IRS e-file Signature Authorization for an Exempt Organization

			•			
r calendar year 2018, or fiscal year beginning	${\sf JUL}$	1	, 2018, and ending	JUN	30	, 20 1 9

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	► Go to www.irs.gov/Form8879EO	for the latest information.	
Name of exempt organization			Employer identification number
P.S. ARTS			95-3931147
Name and title of officer KRISTEN PAGLI CEO	A		
Part I Type of	Return and Return Information (Whole Dolla	rs Only)	
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and ente a, below, and the amount on that line for the return bei ank (do not enter -0-). But, if you entered -0- on the retu	ing filed with this form was blank, t urn, then enter -0- on the applicable	then leave line 1b, 2b, 3b, 4b, or 5b, e line below. Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 990, Part	VIII, column (A), line 12)	1b 3,994,068
2a Form 990-EZ check he			
3a Form 1120-POL check			3b
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		5b
Part II Declarat	ion and Signature Authorization of Office	er	
further declare that the amintermediate service provides an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a	impanying schedules and statements and to the best of count in Part I above is the amount shown on the copy der, transmitter, or electronic return originator (ERO) to of receipt or reason for rejection of the transmission, (b) applicable, I authorize the U.S. Treasury and its designal institution account indicated in the tax preparation so stitution to debit the entry to this account. To revoke a san 2 business days prior to the payment (settlement) of comparation of taxes to receive confidential information a personal identification number (PIN) as my signature electronic funds withdrawal.	of the organization's electronic rel send the organization's return to to the reason for any delay in process ated Financial Agent to initiate an electronic for payment of the organization payment, I must contact the U.S. date. I also authorize the financial in necessary to answer inquiries and	turn. I consent to allow my the IRS and to receive from the IRS ssing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at institutions involved in the directory resolve issues related to the
Officer's PIN: check one	·		
X I authorize SI	NGERLEWAK LLP		to enter my PIN 12345
	ERO firm name		Enter five numbers, t do not enter all zeros
is being filed wit	on the organization's tax year 2018 electronically filed h a state agency(ies) regulating charities as part of the the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on this return that a copy of the return is being filed with a nter my PIN on the return's disclosure consent screen.	a state agency(ies) regulating char	
Officer's signature		Date	
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN.	95151456789 Do not enter all zeros	
	meric entry is my PIN, which is my signature on the 20 ng this return in accordance with the requirements of P ss Returns.		
ERO's signature ▶ SING	ERLEWAK LLP	Date ▶	13/19

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

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

OMB No. 1545-0047 <u> 18</u>

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	רטו נוופ	2018 calendar year, or tax year beginning 001 1, 2010 and	ending 0	UN 30, 2019	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	P.S. ARTS			
	Name change	Doing business as		95-39	31147
	Initial return		Room/suite	E Telephone number	
F	Final return/			(310)	586-1017
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		. ,	4,413,920.
	Ameno			H(a) Is this a group ref	
F	Applic			for subordinates?	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates ind	····· — —
$\frac{1}{1}$	Tay ay	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	1	ist. (see instructions)
		re: WWW.PSARTS.ORG	01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: CA
		Summary	L Teal	oriorination, エフフエ IVI	State of legal doffficite, CP1
		Briefly describe the organization's mission or most significant activities: $P \cdot S$.	ΔΡΤς	TS DEDICATED) ТО
Activities & Governance	'	IMPROVING THE LIVES OF CHILDREN BY PROVIDENCE.	DING A	RTS EDICATION	N TO
nar		Check this box if the organization discontinued its operations or dispose			
/eri	1			1 1	24
ő				3	23
જ		Number of independent voting members of the governing body (Part VI, line 1b)			
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			9
፷		Total number of volunteers (estimate if necessary)			200
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	26,405.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		1,848,044.	2,446,846.
en		Program service revenue (Part VIII, line 2g)		1,393,793.	1,401,301.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169,702.	145,921.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,411,608.	3,994,068.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,877,153.	2,946,162.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
gx	b	Total fundraising expenses (Part IX, column (D), line 25)	58.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		509,649.	514,446.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,386,802.	3,460,608.
	19	Revenue less expenses. Subtract line 18 from line 12		24,806.	533,460.
Or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,117,718.	4,769,080.
ASS	21	Total liabilities (Part X, line 26)		199,768.	285,267.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,917,950.	4,483,813.
P	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		KRISTEN PAGLIA, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's bigginature		Date Check	PTIN
Pai	d	NAZANIN BENYAMINI NAZANIN BENYAMI	NI 1	.1/13/19 if self-employed	₽00666808
Pre	parer	Firm's name SINGERLEWAK LLP	<u> </u>	Firm's EIN	95-2302617
	Only	Firm's address 10960 WILSHIRE BOULEVARD, 7TH F.	LOOR		
	-	LOS ANGELES, CA 90024-3783		Phone no. (31	0) 477-3924
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

P.S ARTS IS DEDICATED TO IMPROVING THE LIVES OF CHILDREN BY PROVIDING 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 prior Form 980 or 980-627		Check if Schedule O contains a response or note to any line in this Part III	
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 prior Form 990 or 990 E2? If "Yes," describe these new services on Schedule 0. If "Yes," describe these new services on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Pescribe the organization services complishments for each of its three largest program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, family for seach program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, family for seach program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, family for seach of the strength of the services, as measured by expenses. Section 5016(3) and 5016(4) organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, family for seach of the strength of the services, as measured by expenses. Section 5016(4) organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, family and allocations to others, the total expenses. In the section of grants and allocations to others, the total expenses. In the section of grants and allocations to others, the total expenses. In the section of grants and allocations to others, the total expenses. In the section of grants and allocations to others, the total expenses. In the section of grants and allocations to others, the total expenses. In the section of grants and allocations to others, the total expen	1	Briefly describe the organization's mission:	
prior Form 990 or 990 cf 29 Cf 2			
prior Form 990 or 990 cf 29 Cf 2			
prior Form 990 or 990 cf 29 Cf 2			
If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Γ	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			Yes LX_No
## 1 **Yes, "describe these changes on Schedule O. Sescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ### (Code:		r	
40 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if stay, for each program service reported. 40 (code:	3	3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Yes LA_No
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rm 990 (2018) P.S. ARTS 95-3931147 Page **3**

Form 990 (2018) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		
4	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		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,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
	Part VI	11a	Λ	
D	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		37	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
4.5	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	4.0	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20°	complete Schedule G, Part III 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Dord IV	Chaaldiat	of Domilion	Cabadulaa	/ !!
Part IV	Checklist	of Required	Schedules	(continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		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			
	Schedule K. If "No," go to line 25a	24a		Х
b	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			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadyla I Dad I	25b		x
06	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	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			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):			v
	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		Λ
С	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	77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		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		X
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	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	206	

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Form 990 (2018) P.S. ARTS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a9									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		22						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30								
va	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 contributions or gifts	ou								
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	_								
a	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:									
a b	Initiation fees and capital contributions included on Part VIII, line 12									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
-	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
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									
	Enter the amount of reserves on hand			77						
	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 Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		₩.						
	excess parachute payment(s) during the year?	15		X						
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010						

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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			
	and the description of the second of the sec		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	140
	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 with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	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	box,	not c , unle	ss pe	itior more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AMANDA SCHUON	1.00	4						0	0	0
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(2) AMY ZOLLER	1.00	Х						0.	0.	0.
BOARD MEMBER (3) CARLEEN CAPPELLETTI	1.00	Δ	<u> </u>		<u> </u>	-		0.	0.	0.
(3) CARLEEN CAPPELLETTI BOARD MEMBER	1.00	Х						0.	0.	0.
(4) CAROLYN GIANGIACOMO	1.00	Λ	_		┝	┢		0.	0.	· ·
BOARD MEMBER	1.00	х						0.	0.	0.
(5) CAROLYN HOTCHKIS	1.00	21	\vdash		\vdash			0.	0.	<u> </u>
BOARD MEMBER	1,00	х						0.	0.	0.
(6) CHI-CHIEN HOU	1.00		\vdash					0.0		
CO-VICE CHAIR		Х		х				0.	0.	0.
(7) DAVID KAHN	1.00							-		-
BOARD MEMBER		Х						0.	0.	0.
(8) DEBORAH GRIBBON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ELLEN-GOLDSMITH- VEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ERIC HALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JORGE CAMIL STARR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JOSE VITELA	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) KASEY CROWN	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(14) MARY-ELIZABETH MICHAELS	1.00								_	
BOARD MEMBER	1 00	Х			_			0.	0.	0.
(15) PAMELA POSEY	1.00	,,							^	_
CROSSROADS REPRESENTATIVE	1 00	Х	_	\vdash	<u> </u>	_	_	0.	0.	0.
(16) RONA SEBASTIAN	1.00	37						_	^	_
BOARD MEMBER	1 00	Х	<u> </u>	\vdash		<u> </u>	_	0.	0.	0.
(17) STEPHEN MCCRAY	1.00	Х						0.	0.	0.
BOARD MEMBER 832007 12-31-18		Λ						1 0.	<u> </u>	Form 990 (2018)

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

Section A. Onicers, Directors, Trus	iees, key Em	pioy	ees	, an	u ni	gne	SL	Joinpensated Employe	35 (COntinued)				
(A) Name and title	(B) Average hours per week (list any	box	not c , unle	Pos heck ss pe	erson	tion nore than one son is both an rector/trustee)		from the	(E) Reportable compensation from related organizations	n I s	an com	(F) stimate mount other opensa	of ation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)	org an	rom th ganizat d relat anizati	ion ed
(18) GENNIFER YOSHIMARU CO-VICE CHAIR	1.00	X		х				0.		0.			0.
(19) HADLEY DAVIS RIERSON	1.00	1	\vdash	25	\vdash	\vdash	\vdash	0.					•
BOARD MEMBER	1,00	x		x				0.		0.			0.
(20) JANGO SIRCUS	1.00	 	\vdash	 	\vdash	\vdash							
TREASURER		X		Х				0.		0.	1		0.
(21) JOSHUA B. TANZER	1.00	\vdash					Г						
BOARD MEMBER		Х		Х				0.		0.			0.
(22) LAURA FOX	1.00												
BOARD CHAIR		Х		Х				0.		0.			0.
(23) PAM BERGMAN	1.00												
PRESIDENT AT LARGE	10.00	X		Х	$oxed{oxed}$			0.		0.	<u> </u>		0.
(24) KRISTEN PAGLIA	40.00							144 100					0
CHIEF EXECUTIVE OFFICER		\vdash		Х				144,188.		0.			0.
1b Sub-total	<u> </u>	Щ						144,188.		0.	<u> </u>		0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								144,188.		0.			0.
Total number of individuals (including but n								-	,000 of reportabl	e			
compensation from the organization													1
3 Did the organization list any former officer,	director or tru	ıste	e ke	ev er	mplo	ovee	or	highest compensated e	mplovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for s				-	-	-		mgriost compensated of	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		X
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 	=	-								ipens	ation 1	irom	
(A) Name and business	address							(B) Description of s	ervices	C	(C compe	C) nsatio	n
ANCHOR STREET COLLECTIVE													
2831 ANCHOR AVE , LOS ANO	GELES ,	CZ	A 9	900	06	4		EVENT PRODUC	TION		19	1,4	37.

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15321113 701224 5546

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

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Pa	rt VI				5			
		Check if Schedule O contain	ins a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c f	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribution f All other contributions, gifts, grants similar amounts not included above g Noncash contributions included in lines 1. h Total. Add lines 1a-1f	1b 1c 1d 1d 1e 1f 2 , a-1f: \$	229,768. 46,733. 170,345.	2,446,846.			
_				Business Code				
Program Service Revenue	C	b c			1,401,301.	1,401,301.		
gra Re		d						
Pro	•	f All other program service reven						
		g Total. Add lines 2a-2f			1,401,301.			
	3	Investment income (including dother similar amounts) Income from investment of tax-	lividends, intere	est, and roceeds	143,333.			143,333.
	5	Royalties						
	k	a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities L12,948.	(ii) Other				
	C	b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	4,588.		2,588.			2,588.
venue		a Gross income from fundraising including \$ 229,76	events (not of					-
Other Revenue		contributions reported on line 1 Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundri	a	309,492. 309,492.	0.			
		a Gross income from gaming acti		P	J.			
	k	Part IV, line 19 b Less: direct expenses c Net income or (loss) from gamir	a					
		 a Gross sales of inventory, less reand allowances b Less: cost of goods sold 	а					
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	a						
	k	b						
	C	c						
		d All other revenue						
	6	e Total. Add lines 11a-11d			2 004 255	1 101 001		145 001
	12	Total revenue. See instructions .			3,994,068.	1,401,301 .	0.	145,921.

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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).

Section 50 I (c)(3) and 50 I (c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX.								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	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							
4	individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members							
3	trustees, and key employees	146,356.	73,178.	29,271.	43,907.			
6	Compensation not included above, to disqualified	110,3301	7371700	23/2/20	13/30/1			
U	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	2,410,777.	1,930,594.	170,926.	309,257.			
8	Pension plan accruals and contributions (include	. ,	. ,	•				
-	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	170,860.	133,886.	13,377.	23,597.			
10	Payroll taxes	218,169.	170,958.	17,080.	30,131.			
11	Fees for services (non-employees):							
а	Management							
	Legal							
	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees	20,640.		20,640.				
g	Other. (If line 11g amount exceeds 10% of line 25,	E4 102	05 600	00 000	200			
	column (A) amount, list line 11g expenses on Sch O.)	54,193.	25,690.	28,203.	300.			
12	Advertising and promotion	71 020	22 270	10 600	20 041			
13	Office expenses	71,929.	23,279.	18,609.	30,041.			
14	Information technology							
15	Royalties	190,746.	101,505.	30,247.	58,994.			
16 17	Occupancy	13,453.	7,882.	3,829.	1,742.			
18	Payments of travel or entertainment expenses	13,433.	7,002.	3,023.	1,7424			
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	16,372.	11,638.	2,011.	2,723.			
23	Insurance	18,997.	5,603.	13,394.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
_	amount, list line 24e expenses on Schedule 0.) COMMUNITY OUTREACH	44,888.	44,888.					
a b	SUPPLIES	24,799.	24,799.					
n	PROGRAM EVALUATION	19,350.	19,350.					
d	RECRUITING AND HIRING	6,171.	5,703.	468.				
e	All other expenses	32,908.	3,259.	6,583.	23,066.			
25	Total functional expenses. Add lines 1 through 24e	3,460,608.	2,582,212.	354,638.	523,758.			
26	Joint costs. Complete this line only if the organization	-	-	-	<u>-</u>			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
					Form 990 (2018)			

Form **990** (2018)

95-3931147 Page **11** Form 990 (2018)
Part X Balance Sheet P.S. ARTS

Pai	LA	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Part	(
				A)		(B)
				g of year		End of year
	1	Cash - non-interest-bearing		33,019.	1	371,694.
	2	Savings and temporary cash investments	30	01,474.	2	8,491.
	3	Pledges and grants receivable, net	19	96,786.		399,768.
	4	Accounts receivable, net		<u>49,937.</u>	4	24,488.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	e			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined	under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	buting			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch			6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		4,535.	8	4,470.
	9	Prepaid expenses and deferred charges		43,546.	9	41,982.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 335,				
	b	Less: accumulated depreciation 10b 273,		78,457.	10c	62,084.
	11	Investments - publicly traded securities	2,64	48,070.	11	3,742,331.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	13	11,894.	15	113,772.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,13	17,718.	16	4,769,080.
	17	Accounts payable and accrued expenses	1	73,988.	17	160,813.
	18				18	
	19	Deferred revenue			19	91,290.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to current and former officers, directors, truste	es,			
≝		key employees, highest compensated employees, and disqualified person	ns.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				22.464
		Schedule D		<u> 25,780.</u>		33,164.
	26	Total liabilities. Add lines 17 through 25		99,768.	26	285,267.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and			
Ses		complete lines 27 through 29, and lines 33 and 34.	1 1	46 470		1 002 000
anc	27	Unrestricted net assets		46,470.	27	1,893,008.
Bal	28	Temporarily restricted net assets		17,910.	28	549,996.
nd	29	Permanently restricted net assets		53,570.	29	2,040,809.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here				
S OF		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 equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		17 050	32	4 402 012
_	33	Total net assets or fund balances	4 4	17,950.		4,483,813.
	34	Total liabilities and net assets/fund balances	4,⊥.	17,718.	34	4,769,080.

Form **990** (2018)

95-3931147 Page **12** P.S. ARTS Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5 5	3,99 3,46 53 3,91	4,0 0,6 3,4	08. 60. 50.	
6	Donated services and use of facilities	6				
7 8 9	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	7 8 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	4,48	3,8	13.	
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.		163	NO	
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 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 separate basis, 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			v		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
0-	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	-	3a		x	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		Sd			
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
	e. analis, signam m., esticado e ana acconso any stopo tanon to anacigo cash addito			990	(2018)	

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 II, 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(-,	(-7 =	(-/	(-)	(-,	(-)
	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 instructive	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶
	·				Sobe	edule A (Form 990	or 000 E7\ 2019

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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)					
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,637,626.	2,569,487.	2,003,394.	1,848,044.	2,446,846.	11,505,397.	
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	991,193.	1,200,452.	1,613,095.	1,393,793.	1,401,301.	6,599,834.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
	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	3,628,819.	3,769,939.	3,616,489.	3,241,837.	3,848,147.	18,105,231.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	813,732.	939,119.	414,146.	393,025.	165,760.	2,725,782.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	: Add lines 7a and 7b	813,732.	939,119.	414,146.	393,025.	165,760.	2,725,782.	
	Public support. (Subtract line 7c from line 6.)		,	,		,	15,379,449.	
Sec	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6	3,628,819.	3,769,939.	3,616,489.	3,241,837.	3,848,147.	18,105,231.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				, ,	143,333.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	80,513.	116,531.	107,783.	121,398.	143,333.	569,558.	
12	Other income. Do not include gain or loss from the sale of capital	4,007.		1,011.	69.		5,087.	
13	assets (Explain in Part VI.)	3,713,339.	3,886,470.	3,725,283.	3,363,304.	3,991,480.	18,679,876.	
	First five years. If the Form 990 is for					, ,		
•	check this box and stop here	0.94.1124.1011						
Sec	etion C. Computation of Publ	ic Support Pe						
	Public support percentage for 2018 (I			column (f))		15	82.33 %	
	Public support percentage from 2017		•			16	77.19 %	
	ction D. Computation of Inves						70	
	Investment income percentage for 20			ne 13 column (fl)		17	3.05 %	
18	Investment income percentage from 2					18	2.64 %	
	33 1/3% support tests - 2018. If the						, -	
130	more than 33 1/3%, check this box a						▶ ▼	
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che			=		-		
	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

5546___1

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 (as 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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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		
b	A family member of a person described in (a) above?	11b		
С	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		l	
000	tion of Type it 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		103	140
•	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			
000	tion B. All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
٠.	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	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
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			
800	supported organizations played in this regard.	3		<u> </u>
	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)	•		
a	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.		-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		N
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				
	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				
	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 Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections 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 integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	1 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 exe			
2	Amounts paid to perform activity that directly furthers exemp			
	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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information, Devide the explanations required by Dat II like 10, Dat II like 17, and 7h, Dat III like 10.
T dit 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

P.S. ARTS

Employer identification number 95 - 3931147

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	, ,	(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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	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		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	FArt Historical Transuras or Of	har Similar Assats
Fai	Complete if the organization answered "Yes" on Form		iller Sillillar Assets.
			pant and halance about works of art
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	, , , , , , , , , , , , , , , , , , ,	ice of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the examination placed as permitted under SEAS 116 (AS		and halance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of put	one service, provide the following amounts
	relating to these items:		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating the second seco		
~	the following amounts required to be reported under SFAS 1:	•	gairi, provide
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
U	, locale moradou in ricitii 000, rate A		F Ψ

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

Schedule D (Form 990) 2018

Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or	Other	Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loan or exch	nange program	S					
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 th	ne organization	's exemp	t purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or							7		_
	to be sold to raise funds rather than to be ma							Yes		<u>No</u>
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·								
та	Is the organization an agent, trustee, custodi		-					7 v		7 N.
.	on Form 990, Part X?							Yes		∐ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A may unt		
_	Paginning halange					1c		Amount		
	Additions during the year					1d				
	Additions during the year Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo					-		Yes		No
	If "Yes," explain the arrangement in Part XIII.	* *	•		•	•				<u> </u>
Par										
	·	(a) Current year	(b) Prior year	(c) Two years b			ars back	(e) Four	years	back
1a	Beginning of year balance	2,462,960.	2,388,091.	2,100,	911.	1,21	0,182.	1,	233	734.
	Contributions	189.				86	5,620.		54	,606.
	Net investment earnings, gains, and losses	127,656.	159,869.	287,	180.	6	0,643.		-37	,827.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		85,000.			3	5,534.		40	,331.
f	Administrative expenses									
g	End of year balance	2,590,805.	2,462,960.	2,388,	091.	2,10	0,911.	1,	210	,182.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 78.77	<u>%</u>								
С	Temporarily restricted endowment ▶ 2:									
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	d for the	organiza	ation	г		<u> </u>
	by:							- m	Yes	No
	(i) unrelated organizations									X
	(ii) related organizations									
	If "Yes" on line 3a(ii), are the related organiza							3b		<u> </u>
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
ı aı	Complete if the organization answered) Part IV line 11a S	See Form 990 F	Part X lin	e 10				
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·		(c) Accu		, I	(d) Book	c valu	
	Description of property	basis (investn			. ,	ciation	1	(u) Door	valu	C
12	Land	'	-, 2350							
	Buildings									
	Leasehold improvements			1						
	Equipment		33	5,634.	27	3,55	0.	62	2,0	84.
	Other			-		-			-	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				62	2,0	84.
		,	. //	,			obodulo	D (Form		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 P.S. ARTS			95-3931147 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part I\	/, line 11b. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			-
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11c See Form 990 Part X	line 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market 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" of	on Form 990. Part I\	/. line 11d. See Form 990. Part X	. line 15.
	Description	,,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990. Part I\	/. line 11e or 11f. See Form 990.	Part X. line 25.
1. (a) Description of liability	,	(b) Book value	,
(1) Federal income taxes			
(2) DEFERRED RENT INCENTIVES		33,164.	
(3)		, , , , , , , , , , , , , , , , , , ,	
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 33,164. 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

Schedule D (Form 990) 2018

(7) (8)

Parl	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.										
1	Total revenue, gains, and other support per audited financial statements			1	4,030,831						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:										
	Net unrealized gains (losses) on investments		32,403.								
	Donated services and use of facilities		25,000.								
	Recoveries of prior year grants										
d	Other (Describe in Part XIII.)	2d									
	Add lines 2a through 2d			2e	57,403						
3	Subtract line 2e from line 1			3	3,973,428						
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		00 640								
	Investment expenses not included on Form 990, Part VIII, line 7b		20,640.								
b	Other (Describe in Part XIII.)	4b			00 640						
	Add lines 4a and 4b			4c	20,640						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,994,068						
Par	Reconciliation of Expenses per Audited Financial Stateme	ents w	itn Expenses per	нети	rn.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 464 060						
	Total expenses and losses per audited financial statements			1	3,464,968						
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	25 000								
	Donated services and use of facilities		25,000.								
	Prior year adjustments										
	Other losses										
	Other (Describe in Part XIII.)				25,000						
	Add lines 2a through 2d			2e	3,439,968						
	Subtract line 2e from line 1			3	3,433,300						
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1	20,640.								
	Investment expenses not included on Form 990, Part VIII, line 7b		20,040.								
	Other (Describe in Part XIII.) Add lines 4a and 4b			40	20,640						
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	3,460,608						
	t XIII Supplemental Information.										
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines	1b and 2b: Part V line	4· Part	X line 2: Part XI						
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			i, i aic	, m o 2, r are / m,						
PAR	T V, LINE 4:										
	•										
THE	ORGANIZATION HAS ADOPTED INVESTMENT AND S	SPENI	OING POLICIE	S F	OR						
END	OWMENT ASSETS THAT ATTEMPT TO PROVIDE A PROVID	REDIC	CTABLE STREA	M O	F FUNDING						
TO	PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE	SEEF	KING TO MAIN	TAI	N THE						
PUR	CHASING POWER OF THE ENDOWMENT ASSETS.										
PAR	T X, LINE 2:										
THE	ORGANIZATION IS EXEMPT FROM FEDERAL AND S	STATE	E INCOME TAX	ES 1	JNDER						
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE COL	DE (]	IRC) AND SEC	TIO	N 23701(D)						
OF	THE CALIFORNIA REVENUE AND TAXATION CODE.	MANA	AGEMENT HAS	ANA:	LYZED THE						
TAX	POSITIONS TAKEN BY THE ORGANIZATION, AND	HAS	CONCLUDED T	HAT	, AS OF						

832054 10-29-18

JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

(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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number P.S. ARTS 95-3931147 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	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.								
0			(a) Event #1 EXPRESS	(b) Event #2 PARTY (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	365,618.	172,043.	1,599.	539,260.			
-	2	Less: Contributions	129,434.	101,997.	-1,663.	229,768.			
	3	Gross income (line 1 minus line 2)	236,184.	70,046.	3,262.	309,492.			
	4	Cash prizes							
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	36,699.			36,699.			
irect E	7	Food and beverages							
	8	Entertainment Other direct expenses	199,485.	70,046.	3,262.	272,793.			
	10			7070101	•	309,492.			
		Net income summary. Subtract line 10 from li			_	0.			
Pa									
		\$15,000 on Form 990-EZ, line 6a.			•				
(I)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
3eve									
_	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
\Box		·	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		ter the state(s) in which the organization condu							
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	IT "	No," explain:							
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	year?	Yes No			
		-							

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 P.S. ARTS 95-3	931	147	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	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 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, Iin	ies 9,	9b, 10b,

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

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

Department of the Treasury

Internal Revenue Service

Employer identification number

P.	S. ARTS							95	-39	311	47		
Part I Excess Benefit	t Transacti	ons (section 50	01(c)(3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	/).				
Complete if the org	anization ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	b, or	Form 990-EZ, P	art V,	ine 40	b.			
1	(b) F	Relationship betv			lified						(d)	Corre	cted?
(a) Name of disqualified per	rson	person and or			(0	c) De	escription of tran	sactio	n		Yes No		
											1		
											1		
											1		
											1		
2 Enter the amount of tax inc section 4958	-		-		qualified persons du	_	-		> \$			·	
3 Enter the amount of tax, if a	any, on line 2,	above, reimburs	ed by	the or	ganization				\$				
Dowt III Loone to and/o	au Fuana lat	avested Day											
Part II Loans to and/o													
•					, Part V, line 38a or I	Form	n 990, Part IV, lin	e 26;	or if th	ie orga	anizati	on	
reported an amoun			-		() 0 : : .	1		()		(h) An	proved	(*) \//	ritton
	b) Relationship vith organization	(c) Purpose of loan	Trom the prince		(e) Original principal amount	(f) Balance due		(g) In default?				(i) W	ritten ment?
interested percent	o. ga <u>_</u> a	or loan	<u> </u>	zation?	principal arricant								
			То	From				Yes	No	Yes	No	Yes	No
													
													<u> </u>
													
						\vdash							
						\vdash							\vdash
													
						\vdash							
													\vdash
													\vdash
Total					\$								
Part III Grants or Assi	stance Ber	nefiting Inter	este	d Pe									
Complete if the org	anization ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested per	rson	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan			•) Purp assista		f
									\dashv				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Invol	ving Interested Persons.						
Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	I ' ' I LORG				
CARLEEN CAPPELLETTI	BOARD MEMBER	188,245.	,245.CARLEEN CAP				
Part V Supplemental Information. Provide additional information for responsible.	onses to questions on Schedule L (see	instructions).					
SCH L, PART IV, BUSINESS		,	ED PERSONS:				
	EN CAPPELLETTI	110 11111111111111111111111111111111111	LD I LINGOND.				
		D 0003317737	IT ON				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	TON:				
BOARD MEMBER							
(C) AMOUNT OF TRANSACTION	\$ 188,245.						
(D) DESCRIPTION OF TRANSAGE	CTION: CARLEEN CAPPE	LLETTI IS A	PS ARTS BC	ARD			
MEMBER AS WELL AS THE PRE	SIDENT OF AN UNRELAT	ED COMPANY	NAMED ANCHO	R			
STREET COLLECTIVE. ANCHOR	STREET COLLECTIVE P	ROVIDED PRO	DUCTION SER	VICE	:S		
TO THE ORGANIZATION DURING	G THE FISCAL YEAR IN	THE AMOUNT	OF \$188,24	5 FO	R		
ONE OF THE ORGANIZATION'S	EVENTS IN 2018.						
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO						

SCHEDULE O

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
2018
Open to Public

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 DIRECTORS. THE RETURN IS THEN ELECTRONICALLY FILED.

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) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number 95-3931147
P.S. ARTS	95-3931147
ACCESSED THROUGH THEIR WEBSITE.	

Form 990-T	Exempt Organization Bus	sines	ss Income Ta	ax Return	L	OMB No. 1545-0687		
	(and proxy tax und			20 001	ا ر	2018		
	For calendar year 2018 or other tax year beginning JUL 1,				<u>9</u> .	ZU 10		
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may			ion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed	Name of organization (Check box if name cl	hanged a	and see instructions.)		Empl	oyer identification number oyees' trust, see ctions.)		
B Exempt under section	Print P.S. ARTS				9	5-3931147		
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box		structions.		E Unrela (See ir	ated business activity code nstructions.)		
408(e) 220(e)	Type 6701 CENTER DRIVE STE	550						
408A 530(a) 529(a)	City or town, state or province, country, and ZIP of LOS ANGELES, CA 90045		postal code		812	930		
C Book value of all assets at end of year	F Group exemption number (See instructions.)							
4, 769, 080. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust								
n citter the number of the t	elated							
·	EMPLOYEE TRANSIT AND PARK			omplete Parts I-V. I				
	ank space at the end of the previous sentence, complete Pa	ırts I and	I II, complete a Schedule N	I for each additiona	al trade	or		
business, then complete					1	77		
	the corporation a subsidiary in an affiliated group or a parer	nt-subsid	liary controlled group?	▶ ∟	Ye	s X No		
	nd identifying number of the parent corporation.				210	\ FOC 1017		
	■ GUILLAUME WATEAU d Trade or Business Income		(A) Income	e number (-) 586-1017 (C) Net		
	<u> </u>	$\overline{}$	(A) Illcolle	(B) Expenses		(C) Net		
1a Gross receipts or sale		10						
b Less returns and allow		1c 2						
2 Cost of goods sold (S3 Gross profit. Subtract	chedule A, line 7)	3						
· ·	line 2 from line 1c ne (attach Schedule D)	4a						
	4797, Part II, line 17) (attach Form 4797)	4b						
	of or trusts	4c						
	partnership or an S corporation (attach statement)	5						
6 Rent income (Schedu		6						
•	ed income (Schedule E)	7						
	valties, and rents from a controlled organization (Schedule F)	8						
	a section 501(c)(7), (9), or (17) organization (Schedule G)							
	vity income (Schedule I)	10						
	Schedule J)	11						
	structions; attach schedule)	12						
	3 through 12	13	0.					
Part II Deductio	ns Not Taken Elsewhere (See instructions for	r limita	tions on deductions.)					
(Except for o	contributions, deductions must be directly connected	d with t	he unrelated business i	ncome.)				
14 Compensation of off	icers, directors, and trustees (Schedule K)				14			
					15			
	ance				16			
17 Bad debts					17			
	dule) (see instructions)				18			
19 Taxes and licenses					19 20			
	O Charitable contributions (See instructions for limitation rules)							
21 Depreciation (attach	,							
	aimed on Schedule A and elsewhere on return				22b			
	nwad aanaanatin alaa				23			
	ograms				25			
26 Excess exempt expe	nses (Schedule I)				26			
27 Excess readership co	osts (Schedule J)				27 28			
28 Other deductions (at	tach schedule)				28	0.		
	dd lines 14 through 28axable income before net operating loss deduction. Subtrac				30	0.		
	erating loss arising in tax years beginning on or after Janua			ŀ	31	J.		
= = = = = ion not op	and o boginning on or altor builde	. , . , _ 0	\- 00	I				

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Form **990-T** (2018)

32

Form 990-			95-39	931147	Page :
Part I					
33	$Total\ of\ unrelated\ business\ taxable\ income\ computed\ from\ all\ unrelated\ trades\ or\ businesses\ (see the constant of\ consta$	e instruc	ctions)		0.
34	Amounts paid for disallowed fringes				27,405.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				00 405
	lines 33 and 34			36	27,405.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line				06 405
Dord I	enter the smaller of zero or line 36			38	26,405.
	V Tax Computation				5,545.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	5,545.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	<u> </u>
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	5,545.
	/ Tax and Payments	1 45. 1			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_	
D	Other credits (see instructions)	45b		_	
C .	General business credit. Attach Form 3800			_	
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	5,545.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88		Other (attach schedule		
48	Total tax. Add lines 46 and 47 (see instructions)			48	5,545.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a	2 200	\leftarrow	
	2018 estimated tax payments	50b	2,280) -	
C	Tax deposited with Form 8868	50c		_	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e		_	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		_	
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g			0 000
	Total payments. Add lines 50a through 50g			. 51	2,280.
52	,			52	48.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	3,313.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	/	Refunded	► 55	
Part \					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign (country		
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansteror	to, a foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\rightarrow\$\$				
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	statements rer has any	s, and to the best of my ℓ knowledge.	knowledge and be	lief, it is true,
Sign	1 270			May the IRS disc	cuss this return with
Here	Signature of officer Date CEO			the preparer sho	
					X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
Paid	ATA CANTAL DESIGNATURE ATA CANTAL DESIGNATION AND ATA CANTAL DESIGNATION AN	/12	self- employ		CCC000
Prepa		./13/			666808
ا عوا ا	Firm's name SINGERLEWAK LLP		Firm's EIN	▶ 95-	2302617

Firm's address ► LOS ANGELES, CA 90024-3783 823711 01-09-19

Use Only

Form **990-T** (2018)

Phone no. (310) 477 - 3924

10960 WILSHIRE BOULEVARD, 7TH FLOOR

Schedule A - Cost of Goods	S Sold. Enter method	of inventory	valuation N/A							
1 Inventory at beginning of year	1	6	Inventory at end of year	r		6				
2 Purchases	2		Cost of goods sold. Su							
3 Cost of labor	3		from line 5. Enter here	and in P	art I,					
4a Additional section 263A costs			line 2			7				
(attach schedule)	4a	8	Do the rules of section	263A (v	vith respect to		Yes	No		
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to					
5 Total. Add lines 1 through 4b										
Schedule C - Rent Income (see instructions)	(From Real Prope	rty and Pe	ersonal Property	Lease	ed With Real Pro	perty)			
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent received or accrue	ed			0/->					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	of rent for persona	rsonal property (if the percenta al property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) ar			in			
(1)										
(2)										
(3)										
(4)										
Total	0 • Total			0.						
(c) Total income . Add totals of columns 2 here and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.		
Schedule E - Unrelated Deb	t-Financed Incon	ne (see instr	uctions)							
			Gross income from or allocable to debt-	(-)	Deductions directly connected with or allocable to debt-financed property					
1. Description of debt-fin	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)			
(1)										
(2)										
(3)										
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adjusted b of or allocable to debt-financed prope (attach schedule) 	erty	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))			
(1)			%			1				
(2)			%			1				
(3)			%			1				
(4)			%			1				
					nter here and on page 1, art I, line 7, column (A).		nter here and on pag			
Totals					0			0.		
Total dividends-received deductions in	cluded in column 8		······································					0.		
								<u>, , , , , , , , , , , , , , , , , , , </u>		

Form **990-T** (2018)

Schedule F - Interest,	Amuntes	, noyal	u c o, di		Controlled O			LatiUl	is (see ins	uction	15)
1. Name of controlled organization	ation	2. Emp		3. Net unr	elated income instructions)	4. Tota	al of specified ments made	5. Par	t of column 4 t	that is	6. Deductions directly connected with income
		numb		(1033) (366	instructions)	payii	nents made		ation's gross i		in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		elated incom instructions		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,		e 1, Part I, A).	Enter h	dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investme	ent Incom tructions)	e of a	Section	1 501(c)(7), (9), or	(17) Or	ganizatior	1			
	•					I	3. Deduction		4 0:	aaid	5. Total deductions
1. Des	cription of income	е			2. Amount of	income	directly conne (attach sched		4. Set-a (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).
Totala						0.					0.
Schedule I - Exploited					r Than Ac		ng Income				0.
(see instr	ructions)										
	2. Gro	221		penses	4. Net incom	ne (loss)	5. Gross inco	nme	•		7. Excess exempt
1. Description of	unrelated bu	usiness		connected oduction	business (column 2 minus column 3). If a		from activity that is not unrelated				expenses (column 6 minus column 5,
exploited activity	income f trade or bu			related s income	gain, compute	e cols. 5	business inco		colun	nn 5	but not more than column 4).
(4)					through	7.					,
(1)											
(2)											
(2) (3) (4)											
(4)	Enter here	and on	Enter he	ere and on							Enter here and
	page 1, P	Part I,	page '	1, Part I, , col. (B).							on page 1, Part II, line 26.
Totale	11116 10, 00	0.	mie io,	0 .							0.
Schedule J - Advertis	ing Incom		actrilotion								0.
Part I Income From		•		,	solidated	Basis					
					1.		_				r _
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co	ising gain ol. 2 minus ain, comput arough 7.			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)											
(2)			\bot								
(3)											
(4)			\bot								
Totals (carry to Part II, line (5))		(o .	0							0.
							'				Form 990-T (2018)

823731 01-09-19

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 (2018)

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

201	8	Annual Information	on Return						199	
Calendar Yea	r 2018 o	r fiscal year beginning (mm/dd/yyyy)	07/01/2	2018	, and endin	g (mm/dd/	′уууу)	06	730/2019	
Corporation/O	rganizatio	n name					California corp	oration	number	
D 0 3	D.M.G						1010		7	
P.S. A		See instructions.					1219	027	1	
Additional into	rmation. s	see instructions.					95-3	931	147	
Street address	s (suite or	room)					PMB no.			
	,	ER DRIVE STE 550								
City						State	ZIP code	;		
LOS AN	[GEL]	ES				CA	9004	5		
Foreign countr	y name		Foreign province/state	e/county		•	Foreign p	ostal c	ode	
A First Retu	urn	L	Yes X No							_
		•			ed in political a					
		7(a)(1) trust L	Yes X No		organization ex	-			-	∟ No
D Final Info					," enter the gro					
	Dissolve		erged/Reorganized	_	ınization is a pu n 23701d and r	-	-			
Enter date E Check ac		g method: (1) Cash (2) X Accrual	(3) Other		lo filing fee is re		•			
		ed? (1) \bullet X 990T(2) \bullet 990PF (3) \bullet		M Is the	organization a l	imited Lia	hility Comna	?		
(4) X			CCITT(330)		e organization f					_ 110
		ing? See instructions •	Yes X No		taxable income				• Yes X	□No
		on in a group exemption	Yes X No		organization un					
If "Yes," v	what is t	he parent's name?		IRS at	ıdited in a prior	year?			• Yes X	∷ No
					eral Form 1023/				Yes X	: No
		ion have any changes to its guidelines		Date f	led with IRS _					
not repor	rted to th	ne FTB? See instructions	Yes X No							
Part I		e Part I unless not required to file this for						1 4	1,967,07	11 00
		Gross sales or receipts from other sources.						2	1,307,07	$\overline{}$
	3 (Gross dues and assessments from membe	lar amounte receive	 1		STI	ит 1 •	3	2,446,84	6 00
Receipts	4 1	Gross contributions, gifts, grants, and simi otal gross receipts for filing requirement test. Add his line must be completed. If the result is less th	line 1 through line 3.	I Information	 B		*******	4	4,413,92	
and	5 (Cost of goods sold	an \$50,000, see Genera		5		00			9 00
Revenues	6 (Cost of goods sold	assets sold	•	6	110	360 00			
								7	110,36	
	8 T	otal gross income. Subtract line 7 from lin						8	4,303,56	
Expenses	9 ⊺	otal expenses and disbursements. From S	Side 2, Part II, line 18	3			•	9	3,770,10	0 00
Lybellaca	_	xcess of receipts over expenses and disbu	ursements. Subtract	line 9 fron	n line 8		•	10	533,46	0 00
	1	otal payments					•	11		00
								12		00
		Payments balance. If line 11 is more than li						13		00
Filing Fee		Jse tax balance. If line 12 is more than line						14 15	N/A	00
		iling fee \$10 or \$25. See General Informat Penalties and Interest. See General Informa						16	N/A	00
		Balance due. Add line 12, line 15, and line			the result			17		00
	Under p	enalties of perjury, I declare that I have examined a correct, and complete. Declaration of preparer (c	this return, including ac	companying	schedules and st	atements, an	d to the best of	of my kr	nowledge and belief,	100
Sign Here	it io truc	, sorrost, and somplete. Designation of proparet (e	The than taxpayer, to be	Title	normation of wino	I Da	-	ago.	I ● Telephone	
пете	Signatu of office	re re		CEO						
			·	•	Date		eck if		● PTIN	
	Prepare signatur	res ► NAZANIN BÉNYAMÍŊ	U.		11/13/	19 sel	f-employed	<u> </u>	₽00666808	
Paid	Firm's n		/						• Firm's FEIN	
Preparer's	if self-	DINGERTEMAK THE	OIII	7	TI 000				95-2302617 • Telephone	
Use Only	employe and add				F.LOOK				I '	004
	May th	LOS ANGELES, CA e FTB discuss this return with the prepare			ne		• X		(310) 477-3	244
	I IVICIV III	o e co magnas una remin Willi ille DicDALE			rid.		₹ Z	- I Yes	1 I INO	

Date Accepted DO NOT MA							NOT MAIL	THIS FORM TO THE FTB				
	2018 California e-file Retu Exempt Organization				thoriza	tion for			FORM 8453-EO			
Exempt Organiz	ation name							Identifying n	umber			
P.S. A	RTS							95-39	31147			
Part I E	lectronic R	eturn Informatio	n (whole dollars	only)								
1 Total g	ross receipt	s (Form 199, line	4)					1	4,413,920			
		e (Form 199, line							4,303,560			
3 Total e	xpenses an	d disbursements	(Form 199, line	9)				3	3,770,100			
Part II S	ettle Your A	Account Electro	nically for Taxa	ble Year 2018								
4 L E	lectronic fur	ds withdrawal	4a Amount			4b Withdrawa	al date (mm/do	l/yyyy)				
Part III B	anking Info	rmation (Have y	ou verified the e	xempt organizat	tion's bankin	g information?)						
5 Routing	number _											
6 Accoun	t number				7	Type of account:	Checki	ng L S	avings			
	eclaration											
I authorize the on line 4a.	e exempt org	anization's account	to be settled as de	esignated in Part II	I. If I check Pa	rt II, Box 4, I author	ze an electronic	funds withdra	wal for the amount listed			
transmitter, o California elec a balance due organization v statements be	r intermediat ctronic return e return, I unc will remain lia e transmitted	e service provider a . To the best of my erstand that if the I ble for the fee liabil to the FTB by the E	nd the amounts ir knowledge and be ranchise Tax Boa ity and all applicat RO, transmitter, o	n Part I above agree elief, the exempt or rd (FTB) does not e ole interest and per r intermediate serv	e with the amorganization's receive full an nalties. I authorice provider.	ounts on the correspeturn is true, correct tid timely payment of	onding lines of t, and complete, the exempt organization return the exempt org	the exempt or If the exempt anization's fee and accompar	organization is filing liability, the exempt lying schedules and			
Sign Here	Signature of	officer		Date	Title	0						
Part V D	eclaration	of Electronic Re	turn Originator	(ERO) and Paid	d Preparer.							
I declare that am only an in accurately ref provided the 1345, 2018 H the exempt of I declare that	I have review termediate se flects the data organization alandbook for reanization re I have exami	ed the above exem rvice provider, I ur on the return.) I ha officer with a copy Authorized e-file Pr turn is filed, which	pt organization's r derstand that I am ave obtained the o of all forms and im oviders. I will keep ever is later, and I apt organization's	eturn and that the n not responsible for ganization officer' formation that I wil o form FTB 8453-E will make a copy a return and accomp	entries on for or reviewing the 's signature or Il file with the le O on file for for vailable to the panying schece	ne exempt organizat form FTB 8453-EO TB, and I have follo pur years from the d FTB upon request. ules and statements	ion's return. I de before transmit wed all other redue date of the re ue date of the re f I am also the p	eclare, howeve ting this returr quirements de turn or four ye aid preparer, i	scribed in FTB Pub.			

also paid preparer if self-SINGERLEWAK LLP ₽00666808 **ERO** employed Must Firm's name (or yours SINGERLEWAK LLP 95-2302617 if self-employed) 10960 WILSHIRE BOULEVARD, 7TH FLOOR Sign and address ${\sf ZIP\ code\ }9\,0\,0\,2\,4-3\,7\,8\,3$ LOS ANGELES, CA Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge

Date

Check if

Check

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Check if self-employed Paid preparer's signature Preparer Must Firm's name (or yours if self-employed) and address Sign

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

ERO's PTIN

Paid preparer's PTIN

FEIN

ZIP code

15321113 701224 5546

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: Change of address									
P.S. ARTS Name of Organization		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 Em	ployer I.D. No. 95-3931147								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R	_									
Gross Receipts Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	<u> </u>						
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$1,000,001 and \$50 million Greater than \$50 million				50 25 00						
PART A - ACTIVITIES										
For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list: Gross annual revenue \$ 3,994,068 Total assets \$ 4,769,080										
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT										
Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.										
1. 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 9										
2. During this reporting period, were there any theft, embezzlement, diversion or or funds?	misuse of th	ne organization's charitable property		х						
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue	?		Х						
 During this reporting period, were any organization funds used to pay any pen with the Internal Revenue Service, attach a copy. 	nalty, fine or	judgment? If you filed a Form 4720		х						
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone number 1.	•			Х						
6. During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.	•	provide an attachment listing the SEE STATEMENT 10	Х							
7. During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred.	rposes? If "	yes," provide an attachment indicating SEE STATEMENT 11	Х							
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce				Х						
9. Did your organization have prepared an audited financial statement in accordance principles for this reporting period?	ance with ge	enerally accepted accounting	Х							
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.	g documents,	, and to the best of my knowledge and belief, t	the con	tent						
KRISTEN PAGLIA		EO								
Signature of authorized officer Printed Name	Titl	Date Date								

P.S. ARTS 95-3931147

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

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 \$188,245 FOR ONE OF THE ORGANIZATION'S EVENTS IN 2018. THE BOARD APPROVED THE TRANSACTION AND THE BOARD MEMBER RECUSED HERSELF FROM THE VOTING 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.

95-3931147

P.S. ARTS

CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT

10

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 DEPARTMENT OF ARTS AND CULTURE KRISTIN SAKODA
1055 WILSHIRE BLVD. STE. 800
LOS ANGELES, CA 90017
213-202-5858

NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET, SW WASHINGTON DC, 20506 202-682-5400

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES PART B, LINE 7

STATEMENT 11

ONE RAFFLE ON MAY 3, 2019.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

and ending JUN 30, 2019

3 C	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre	P.S. ARTS			
	Name Chang			95-39	931147
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	6701 CENTED DOTTE CTE 550		(310)	
	termir			G Gross receipts \$	4,413,920.
	Amen			H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer:LAURA FOX		for subordinates'	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	r 527		list. (see instructions)
J۷	Vebsi	te: WWW.PSARTS.ORG		H(c) Group exemption	n number
		forganization: X Corporation Trust Association Other	L Year	of formation: 1991 M	State of legal domicile: CA
Pa	ırt I	Summary			
е	1	Briefly describe the organization's mission or most significant activities: $P \cdot S \cdot$	ARTS	IS DEDICATE	O TO
Activities & Governance		IMPROVING THE LIVES OF CHILDREN BY PROVID	DING A	RTS EDUCATION	ON TO
ern:	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
Š (3	Number of voting members of the governing body (Part VI, line 1a)		3	24
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			23
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			9
Ϊį	6	Total number of volunteers (estimate if necessary)			200
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38		1	26,405.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,848,044.	2,446,846.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,393,793.	1,401,301.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169,702. 69.	145,921.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,411,608.	3,994,068.
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	3,994,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		2,877,153.	2,946,162.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
ben	h	Total fundraising eveneses (Part IX, column (D), line 25)	58.	•	•
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		509,649.	514,446.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,386,802.	3,460,608.
		Revenue less expenses. Subtract line 18 from line 12		24,806.	533,460.
ces				ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		4,117,718.	4,769,080.
Net Assers Fund Balan		Total liabilities (Part X, line 26)		199,768.	285,267.
		Net assets or fund balances. Subtract line 21 from line 20		3,917,950.	4,483,813.
Pa	irt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Here	е	KRISTEN PAGLIA, CEO			
		Type or print name and title	1.5	loto I	I DTIN
		Print/Type preparer's name Preparer's signature		Pate Check	PTIN
Paid		NAZANIN BENYAMINI NAZANIN BENYAMIN	ит Т	1/13/19 if self-employe	P00666808
-	oarer Only	Firm's name SINGERLEWAK LLP	OOD	Firm's EIN	95-2302617
บชย	Only	Firm's address 10960 WILSHIRE BOULEVARD, 7TH FI LOS ANGELES, CA 90024-3783	JOOK	Phone no. (32	10) 477-3924
1/6:	, +b - '			Phone no. (3.	
viay	ıne I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$ 2,582,212. Total program service expenses Form **990** (2018) 832002 12-31-18

15321113 701224 5546

95-3931147 Page **3**

Form 990 (2018) 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	-
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		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? <i>If</i> "Yes," <i>complete</i>			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
	Part VI	11a		-
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	Х	
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
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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,"			
	complete Schedule G, Part III	19		X
20a	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		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ı	

832003 12-31-18

Form **990** (2018)

Form 990 (2018) P.S. ARTS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		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,"			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	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		Х
С	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
0.1	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		\vdash
36		26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-25
37	· · · · · · · · · · · · · · · · · · ·	37		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	_ UU		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2018) P.S. ARTS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	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 contributions or gifts	ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	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:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			77
	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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		₩.
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Form	000	(2010

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						
						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 relationshi		any other	\neg			
_				- 1	2		Х
_				····			
3	Did the organization delegate control over management duties customarily performed by or under the						х
_	of officers, directors, or trustees, or key employees to a management company or other person?			г	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			г	5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or				
	more members of the governing body?			L	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?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			···· [
а	The governing body?			- 1	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			····	0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal R				9		21
360	tion B. Foncies (This Section B requests information about policies not required by the internal h	event	le Code.)			V	NI.
40-	Did the course in the second second should be second secon			Г	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			····	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly bef	ore filing the form	۱?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1	12a	Х	
12a							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			[14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			[15a	X	<u> </u>
b	Other officers or key employees of the organization			[15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Γ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			Г	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			Ī			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's				
	exempt status with respect to such arrangements?			- [16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 99	0-T (Section 501)	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.		, (, , ()-	- , ,		
	Own website Another's website X Upon request X Other (explain	in Sc	chedule Ω)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	finan	cial	
.5	statements available to the public during the tax year.		o. microst policy	, and	iai l	Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke n	nd records				
20	GUILLAUME WATEAU - (310) 586-1017	ono a	.nu 16001us -				
	6701 CENTER DRIVE STE 550, LOS ANGELES, CA 90045						
	0701 CENTER DRIVE SIE 330, DOS ANGEDES, CA 30043						

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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)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per		not c		more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations	stee or director			irecto	Highest compensated employee	stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individua	Institutio	Officer	Key employee	Highest c employee	Former			organizations
(1) AMANDA SCHUON	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(2) AMY ZOLLER	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(3) CARLEEN CAPPELLETTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CAROLYN GIANGIACOMO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) CAROLYN HOTCHKIS	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) CHI-CHIEN HOU	1.00	١		l					•	
CO-VICE CHAIR	1 00	Х	_	Х	_			0.	0.	0.
(7) DAVID KAHN	1.00	١							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) DEBORAH GRIBBON	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) ELLEN-GOLDSMITH- VEIN	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) ERIC HALL	1.00	١							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) JORGE CAMIL STARR	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) JOSE VITELA	1.00	١							•	
BOARD MEMBER	1 00	Х	_		_			0.	0.	0.
(13) KASEY CROWN	1.00								0	
BOARD MEMBER	1 00	Х	_		_			0.	0.	0.
(14) MARY-ELIZABETH MICHAELS	1.00								0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) PAMELA POSEY	1.00	,,							0	0
CROSSROADS REPRESENTATIVE	1 00	Х			_			0.	0.	0.
(16) RONA SEBASTIAN	1.00	٠,,							^	_
BOARD MEMBER	1 00	Х	<u> </u>	\vdash	<u> </u>	_	\vdash	0.	0.	0.
(17) STEPHEN MCCRAY	1.00	X						0.	0.	_
BOARD MEMBER 832007 12-31-18		^			<u> </u>			J 0 •	0.	0 . Form 990 (2018)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(do box		Pos heck ss pe	ition more rson) than is bot	one n an	(D) Reportable compensation	(E) Reportable compensation	1	an	(F) stimate nount o	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated employee		the	from related organizations (W-2/1099-MIS		com fr org and	other pensatiom the anization d relate anization	e ion ed
(18) GENNIFER YOSHIMARU	1.00	7,		77									0
CO-VICE CHAIR (19) HADLEY DAVIS RIERSON	1.00	Х	Н	Х	_	┢		0.		0.			0.
BOARD MEMBER	1.00	X		Х				0.		0.			0.
(20) JANGO SIRCUS	1.00	22	Н	21						-			<u> </u>
TREASURER	1.00	х		Х				0.		0.			0.
(21) JOSHUA B. TANZER	1.00		Н							-			
BOARD MEMBER		х		х				0.		0.			0.
(22) LAURA FOX	1.00	 	Н							-			
BOARD CHAIR		Х		Х				0.		0.			0.
(23) PAM BERGMAN	1.00		П							\neg			
PRESIDENT AT LARGE		Х		Х				0.		0.			0.
(24) KRISTEN PAGLIA	40.00												
CHIEF EXECUTIVE OFFICER				Х				144,188.		0.			0.
			Ш								<u> </u>		
1b Sub-total		<u> </u>				<u> </u>		144,188.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								144,188.		0.			0.
2 Total number of individuals (including but n							no r	received more than \$100	0,000 of reportable	<u>_</u>			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													77
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	-				-		elat	ted organization or indiv	idual for services				Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	е Ј т	or st	icn	pers	son .					5		
Complete this table for your five highest co	mnensated in	dene	anda	nt c	onti	racto	re i	that received more than	\$100,000 of com		ation f	rom	
the organization. Report compensation for										JC113	ationi	10111	
(A)	ino calondar y	oui	<u> </u>	<u></u>	*1011	01 11		(B)	your.		(0	2)	
Name and business	address							Description of s	services	С		nsatio	า
ANCHOR STREET COLLECTIVE													
2831 ANCHOR AVE , LOS ANO	GELES ,	CZ	A 9	900) 6 4	4		EVENT PRODUC	TION		19	1,4	37.
										_	_		
							\dashv						
2 Total number of independent contractors (in	ncludina but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				

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15321113 701224 5546

\$100,000 of compensation from the organization

_		(2018) P.S. ARTS			95-3931	147 Barra
	rt VII	(==)			33-3331	.147 Page 9
		Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
		oneon il conteguie e contains a response of note to any in	(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		2,446,846.			
Program Service Revenue	b c d e f	All other program service revenue	1,401,301.	1,401,301.		
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	143,333.			143,333
	b c d 7 a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities (ii) Other 112,948.				
evenue	c	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ 229,768. of contributions reported on line 1c). See	2,588.			2,588
Other Revenue	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b 309,492 309,492 a Less: direct expenses b	0.			
	c 10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory				

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11 a b

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12 Total revenue. See instructions

d All other revenue e Total. Add lines 11a-11d

3,994,068.1,401,301.

Business Code

0. 145,921.

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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 respon	plete all columns. All oth		, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	146,356.	73,178.	20 271	42 007
•	trustees, and key employees	140,330.	13,110.	29,271.	43,907
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,410,777.	1,930,594.	170,926.	309,257
7	Other salaries and wages	4,410,///•	1,330,334.	110,320.	303,431
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
0	```	170,860.	133,886.	13,377.	23,597
9	Other employee benefits	218,169.	170,958.	17,080.	30,131
10	Payroll taxes Fees for services (non-employees):	210,109.	1,0,000	17,000	50,151
11	` ' ' '				
a	Management				
b	Legal				
C C	Accounting				
d e	D (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees	20,640.		20,640.	
g		20,0101		20,0100	
9	column (A) amount, list line 11g expenses on Sch O.)	54,193.	25,690.	28,203.	300
12	Advertising and promotion	01/100			
13	Office expenses	71,929.	23,279.	18,609.	30,041
14	Information technology	•	,	•	,
15	Royalties				
16	Occupancy	190,746.	101,505.	30,247.	58,994
17	Travel	13,453.	7,882.	3,829.	1,742
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	16,372.	11,638.	2,011.	2,723
23	Insurance	18,997.	5,603.	13,394.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY OUTREACH	44,888.	44,888.		
b	SUPPLIES	24,799.	24,799.		
С	PROGRAM EVALUATION	19,350.	19,350.		
d	RECRUITING AND HIRING	6,171.	5,703.	468.	
е	All other expenses	32,908.	3,259.	6,583.	23,066
25	Total functional expenses. Add lines 1 through 24e	3,460,608.	2,582,212.	354,638.	523,758
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)				

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Part X Balance Sheet P.S. ARTS

Pa	πλ	Balance Sneet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		683,019.	1	371,694.
	2	Savings and temporary cash investments		301,474.	2	8,491.
	3	Pledges and grants receivable, net		196,786.	3	399,768.
	4	Accounts receivable, net		49,937.	4	24,488.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		4,535.	8	4,470.
	9	Prepaid expenses and deferred charges	43,546.	9	41,982.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 335,634.			
	b	Less: accumulated depreciation	10b 273,550.	78,457.	10c	62,084.
	11	Investments - publicly traded securities		2,648,070.	11	3,742,331.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	111,894.	15	113,772.	
	16	Total assets. Add lines 1 through 15 (must equ		4,117,718.	16	4,769,080.
	17	Accounts payable and accrued expenses		173,988.	17	160,813.
	18	Grants payable		18		
	19	Deferred revenue			19	91,290.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	r officers, directors, trustees,			
≝		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	F		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of	05 500		22 164
		Schedule D		25,780.	25	33,164.
	26			199,768.	26	285,267.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an		1 146 470		1 000 000
anc	27	Unrestricted net assets		1,146,470.	27	1,893,008.
Bal	28	Temporarily restricted net assets		717,910.	28	549,996.
pu	29			2,053,570.	29	2,040,809.
Ţ		Organizations that do not follow SFAS 117 (A	SC 958), check here			
3 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 ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		2 017 050	32	4 402 012
~	33	Total net assets or fund balances		3,917,950.	33	4,483,813.
	34	Total liabilities and net assets/fund balances		4,117,718.	34	4,769,080.

Form **990** (2018)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	2 3	,91	0,6 3,4	08. 60. 50.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		4.0		4.0	
_	column (B))	10 4	,48	3,8	<u> 13.</u>	
Pai	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 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (2018)	

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

Name of the organization Employer identification number 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 II, 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	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			•					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4								
8	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								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)			
_	organization, check this box and stop	here					<u></u> ▶□		
	ction C. Computation of Publ								
14	Public support percentage for 2018 (I					14	<u>%</u>		
15	Public support percentage from 2017					15	<u>%</u>		
16a	33 1/3% support test - 2018. If the o								
	stop here. The organization qualifies								
b	33 1/3% support test - 2017. If the o								
	and stop here. The organization qual								
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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17		and see instruction			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,637,626.	2,569,487.	2,003,394.	1,848,044.	2,446,846.	11,505,397.		
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	991,193.	1,200,452.	1,613,095.	1,393,793.	1,401,301.	6,599,834.		
3	Gross receipts from activities that	-	. ,	. ,	, ,	, ,	, , , , , , , , , , , , , , , , , , ,		
-	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
Ċ	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	3,628,819.	3,769,939.	3,616,489.	3,241,837.	3,848,147.	18,105,231.		
	Amounts included on lines 1, 2, and	3,020,013.	3,703,333.	3,010,403.	3,241,037.	3,040,147.	10,103,231.		
10	3 received from disqualified persons	813,732.	939,119.	414,146.	393,025.	165,760.	2,725,782.		
r	Amounts included on lines 2 and 3 received	013,732.	J	111,110.	333,023.	103,700	2,723,702.		
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the						0.		
_	amount on line 13 for the year	813,732.	939 119	414,146.	393,025.	165 760	2,725,782.		
	Add lines 7a and 7b	013,732.	939,119.	414,140.	393,023.	103,700.			
	Public support. (Subtract line 7c from line 6.)						15,379,449.		
	endar year (or fiscal year beginning in)	(=) 0014	(b) 001E	(a) 0010	(4) 0017	/s\ 0010	(6) Tatal		
		(a) 2014 3,628,819.	(b) 2015 3,769,939.	(c) 2016 3,616,489.	(d) 2017 3,241,837.	(e) 2018	(f) Total 18,105,231.		
	Amounts from line 6 Gross income from interest,	3,020,019.	3,709,939.	3,010,409.	3,241,037.	3,848,147.	18,105,231.		
IUa	dividends, payments received on								
	securities loans, rents, royalties,	QN 513	116 531	107 793	121,398.	1/12 222	569,558.		
	and income from similar sources	00,515.	110,331.	107,703.	121,390.	143,333.	309,330.		
r	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975	80,513.	116 521	107 702	121,398.	1/2 222	569,558.		
	Add lines 10a and 10b Net income from unrelated business	00,313.	110,331.	107,703.	121,390.	143,333.	309,330.		
"	activities not included in line 10b,								
	whether or not the business is								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital	4 007		1 011	69.		E 007		
	assets (Explain in Part VI.)	4,007.	2 006 470	1,011.		2 224 422	5,087.		
	Total support. (Add lines 9, 10c, 11, and 12.)	3,713,339.	3,886,470.	3,725,283.	3,363,304.	3,991,480.	18,679,876.		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,		
		:- O					>		
	ction C. Computation of Publ						00 00		
	Public support percentage for 2018 (column (f))		15	82.33 %		
	Public support percentage from 2017					16	77.19 %		
	ction D. Computation of Inve					17	3.05 %		
17		it income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))							
18		estment income percentage from 2017 Schedule A, Part III, line 17							
19a	19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶□		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

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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 (as 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
30		
9с		
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		
b	A family member of a person described in (a) above?	11b		
С	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		l	
000	tion of Type it 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		103	140
•	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			
000	tion B. All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
٠.	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	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
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			
800	supported organizations played in this regard.	3		<u> </u>
	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)	•		
a	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.		-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		N
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				
	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				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

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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		
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	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	TV 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	ns	
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	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

P.S. ARTS 95-3931147 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

II, and III.

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	THE DENVER FOUNDATION 55 MADISON ST. 8TH FLOOR DENVER, CO 80206	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HERB ALPERT FOUNDATION 1414 6TH STREET SANTA MONICA, CA 90401	\$ 227,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE WONDERFUL COMPANY 11444 W. OLYMPIC BOULEVARD LOS ANGELES, CA 90064	\$ <u>215,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 THE EISNER FOUNDATION 9401 WILSHIRE BLVD, STE 735 BEVERLY HILLS, CA 90212	\$ 135,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WEINGART FOUNDATION 1055 W 7TH ST STE 3200 LOS ANGELES, CA 90017	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 THE RALPH M. PARSONS FOUNDATION 888 WEST SIXTH ST 7TH FL LOS ANGELES, CA 90017	* 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	CARL & ROBERT DEUTSCH FOUNDATION 2444 WILSHIRE BLVD. SUITE 600 SANTA MONICA, CA 90403	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	THE GOLDHIRSH - YELLIN FOUNDATION 101 FEDERAL ST BOSTON, MA 02110	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	CALIFORNIA ARTS COUNCIL 1300 I STREET, STE 930 SACRAMENTO, CA 95814	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	DISNEY WORLDWIDE SERVICES, INC 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	DWIGHT STUART YOUTH FOUNDATION 9595 WILSHIRE BLVD, STE 212 BEVERLY HILLS, CA 90212	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	MOSS FOUNDATION 421 N. BEVERLY DRIVE, SUITE 260 BEVERLY HILLS, CA 90210	Person X Payroll Noncash (Complete Part II for noncash contributions.)

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PEARLMAN GELLER FAMILY FOUNDATION 828 WOODACRES RD SANTA MONICA, CA 90402	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE ROSE HILLS FOUNDATION 225 SOUTH LAKE AVENUE SUITE 1250 PASADENA, CA 91101	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	HOTCHKIS FOUNDATION 800 WEST 6TH STREET, SUITE 728 LOS ANGELES, CA 90017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	PAM BERGMAN 530 N. BRISTOL AVE LOS ANGELES, CA 90049	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	CITY OF LA DEPT OF CULTURAL AFFAIRS 201 N FIGUEROA ST, STE 1400 LOS ANGELES, CA 90012	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THE CAROL & JAMES COLLINS FOUNDATION 11911 SAN VICENTE BLVD, STE 320 LOS ANGELES, CA 90049	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARIE AND IDA CROWN MEMORIAL FUND 222 N LASALLE ST, STE 2000 CHICAGO, IL 60601	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THE ROSALINDE AND ARTHUR GILBERT FOUNDATION 2730 WILSHIRE BOULEVARD, SUITE 301	\$\$	Person X Payroll Noncash (Complete Part II for
(a)	SANTA MONICA, CA 90403	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	REYNOLDS FAMILY FOUNDATION 167 S. BEACHWOOD DR LOS ANGELES, CA 90004	\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4 EDWARD A. AND AI O. SHAY FAMILY FOUNDATION 4695 MACARTHUR CT NEWPORT BEACH, CA 92660	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	THELMA PEARL HOWARD FOUNATION CALIFORNIA COMMUNITY FOUNDATION, 221 S. FIGUEROA STREET, STE 400 LOS ANGELES, CA 90012	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	RAYMOND CHAO 9501 FLORENCE CIR	00.000	Person X Payroll Noncash
	VILLA PARK, CA 92861	\$20,000.	(Complete Part II for noncash contributions.)

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVE NW NW WASHINGTON, DC 20506	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	THE RING FOUNDATION 12301 WILSHIRE BLVD STE 203 LOS ANGELES, CA 90025	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	FAINCHE MACCARTHY 321 DALEHURST AVE LOS ANGELES, CA 90024	\$18,845.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	CAROLYN GIANGIACOMO 317 OCEANO DR LOS ANGELES, CA 90049	\$16,095.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	LAURA FOX 518 GEORGINA AVE SANTA MONICA, CA 90402	\$16,050 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	KASEY CROWN 753 PALMS BLVD VENICE, CA 90291	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a)	(b)	(c)	(d)						
No. 31	Name, address, and ZIP + 4 E! ENTERTAINMENT TELEVISION NBC UNIVERSAL MEDIA, LLC,100 UNIVERSAL CITY PLAZA BLDG 1440/3129 UNIVERSAL CITY, CA 91608	Total contributions \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
32	THE BANYAN FOUNDATION PO BOX 3336 SANTA BARBARA, CA 93130	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
33	ONE HOPE FOUNDATION P.O. BOX 1117 NEWPORT BEACH, CA 92659	\$11,179 .	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
34	BROAD FOUNDATION 2121 AVENUE OF THE STARS, 30TH FLOOR LOS ANGELES, CA 90067	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
35	SARAH KETTERER 15900 ALCIMA AVE PACIFIC PALISADES, CA 90272	\$	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
36	MICHAEL COHEN 2900 CLUB DR LOS ANGELES, CA 90064	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
37	THE RITA AND ALEX HILLMAN FOUNDATION 200 PARK AVE S, STE 1705 NEW YORK, NY 10003	\$10,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
38	THE JOHNNY CARSON FOUNDATION 16000 VENTURA BOULEVARD, #900 ENCINO, CA 91436	\$	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
39	NICKELODEON 2600 COLORADO AV 5TH FL SANTA MONICA, CA 90404	\$10,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
40	BRENDA POTTER 703 N. ELM DR BEVERLY HILLS, CA 90210	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
41	STANLEY AND JOYCE BLACK FAMILY FOUNDATION 9665 WILSHIRE BLVD SUITE 200 BEVERLY HILLS, CA 90212	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
42	DEBORAH GRIBBON 650 RADCLIFFE AVE PACIFIC PALISADES, CA 90272	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	WME 9601 WILSHIRE BLVD, 3RD FL BEVERLY HILLS, CA 90210	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	UNIVERSAL TELEVISION, LLC 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	THE GETTY FOUNDATION (J.PAUL GETTY TRUST) 1200 GETTY CENTER DRIVE, SUITE 800 LOS ANGELES, CA 90049	\$7,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	ISAAC BRANTNER 6701 CENTER DRIVE STE 550 LOS ANGELES, CA 90045	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	FIFTH THIRD BANK 2029 CENTURY PARK E, STE 1010 LOS ANGELES, CA 90067	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	HBO 2500 BROADWAY, STE 400 SANTA MONICA, CA 90404	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

P.S. ARTS 95-3931147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49	SNAPCHAT, INC. 63 MARKET STREET VENICE, CA 90291	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	ERIC HALL 804 BROOKS AVE VENICE, CA 90291	\$6,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	SHARI ROSENBLUM 225 21ST PL SANTA MONICA, CA 90402	\$6,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 52	Name, address, and ZIP + 4 CYNTHIA AND GEORGE MITCHELL FOUNDATION 1300 GUADALUPE ST, STE 250 AUSTIN, TX 78701	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	DANIEL GORDON 201 OCEAN AVE SANTA MONICA, CA 90402	\$5,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	JOSHUA TANZER 1416 AMALFI DRIVE PACIFIC PALISADES, CA 90272	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	TICTLE TIMEDIDIO, CH JUNIA		1.3.704011 001111104110113.)

823452 11-08-18

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	LA COUNTY DEPARTMENT OF ARTS AND CULTURE 1055 WILSHIRE BLVD STE 800 LOS ANGELES, CA 90017	\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a)								
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

Name of organization **Employer identification number** P.S. ARTS 95-3931147 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

P.S. ARTS

Employer identification number 95-3931147

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	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		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic 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 tre		•
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		\$

Schedule D (Form 990) 2018

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

	t III Organizations Maintaining Co		t Historical Tr	easures or Of	hor S		te/continu	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	tollowing that are a	a signiii	cant use of its	collection	items
	(check all that apply):		— .					
a	Public exhibition	d		hange programs				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						t XIII.	
5	During the year, did the organization solicit or						_	
D	to be sold to raise funds rather than to be ma						Yes	└── No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Forr	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia						٦.,	—
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		г			
					F	_	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance				L	1f	_	
	Did the organization include an amount on Fo				-		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	ĺ						
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four y	
	Beginning of year balance	2,462,960.	2,388,091.	2,100,911	•	1,210,182.	1,2	33,734.
	Contributions	189.				865,620.		54,606.
	Net investment earnings, gains, and losses	127,656.	159,869.	287,180) ·	60,643.	-	37,827.
d	Grants or scholarships				_			
е	Other expenditures for facilities							
	and programs		85,000.			35,534.		40,331.
f	Administrative expenses							
g	End of year balance	2,590,805.	2,462,960.	2,388,091	. •	2,100,911.	1,2	210,182.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 78.77	<u>%</u>						
С	Temporarily restricted endowment ▶ 21	<u>.23</u> %						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	r the or	ganization	_	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat						. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line	10.		
	Description of property	(a) Cost or ot basis (investm	' '		Accum depreci		(d) Book	value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		33	5,634.	273	,550.	62	,084.
	Other							
	. Add lines 1a through 1e. (Column (d) must eq	<u>. </u>	X, column (B), line 1	0c.)			62	,084.
		,		,				

Schedule D (Form 990) 2018

Dort VIII Investments Other Securities				JJJIII Page
Part VII Investments - Other Securities.	on Form OOO Dort IV	ina 11h Can Farra 000 Da	and V. lines 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			-of-year market value
	(b) Dook value	(c) Welliod of Valu	dation. Cost of end	-or-year market value
(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, I	ine 11c. See Form 990, Pa	art X, line 13.	
(a) Description of investment	(b) Book value			-of-year market 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.				
	5 000 B 111/1			
Complete if the organization answered "Yes"		ine 11a. See Form 990, Pa	art X, line 15.	(la) Da alcualua
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11e or 11f. See Form 9	90. Part X. line 25.	
1. (a) Description of liability	1	(b) Book value	,	
(1) Federal income taxes		· · ·		
(2) DEFERRED RENT INCENTIVES		33,164.		
		33,1010		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 990, Part X, col. (B) line	25)	33.164.		

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

Schedule D (Form 990) 2018

Pai	t XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per R	Return	١.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,030,831.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		32,403. 25,000.		
b	Donated services and use of facilities		25,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	57,403.
3	Subtract line 2e from line 1			3	3,973,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	00 640		
а	Investment expenses not included on Form 990, Part VIII, line 7b		20,640.		
b	Other (Describe in Part XIII.)			-	20 640
С	Add lines 4a and 4b			4c	20,640.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	3,994,068.
Pal	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per	кети	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				2 464 060
1	Total expenses and losses per audited financial statements			1	3,464,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	25 000		
a	Donated services and use of facilities		25,000.	-	
b	Prior year adjustments			-	
С.	Other losses			-	
d	Other (Describe in Part XIII.)			-	25,000.
_	Add lines 2a through 2d			2e	3,439,968.
3	Subtract line 2e from line 1			3	3,433,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1	20,640.		
	Investment expenses not included on Form 990, Part VIII, line 7b		20,040.	-	
	Other (Describe in Part XIII.)	•		1	20,640.
	Add lines 4a and 4b Total supersess Add lines 2 and 4a. (This must squal Form 200, Part I. lines			4c	3,460,608.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	: 16.)		5	3,400,000.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	ud 4: Part IV lines 1h a	and 2h: Part V. line	1. Dort	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4, I ait	A, IIIIe Z, I alt AI,
111103	2d and 4b, and 1 art Air, lines 2d and 4b. Also complete this part to provide	arry additional inform	ation.		
PAI	RT V, LINE 4:				
THE	E ORGANIZATION HAS ADOPTED INVESTMENT	AND SPENDIN	NG POLICIE	SF	OR
ENI	DOWMENT ASSETS THAT ATTEMPT TO PROVIDE	A PREDICTA	ABLE STREA	M O	F FUNDING
то	PROGRAMS SUPPORTED BY ITS ENDOWMENT W	HILE SEEKI	NG TO MAIN	ITAII	N THE
PUE	RCHASING POWER OF THE ENDOWMENT ASSETS	5.			
PAI	RT X, LINE 2:				
THE	E ORGANIZATION IS EXEMPT FROM FEDERAL	AND STATE	INCOME TAX	ES T	UNDER
SEC	CTION 501(C)(3) OF THE INTERNAL REVENU	JE CODE (IRO	C) AND SEC	TIOIT:	N 23701(D)
OF	THE CALIFORNIA REVENUE AND TAXATION C	CODE. MANAGI	EMENT HAS	ANA]	LYZED THE
TAX	K POSITIONS TAKEN BY THE ORGANIZATION,	AND HAS CO	NCLUDED T	'HAT	, AS OF
JUI	NE 30, 2019 AND 2018, THERE ARE NO UNC	CERTAIN POST	TIONS TAK	EN (OR EXPECTED

832054 10-29-18

Schedule D (Form 990) 2018

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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

P.S. AR	TS					95-3931	147
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	' filers are not
Indicate whether the organization rais a	sed funds through any of the following solicitates of Solicitates of Solicitates of Solicitates of Special solicitates or oral agreement with any individual start VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (inclue	non-g gover aising ding o	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			. ▶				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	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) 2018

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 3 PARTY YOURSELF col. (c)) (event type) (event type) (total number) Revenue 172,043. 1 Gross receipts 365,618. 1,599. 539,260. 129,434 101,997. -1,663.229,768. 2 Less: Contributions 70,046. 3,262. 236,184 309,492. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 36,699. 36,699. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 199,485. 70,046. 3,262. 9 Other direct expenses 272,793. 309,492. 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? **b** If "Yes," explain: ___

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 P.S. ARTS	95-3	931	147	Page 3
	Does the organization conduct gaming activities with nonmembers?		$\overline{}$	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	o An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
(If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	darning manager mormation.				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
ŀ	nent in the amount of distributions required under state law to be distributed to other exempt organizations or spent in the same of the s				
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Par	t III, lir	nes 9,	9b, 10b,
	150, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
		C /F	000	000	E7\ 0040
8320	983 10-03-18 Schedule	a (rorm	320 C	ກ ສສ∪	-EZ) 20 18

Schedule G (Form 990 or 990-EZ) P.S. ARTS Part IV Supplemental Information (continued)	95-3931147 Page 4
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. ARTS	5						95	-39	311	47								
Part I Excess Ben	efit Transact	ions (section 5	01(c)(3), sect	ion 501(c)(4), and 50)1(c)	(29) organizatior	ns only	/).										
Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V,	line 40	0b.									
1	(b)	(b) Relationship between disqualified									(d) Corrected?								
(a) Name of disqualified	person	person and o	rganiza	ation	(0	c) Description of transaction			Y	es	No								
2 Enter the amount of tax	incurred by the	organization mar	nagers	or disc	qualified persons du	ring	the year under												
section 4958									\$										
3 Enter the amount of tax	, if any, on line 2,	above, reimburs	sed by	the or	ganization				\$										
Part II Loans to an	d/or From In	terested Per	sons																
Complete if the	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form	n 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on							
reported an amo	ount on Form 99		6, or 2	2.															
(a) Name of	(b) Relationship			an to or	(e) Original	nal (f) Balance due (g) In (h)				iginal (f) Balance due (g) In (h) /						(h) Ap	proved ard or nittee?	(i) W	ritten
interested person	with organization	of loan		zation?	principal amount		default?		default? com		nittee?	agree	ment?						
			То	From				Yes	No	Yes	No	Yes	No						
													<u> </u>						
													<u> </u>						
													oxdot						
Total		Citi - I-I-		-1 D -	\$														
	ssistance Be	•																	
	organization ans	wered "Yes" on	Form 9	990, Pa															
(a) Name of interested	person	(b) Relationship			(c) Amount of		(d) Type) Purp		f						
		interested pers the organization		d	assistance		assistan	ce		i	assista	ance							
		and organiza							\rightarrow										
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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) 2018

Part IV Business Transactions Invo	Iving Interested Persons. ed "Yes" on Form 990, Part IV, line 28a, 2	28h or 28c			
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of
(a) Harrie of interested person	person and the organization	transaction	transaction	organiz rever	zation's nues?
CARLEEN CAPPELLETTI	BOARD MEMBER	188 245	CARLEEN CAP	Yes	No X
CARDEEN CAFFEDDEIII	BOARD MEMBER	100,243.	CARLLEEN CAP		
Part V Supplemental Information.					
	sponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: CARLE	EN CAPPELLETTI				
(-)					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZA'I	'LON:		
BOARD MEMBER					
/C\ AMOUND OF DRANGACTION	r & 100 045				
(C) AMOUNT OF TRANSACTION	1 \$ 188,245.				
(D) DESCRIPTION OF TRANSA	CTION: CARLEEN CAPPE	LLETTI IS A	PS ARTS BO	ARD	
MEMBER AS WELL AS THE PRE	SIDENT OF AN UNRELAT	ED COMPANY	NAMED ANCHO	R	
	DIDDINI OI IN ONNEDIII	<u> </u>	THE THE I		
STREET COLLECTIVE. ANCHOR	R STREET COLLECTIVE P	ROVIDED PRO	DUCTION SER	VICE	S
TO THE ORGANIZATION DURIN	IG THE FISCAL YEAR IN	THE AMOUNT	OF \$188,24	5 FO	R
ONE OF THE ORGANIZATION'S	S EVENTS IN 2018.				
(E) SHARING OF ORGANIZATI	ON REVENUES: = NO				

SCHEDULE O

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) (2018)

832211 10-10-18

5546___1

Schedule O (Form 990 or 990-EZ) (2018)	Page 2					
Name of the organization P.S. ARTS	Employer identification number 95-3931147					
ACCESSED THROUGH THEIR WEBSITE.						
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)					

Form 990-T	E	Exempt Orgai	nization Bus	sine	ss Income T	ax Return	ı ļ	OMB No. 1545-0687			
		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.									
	For ca						<u>9</u> .	ZU 10			
Department of the Treasury Internal Revenue Service	•	■ Go to www.irs.gov/Form990T for instructions and the latest information. ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public IT									
A Check box if address change	d	Name of organization (L		(Emp	oyer identification number loyees' trust, see uctions.)						
B Exempt under section	n Print	P.S. ARTS		9	5-3931147						
X 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. box	k, see in	structions.		E Unrelated business activity code (See instructions.)				
408(e)220(e) Type	6701 CENTER	DRIVE STE	550			(000)	not dottorio.,			
408A 530(a)	City or town, state or prov			n postal code]				
529(a)		LOS ANGELES	-				812	930			
C Book value of all assets at end of year		F Group exemption numb	per (See instructions.)	<u> </u>							
4,769,	080.	G Check organization type	e ► X 501(c) corp	oration	501(c) trust	401(a)		Other trust			
n Elliel the number of the	ie organiza	illon s'unrelateu trades or t	Jusiliesses.	т	Describe	the only (or first) un					
		PLOYEE TRANS				complete Parts I-V.					
		ice at the end of the previou	is sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	al trade	e or			
business, then comple			offiliated group or a parar	at ouboi	diany controlled group?		Ye	es X No			
		ooration a subsidiary in an a tifying number of the paren		it-subsi	ulary controlled group?		Y	es A NO			
		GUILLAUME WA			Telenho	one number 🕨 (310) 586-1017			
		de or Business Inc			(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or s					()	() !		,			
b Less returns and a			c Balance	1c							
		A, line 7)		2							
3 Gross profit. Subtr				3							
4a Capital gain net inc	ome (attac	ch Schedule D)		4a							
		art II, line 17) (attach Form		4b							
c Capital loss deduct	ion for trus	sts		4c							
5 Income (loss) from	n a partners	ship or an S corporation (at	tach statement)	5							
6 Rent income (Sche	, .			6							
7 Unrelated debt-fina	inced incor	me (Schedule E)		7							
		and rents from a controlled	-	8							
		on 501(c)(7), (9), or (17) or		-							
		ome (Schedule I)		10							
		e J)		11							
		ns; attach schedule) gh 12		12	0.						
		ot Taken Elsewher									
		utions, deductions must									
14 Compensation of	officers, di	rectors, and trustees (Sche	dule K)				14				
							15				
							16				
17 Bad debts							17				
		ee instructions)					18				
19 Taxes and license	S	- in about the second second second					19				
		e instructions for limitation					20				
		562) n Schedule A and elsewher					22b				
							23				
24 Contributions to 0	leferred co	mpensation plans					24				
		pensation plans					25				
		chedule I)					26				
27 Excess readership	costs (Sc	hedule J)					27				
28 Other deductions	(attach sch	nedule)					28				
29 Total deductions	. Add lines	14 through 28					29	0.			
		ncome before net operating					30	0.			
		loss arising in tax years beg					31				
32 Unrelated busines	s taxable i	ncome. Subtract line 31 fro	m line 30			<u></u>	32	0.			

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-1	(2018)	P.S. ARTS				95-39	31147		Page		
Part I	II T	Total Unrelated Business Taxa	ble Income								
33	Total	of unrelated business taxable income compu	ted from all unrelated trades (or businesses	(see instructions)	33		0.		
34	Amou	ınts paid for disallowed fringes			`	,	34	27,	405.		
35	Dedu	ction for net operating loss arising in tax year	paid for disallowed fringes								
36	Total	of unrelated business taxable income before	specific deduction. Subtract I	ine 35 from th	ne sum of						
	lines	33 and 34					36	27,	405.		
37	Speci	fic deduction (Generally \$1,000, but see line	37 instructions for exceptions	s)			37	1,	000.		
38	Unrel	ated business taxable income. Subtract line	e 37 from line 36. If line 37 is	greater than I	ine 36,						
	enter	the smaller of zero or line 36					38	26,	405.		
Part I	V 7	Tax Computation									
39		nizations Taxable as Corporations. Multiply					39	5,	545.		
40		s Taxable at Trust Rates. See instructions fo									
		Tax rate schedule or Schedule D (Fo					40				
41	Proxy	tax. See instructions				>	41				
42	Alterr	ative minimum tax (trusts only)					42				
43	Taxo	n Noncompliant Facility Income. See instru	ctions								
44	lotal	Add lines 41, 42, and 43 to line 39 or 40, wi	nichever applies				44	5,	545.		
		Tax and Payments on tax credit (corporations attach Form 1118)	thursto attach Forms 111C)		45a						
							_				
D	Conor	credits (see instructions) ral business credit. Attach Form 3800			450		_				
		t for prior year minimum tax (attach Form 88					_				
		credits. Add lines 45a through 45d					45e				
46							46	5	545.		
40	Other	act line 45e from line 44 taxes. Check if from: Form 4255	Form 8611 Form 860	7 Form		Or (attach ashadula)	47	<u> </u>	J - J •		
48		tax. Add lines 46 and 47 (see instructions)					<u> </u>	5	545.		
49		net 965 tax liability paid from Form 965-A or						<i>J</i> ,	0.		
		ents: A 2017 overpayment credited to 2018		. , .			70				
		estimated tax payments				2,280					
		eposited with Form 8868					-				
		gn organizations: Tax paid or withheld at soul					_				
		up withholding (see instructions)					_				
		t for small employer health insurance premiu					_				
		credits, adjustments, and payments:									
9			Other	Total	▶ 50g						
51	Total	payments. Add lines 50a through 50g					51	2,	280.		
52	Estim	ated tax penalty (see instructions). Check if F	form 2220 is attached 🕨 🗌				52	-	48.		
53	Tax d	ue. If line 51 is less than the total of lines 48,	49, and 52, enter amount ow	ed		>	53	3,	313.		
54	Over	payment. If line 51 is larger than the total of I	ines 48, 49, and 52, enter am	ount overpaid	l		54				
55		the amount of line 54 you want: Credited to				Refunded 🕨	55				
Part \	/ {	Statements Regarding Certain	Activities and Othe	er Informa	ation (see inst	ructions)					
56		y time during the 2018 calendar year, did the		_		-		Yes	No.		
		a financial account (bank, securities, or other	,	-	•						
	FinCE	N Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," ente	r the name of	the foreign count	ry					
	here							_	X		
57		g the tax year, did the organization receive a	•	e grantor of, o	or transferor to, a	foreign trust?			X		
		s," see instructions for other forms the organ									
58		the amount of tax-exempt interest received of derpenalties of perjury, I declare that I have examine			and atataments and	to the best of my les	audadaa aad ba	lief it is two			
Sign	co	rrect, and complete. Declaration of preparer (other that	an taxpayer) is based on all informa	ition of which pr	reparer has any know	ledge.	owiedge and be	eller, it is true,			
Here			1	CEO			May the IRS disc				
		Signature of officer	Date	Title			the preparer sho		No.		
-		Print/Type preparer's name	Preparer's signature		Date		if PTIN				
Deid		7, po proparor o namo	sparor o orginaturo		_ 4.0	self- employed					
Paid		NAZANIN BENYAMINI	NAZANIN BENYA	AMINI	11/13/19			66680	8		
Prepa Use C		Firm's name ► SINGERLEWAK		!		Firm's EIN		23026			
USE C	riiiy		SHIRE BOULEVAL	RD, 7T	H FLOOR						
		Firm's address LOS ANGELI	ES, CA 90024-3	3783		Phone no.	(310)	477-3	924		

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Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory v	valuation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	7 Cost of goods sold. Subtract line 6					
3 Cost of labor				from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	s No
b Other costs (attach schedule)	4b			property produced or a	cquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				0/6/5 11 11 11			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for	persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directl columns 2(a) a		ected with the incom (attach schedule)	e 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, colum	2(a) and 2(b). Er n (A)	nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated De			instru	ıctions)		•			
			2	2. Gross income from or allocable to debt-		3. Deductions directly conto debt-finan		operty	
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedule	
(1)							+		
(2)			+				-		
(3)							\top		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to anced property h schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)			+	%			+		
(2)				%			\top		
(3)				%					
(4)				%			\top		
	-		•			inter here and on page 1, Part I, line 7, column (A).		Enter here and on pa	
Totals						0			0.
Total dividends-received deductions in									0.

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				Exempt	Controlled O	rganizati	ons						
1. Name of controlled organiz	1. Name of controlled organization		Name of controlled organization 2. Employer identification number		cation		related income e instructions)		al of specified nents made	5. Part of column 4 the included in the control organization's gross inc		rolling	6. Deductions directly connected with income in column 5
(1)										\dashv			
(2)													
(3)													
(4)													
Nonexempt Controlled Orga	nizations												
7. Taxable Income	8. Net ur	nrelated incor ee instruction		9. Total	of specified pay made	ments			eductions directly connecte th income in column 10				
(1)													
(2)													
(3)													
(4)													
	-			1			Add colur Enter here and line 8,		e 1, Part I, A).		hdd columns 6 and 11. here and on page 1, Part I, line 8, column (B).		
Totals		<u></u>		=0.47.34	······································	>			0.		0		
Schedule G - Investm	i ent Incor structions)	ne of a	Section	1 501(c)((7), (9), or	(17) Or	ganization	1					
· · · · · · · · · · · · · · · · · · ·	scription of incor	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)							(artaon sone	, uio)			(coi. o pius coi. 4)		
(2)													
(3)													
(4)					Enter here and	on nage 1					Enter here and on page		
					Part I, line 9, co	ilumn (A).					Part I, line 9, column (B		
Totals						0.					0		
Schedule I - Exploited see inst	d Exempt ructions)	Activity	/ Incom	e, Othe	r Than Ac	lvertisi	ng Income	Э					
1. Description of exploited activity	2. G unrelated income trade or b	business e from	directly of with proof un	penses connected oduction related ss income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)													
(2)	1												
(3)	1												
(4)	1												
	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	eina Inocr	0.	notri inti-:	0.							0		
Part I Income From					eolidated	Racic							
Part I III Come From	renouic	ais nep	orted 0	ii a Goi	isolidated	Dasis					,		
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circula income		6. Reade costs		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 (22)		

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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.

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