a certified historic str						
٦	Number of conservation easements included in (c) acquired a						
u	`,' .	·					
2	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	ne organization during the tax				
	year						
4	Number of states where property subject to conservation eas		-				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
_	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser-	vation easements during the year				
•	\$		70 (L) (A) (D) (C)				
8	Does each conservation easement reported on line 2(d) above	•					
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization.	tion's financial statements that describe	es the organization's accounting for				
Dai	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Transuras or	Other Similar Assets				
Fai	Complete if the organization answered "Yes" on Form		Other Sillillar Assets.				
	·		oment and halance sheet works of art				
ıa	If the organization elected, as permitted under SFAS 116 (AS						
	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 descri		ork and balance about one do at the bisk of all				
b	If the organization elected, as permitted under SFAS 116 (AS						
	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						
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 1						
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X		> \$				

Schedule D (Form 990) 2017

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

	dule D (Form 990) 201/ F.S. AR.		t Historical Tr	oacuroc or	Othor			5114 ***********************************		e ∠
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3										
	(check all that apply):									
а	Public exhibition	d		hange program	S					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization	's exem	pt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other	similar a	assets		_		
-	to be sold to raise funds rather than to be ma	<u></u>						Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the organization	n answered "Ye	es" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other asse	ts not ir	ncluded		_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo				nt liabilit	v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete if									_
	·	(a) Current year	(b) Prior year	(c) Two years b			ars back	(e) Four	vears ba	ıck
1a	Beginning of year balance	2,388,091.	2,100,911.	· · ·			3,734.	(0):	937,3	
	Contributions	, , ,	, ,	865,			4,606.		205,9	
	Net investment earnings, gains, and losses	159,869.	287,180.	· · · · ·			7,827.		90,4	
	Grants or scholarships	200,000.	207,200.				,,,,,,,		, -	
	Г									—
е	Other expenditures for facilities	85,000.		35,	534	1	0,331.			
	and programs	83,000.		33,.	334.	- 4	0,331.			—
	Administrative expenses	2 462 060	2 200 001	2 100	011	1 21	0 100	1	222 7	2.4
g	End of year balance	2,462,960.	2,388,091.		911.	1,21	0,182.	Δ,	233,73	34.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 83.38	 %								
С	Temporarily restricted endowment ▶ 16									
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	d for the	e organiza	tion	г		
	by:									No_
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulated		(d) Book	value	
	-	basis (investm		(other)	depr	eciation				
1a	Land									_
	Buildings									
	Leasehold improvements						\neg			
	Equipment		33	5,634.	2.	57,17	7.	78	3,45	7.
	Other			·		-	\top		-	
	I. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	10c)		ı		78	3,45	7.
TOLA	ir , wa iii loo Ta ti ii ougit Te. jooluliiii juj iilust et	jaari omi ood, i alli	., ooiaiiii (D), iiiie i	···/				- ' '	. ,	<u> </u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 P.S. ARTS			95-	3931147	Page
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 v	aluation: Cost or end-	of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (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 v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (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) I	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) DEFERRED RENT INCENTIVES		25,780.			
(3)					
(4)					
(5)					
(6)					
(7)					

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 X

25,780.

Schedule D (Form 990) 2017

(8)

Schedule D (Form 990) 2017 P.S. ARTS			95-	3931147 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With			
Complete if the organization answered "Yes" on Form 990, Part IV, line				2 400 410
1 Total revenue, gains, and other support per audited financial statements			1	3,429,410.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		9,940.	.	
b Donated services and use of facilities		28,740.	.	
c Recoveries of prior year grants			.	
d Other (Describe in Part XIII.)	2d			20 600
e Add lines 2a through 2d			2e	38,680.
3 Subtract line 2e from line 1			3	3,390,730.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	00 000		
a Investment expenses not included on Form 990, Part VIII, line 7b		20,878.	.	
b Other (Describe in Part XIII.)	4b			00 000
c Add lines 4a and 4b			4c	20,878
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,411,608.
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line				2 204 664
Total expenses and losses per audited financial statements			1	3,394,664.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	00 540		
a Donated services and use of facilities		28,740.	.	
b Prior year adjustments	2b		.	
c Other losses			.	
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	28,740.
3 Subtract line 2e from line 1			3	3,365,924.
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	20,878.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	20,878.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	3,386,802
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PART V, LINE 4:				
THE ORGANIZATION HAS ADOPTED INVESTMENT AN	ND SPENDI	NG POLICIE	S F	OR
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A	A PREDICT	ABLE STREA	M 0	F FUNDING
TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHI	LE SEEKI	NG TO MAIN	TAI	N THE
PURCHASING POWER OF THE ENDOWMENT ASSETS.				
PART X, LINE 2:				
THE ORGANIZATION RECOGNIZES THE IMPACT OF	TAX POSI	TIONS ON T	HE :	FINANCIAL
CHAMENING THE ACCORDANCE LITTLE BETWANGERS ACC	NACITATE TATA	CM AND ADD C	DO:	ADD / EAGD \

STATEMENTS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC NO. 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (ASC 740). ASC 740 CLARIFIES THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISES FINANCIAL STATEMENTS AND

5546___1

Supplemental information (continued)
PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. IN ACCORDANCE WITH ASC 740, THE
ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE
ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE
ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED
TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED
JUNE 30, 2018, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL
INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

name of the organization P.S. AR	TS					95-3931	147
Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	on is registered at licensed to solicit o		utions	or has been notified	d it ic	overnet from re	ogistration
or licensing.	IT is registered of licerised to solicit to	JOHUNG	utions	s of flas been flotilled	J IL 15	exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 P.S. ARTS 95-3931147 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events EXPRESS (add col. (a) through PARTY 4 YOURSELF col. (c)) (event type) (event type) (total number) Revenue 112,700. 6,937. 1 Gross receipts 479,623. 599,260. 234,411 60,099. 2,160. 296,670. 2 Less: Contributions 302,590. 245,212 52,601. 4,777. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 33,883. 33,883. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 4,778. 9 Other direct expenses 211,328. 52,601. 268,707. 302,590. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ______ Yes

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain: ___

Sch	edule G (Form 990 or 990-EZ) 2017 P.S. ARTS 95	-3931147 Page 3
	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
40	to administer charitable gaming?	Yes No
	Indicate the percentage of gaming activity conducted in:	140-1
	The organization's facility	
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
h	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
~	of gaming revenue retained by the third party \blacktriangleright \$	
,	If "Yes," enter name and address of the third party:	
	on Tes, entername and address of the tillid party.	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	s the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year > \$	C
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III linos Q Qb 10b 15b
I	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iii, iiiles 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990 or 990-EZ) 2017

732083 09-13-17

Schedule G (Form 990 or 990-EZ) P.S. ARTS	95-3931147 Page 4
Schedule G (Form 990 or 990-EZ) P.S. ARTS Part IV Supplemental Information (continued)	

SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	S. AR										311	47								
Part I Excess Bene	efit Transa	octic	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	/).										
Complete if the c	organization a	answ	ered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40	Ob.									
1	1		elationship betv			lified						(d)	Corre	cted?						
(a) Name of disqualified p	person		person and or	ganiza	ation	(0) De	escription of tran	sactio	n		Y	es	No						
												\top								
												+								
2 Enter the amount of tax i	incurred by th	he or	ganization man	agers	or disc	nualified persons du	rina	the year under												
	•		_	-		•	_	-		\$										
3 Enter the amount of tax,						ganization														
Enter the amount of tax,	ii arry, orr iiric	5 Z, a	ibove, reimbara	ica by	ti ic or	gariizatiori				Ψ										
Part II Loans to and	d/or From	Inte	erested Per	sons	<u> </u>															
						, Part V, line 38a or l	Eorn	a OOO Dort IV lin	26:	or if th	o orac	nizoti	on							
reported an amo	-					., Fait v, iiile 36a 0i i	FOIII	11 990, Fart IV, III	le 20,	OI II LI	ie orga	ai iizatii	OH							
	(b) Relations		(c) Purpose		∠. an to or	(a) Original	16) Delenes due	(~)	In	(h) Ap	proved	/:> \//	ritten						
(a) Name of interested person	with organiza		of loan	fron	n the	(e) Original principal amount					(i) Balarice due				(g) In default?		by bo	proved ard or	agree	ment?
miles ested percent			0	<u> </u>	zation?	printe par arrive							_							
		-		То	From		\vdash		Yes	No	Yes	No	Yes	No						
											-									
		_					<u> </u>													
		_					_													
							_													
Fotal						\$														
Part III Grants or As	sistance l	Ben	efiting Inter	este	d Pe	rsons.														
Complete if the o	organization a	answ	rered "Yes" on	Form 9	990, Pa	art IV, line 27.														
(a) Name of interested p	person	(k) Relationship	betwe	en	(c) Amount of		(d) Type	of		(е) Purp	ose of							
			interested pers		d	assistance		assistan	ce			assista	ance							
			the organiza	ation																
										\neg										
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		<u> </u>								-+										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
CARLEEN CAPPELLETTI	BOARD MEMBER	128,140.	CARLEEN CAP		X
CARLEEN CAPPELLETTI	BOARD MEMBER	20,500.	CARLEEN CAP		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: CARLEEN CAPPELLETTI
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 128,140.
- (D) DESCRIPTION OF TRANSACTION: CARLEEN CAPPELLETTI IS A PS ARTS BOARD

 MEMBER AS WELL AS AN OFFICER OF AN UNRELATED COMPANY NAMED BOUNCE

 MARKETING. BOUNCE MARKETING RENDERED PRODUCTION SERVICES TO THE

 ORGANIZATION DURING THE FISCAL YEAR IN THE AMOUNT OF \$128,140 FOR ONE OF

 THE ORGANIZATION'S EVENTS IN 2017. THE BUDGET FOR THIS EVENT, WHICH

 INCLUDES A LINE FOR PRODUCTION COSTS PAID TO BOUNCE MARKETING, IS

 INCLUDED IN THE BUDGET REVIEW AND APPROVAL PROCESS BY THE FINANCE AND

 EXECUTIVE COMMITTEES. THE BUDGET IS THEN PRESENTED TO THE ENTIRE BOARD

 FOR THEIR APPROVAL. FURTHER, THE ORGANIZATION'S POLICIES AND PROCEDURES

 REQUIRE THAT TRANSACTIONS OVER A CERTAIN AMOUNT ARE APPROVED BY A SINGLE

 BOARD MEMBER WITH SIGNING AUTHORITY. MS. CAPPELLETTI WAS NOT A PART OF

 THE APPROVAL PROCESS.
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: CARLEEN CAPPELLETTI

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERSERVED PUBLIC SCHOOLS AND COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE CEO AND SENIOR FINANCIAL STAFF. ONCE APPROVED BY THESE INDIVIDUALS, THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF THE RETURN IS THEN ELECTRONICALLY FILED. DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS THROUGH AN ANNUAL QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS' COMPENSATION AND BENEFITS PACKAGE IS DECIDED BY THE EXECUTIVE COMMITTEE AND BASED ON AVAILABLE COMPENSATION SURVEYS. PRIMARILY FROM CENTER FOR NONPROFIT MANAGEMENT AND EMPLOYERS GROUP AND THE ORGANIZATION'S BUDGET.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 1023 AND 990 ARE AVAILABLE TO THE PUBLIC EITHER UPON WRITTEN RQUEST OR THROUGH WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

P.S. ARTS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization P.S. ARTS	Employer identification number 95-3931147
ACCESSED THROUGH THEIR WEBSITE.	
	0.1.1.0/5.000.000.000
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

				5			- 5.		0145	1545.0007	
Form	990-T	6	xempt Organ				lax Retur	n	OMB	No. 1545-0687	
		l <u>.</u> .		d proxy tax und			חכ חב זמודד	10	2	017	
		For cal	endar year 2017 or other tax year	r beginning OOL 1, rs.gov/Form990T for in				<u> </u>		UII	
Depar Interna	tment of the Treasury al Revenue Service		Do not enter SSN numbers	•				3).	Open to F 501(c)(3) (Public Inspection for Organizations Only	
Α	Check box if address changed		Name of organization (Check box if name c	hanged and	I see instructions.	.)	- (Em	loyer ident bloyees' tru uctions.)	ification number ust, see	
	xempt under section		P.S. ARTS							931147	
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room 6701 CENTER			ictions.			instruction	ness activity codes is.)	
	408A 530(a) 529(a)		City or town, state or provi			stal code		812	812930		
C Bo	ok value of all assets end of year		F Group exemption number					1			
ate	$\overset{ ext{\tiny end of year}}{4}$, 117 , 7	18.	G Check organization type	,	ooration	501(c) tru	st 401(a	a) trust		Other trust	
H De			ary unrelated business activ			NSIT ANI		,			
			oration a subsidiary in an at	· · · · · · · · · · · · · · · · · · ·				Y	es 2	Nο	
lf '	Yes," enter the name a	nd ident	tifying number of the parent	corporation.							
J Th	e books are in care of	• (GUILLAUME WAT	TEAU		Tele	ephone number 🕨	(310)) 58	36-1017	
Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expens	es		(C) Net	
1 a	Gross receipts or sale	S									
_	Less returns and allow			c Balance	1c						
2	Cost of goods sold (S	chedule	A, line 7)		2						
3	Gross profit. Subtract				3						
			h Schedule D)		4a						
			art II, line 17) (attach Form		4b						
C			sts		4c						
5			ips and S corporations (atta		5						
6					6						
7			ne (Schedule E)		7				ļ		
8			and rents from controlled or	- , , , , , , , , , , , , , , , , , , ,	8						
9			on 501(c)(7), (9), or (17) or		-				1		
10			me (Schedule I)		10				-		
11	Advertising income (S	Schedule 	e J)	1	11	12 515	=		-	12 [1]	
12			s; attach schedule) STA		12	13,515 13,515				13,515 13,515	
Da	rt II Doductio	3 throug	gh 12 ot Taken Elsewhere	2 (Caa inatuustiana fa	13	TJ,JT.	J •			13,313	
Га	(Except for d	contribu	utions, deductions must	be directly connected	or ilmitation d with the	unrelated busir	ns.) ness income.)				
14	<u> </u>		rectors, and trustees (Sched				<u> </u>	14	1		
15								15			
16								16			
17								17			
18								18			
19								19			
20	Charitable contributi	ons (See	e instructions for limitation r	ules)				20			
21			562)								
22			Schedule A and elsewhere					22b			
23								23			
24			mpensation plans					24			
25	Employee benefit pro	ograms						25			
26	Excess exempt expe	nses (So	chedule I)					26			
27	Excess readership co	osts (Scl	hedule J)					27			
28	Other deductions (at	tach sch	nedule)					28			
29	Total deductions. A	dd lines	14 through 28					29		0	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

31

32

line 32

29

30

31

32

33 34 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

13,515.

13,515.

12,515.

1,000.

Part I	1	Tax Computation							
35	Orgai	nizations Taxable as Corporations. See instructions for tax computation.							
	Contr	rolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and	d:						
a	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	·):						
	(1)	\$ (2) \$ (3) \$							
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)		ī					
	(2) A	additional 3% tax (not more than \$100,000)		<u> </u>					
C	Incon	ne tax on the amount on line 34 SEE STAT	EME	<u>VT</u> 2		► 35c		2,2	49.
36	Trust	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	on line 3	4 from:					
		Tax rate schedule or Schedule D (Form 1041)				▶ 36			
37		y tax. See instructions				▶ 37			
38		native minimum tax				. 38			
39	Tax o	on Non-Compliant Facility Income. See instructions				. 39			
40	Total	l. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				. 40		2,2	49.
		Tax and Payments							
41a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
		credits (see instructions)	41b						
		ral business credit. Attach Form 3800							
		t for prior year minimum tax (attach Form 8801 or 8827)							
е	Total	credits. Add lines 41a through 41d				. 41e			
42	Subtr	ract line 41e from line <u>40</u>	<u></u>			. 42		2,2	49.
43	Other	ract line 41e from line 40	66	Other (att	ach schedule	9 43			
44	Total	tax. Add lines 42 and 43						2,2	49.
45 a	Paym	nents: A 2016 overpayment credited to 2017	45a						
b	2017	estimated tax payments	45b						
С	Tax d	leposited with Form 8868	45c						
		gn organizations: Tax paid or withheld at source (see instructions)	45d						
е	Backı	up withholding (see instructions)	45e						
f	Credit	t for small employer health insurance premiums (Attach Form 8941)	45f						
g	Other	credits and payments: Form 2439							
		Form 4136 Other Total ▶	45g						
46	Total	payments. Add lines 45a through 45g				. 46			
47		nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖				. 47			83.
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48		2,3	<u>32.</u>
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				49			
50		the amount of line 49 you want: Credited to 2018 estimated tax		Refu		► 50			
Part V		Statements Regarding Certain Activities and Other Information			ons)				
51		y time during the 2017 calendar year, did the organization have an interest in or a signature of						Yes	No
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization i	-						
		EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	oreign c	ountry					v
50	here	•		to ofour!	tt0				X
52		ig the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansieroi	to, a foreig	gii trust?				
53		S, see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year ▶ \$							
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and si prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatements	s, and to the	best of my k	nowledge and	d belief, it is	true,	
Sign	CO	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any	y knowledge					
Here		CEO				May the IRS the preparer			with
		Signature of officer Date Title				instructions)		`	No
		Print/Type preparer's name Preparer's signature Date	:e	Ch	neck	if PTIN		•	
Paid				se	lf- employe				
Prepa	ror	NAZANIN BENYAMINI NAZANIN BENYAMINI 11	/09/		, ,		0666	808	
Use C		Firm's name ► SINGERLEWAK LLP	•		irm's EIN		-230		
USE C	riiiy	10960 WILSHIRE BLVD. STE 700							
		Firm's address ► LOS ANGELES, CA 90024-3783		F	hone no.	(310)	477	-39	24

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	valuation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)			7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b			7	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	(y)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Daduations divestly		atad with the income	
(a) From personal property (if the perent for personal property is more 10% but not more than 50%)	` 'of rent for	persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) ar		cted with the income (attach schedule)	· In	
(1)									,
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			instru	uctions)					
			2	2. Gross income from		Deductions directly conto debt-finance		perty	
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			+				+		
(2)			+				1		
(3)			+				1		
(4)			+				1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	columns
(1)				%			+		
(2)				%					
(3)				%					
(4)				%			T		
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on pa Part I, line 7, columr	
Totals						0			0.
Total dividends-received deductions in							+		<u> </u>

				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organiz	Name of controlled organization C. Employer identification number		ication		related income e instructions)		al of specified ments made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										\dashv	
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		nrelated incor ee instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		eductions directly connected the income in column 10
(1)											
(2)											
(3)											
(4)											
.,				•			Add colur Enter here and line 8,		e 1, Part I, A).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals									0.		0
Schedule G - Investm		ne of a	Section	n 501(c)((7), (9), or	(17) Or	ganizatior	1			
	structions) scription of inco	me			2. Amount of	income	3. Deduction	ected	4. Set-		5. Total deductions and set-asides
/4\							(attach sched	dule)	(artaon o	onoduio,	(col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											5
					Enter here and Part I, line 9, co	on page 1, Iumn (A).					Enter here and on page Part I, line 9, column (B)
Totals						0.					0
Schedule I - Exploited (see inst	d Exempt ructions)	Activity	/ Incom	ne, Othe	r Than Ac	lvertisi	ing Income	9			
1. Description of exploited activity	2. G unrelated income trade or b	business e from	directly with pr of un	spenses connected oduction related as income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross incomposition activity is not unrelated business incompositions.	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2) (3)											
(3)											
(4)											
	Enter her page 1, line 10,	Part I, col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertis	sing Incor	0.	netruetic	0.							0
Part I Income From					eolidated	Racic					
Part Income From	renouic	ais nep	orteu c	лі а Соі		Dasis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2) (3)											
(3)											
(4)											
Fotals (carry to Part II, line (5))			0.	0).						0
											= 000 T (00)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.