	IRS e-file Signature Authorization		OMB No. 1545-0047
Form 8879-EO	for an Exempt Organization		
	For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30	, 20 21	2020
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	Taxoaveride	entification number
name of exempt of gamzation			
P.S. ARTS		95-39	31147
Name and title of officer or pe KRISTEN PAGLI CEO			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, blank, then leave line 1b, 2	Im for which you are using this Form 8879-EO and enter the applicable amount, if any 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ere applicable line below. Do not complete more than one line in Part I.	with this form wa entered -0- on the	as 9
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,018,856.
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec		3b	
4a Form 990-PF check h		4b	
5a Form 8868 check here			
6a Form 990-T check he			
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to	Tax	
and the second se	I declare that 🚺 I am an officer of the above organization or 🛄 I am a person		th respect to
rue, correct, and complet consent to allow my inter	Im and accompanying schedules and statements, and, to the best of my knowledge e. I further declare that the amount in Part I above is the amount shown on the copy mediate service provider, transmitter, or electronic return originator (ERO) to send the manual service and the provider of the transmitter.	of the electronic e return to the IR	return. S and
rue, correct, and complet consent to allow my inter o receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact settlement) date. I also au confidential information ne dentification number (PIN)	e. I further declare that the amount in Part I above is the amount shown on the copy	of the electronic e return to the IR ason for any dela its designated Fir in the tax prepar- this account. To prior to the payme of taxes to receive a personal	retum. S and ay in nancial ation revoke ent ve
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Forr	g	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ns) 0MB No. 1545-0047				
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as		-	Open to Public		
Intern	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection		
				iding J	UN 30, 2021			
B Check if applicable: C Name of organization D Employer identification								
X	Addr		ARTS			-		
	Nam Chan	pe Doing bu	usiness as		95-39311	and the second sec		
	Final	Number	and street (or P.O. box if mail is not delivered to street address) Ro S SEPULVEDA BLVD	om/suite	E Telephone number (310) 58			
	termi	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,673,570.		
	Amer	ded TOC	ANGELES, CA 90064		H(a) Is this a group re	atum		
	Appli	ca- F Name ar	nd address of principal officer: LAURA FOX		for subordinates			
	pend		AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: L		527	If "No," attach a	list. See instructions		
			PSARTS.ORG		H(c) Group exemption			
		f organization: L	X Corporation Trust Association Other ►	L Year o	of formation: 1991 N	State of legal domicile: CA		
Pa	irt I	Summary						
8	1	Briefly describ	e the organization's mission or most significant activities: P.S. A	ARTS	IS DEDICATE	D TO		
Activities & Governance			NG THE LIVES OF CHILDREN BY PROVIDI			the second s		
E'	2		$\mathbf{x} \models \Box$ if the organization discontinued its operations or disposed					
20	3					22		
8	4		ependent voting members of the governing body (Part VI, line 1b)			22		
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)			80		
ž	6		of volunteers (estimate if necessary)			40		
Ş				0.				
	b	Net unrelated I	business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
e	8	Contributions a	and grants (Part VIII, line 1h)		2,321,881.	2,064,195.		
Na l	9	Program servic	e revenue (Part VIII, line 2g)		1,459,941.	735,729.		
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		379,380.	229,413.		
8	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		φ. Ο.	-10,481.		
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,161,202.	3,018,856.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
- 1	14		o or for members (Part IX, column (A), line 4)		0.	0.		
6		and sense states		S	2,997,905.	2,251,135.		
ses	162	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)		0.	0.		
ber	h	Total fundraisir	a expenses (Part IX, column (D), line 25) 502,258					
Expense	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		411,079.	597,221.		
		Resident and the second second second	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,408,984.	2,848,356.		
- 1	18		and a set of a second		752,218.	170,500.		
L လ	19	Revenue less e	expenses. Subtract line 18 from line 12		inning of Current Year	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE		
200					5,692,327.	End of Year 6,381,841.		
Net Assets or Fund Balances		Total assets (P				771,362.		
lag			(Part X, line 26)		775,640.	5,610,479.		
			und balances. Subtract line 21 from line 20		4,916,687.	5,010,475.		
	rt II	Signature				Los I de conditations de la la		
			declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is		
true, (correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which	preparer h				
		N AK	TT and		11/15	5/21		
Sign		Signature			Date			
Here	•		ren páglia, ceo		and the second			
		Type or pr	int name and title	an anesta na matalana				
	4	Print/Type prepa			ate Check	PTIN		
Paid		NAZANIN	BENYAMINI NAZANIN BENYAMINI	11	L/15/21 ^{if} self-employed	P00666808		
Prepa	arer		SINGERLEWAK LLP		Firm's EIN 🕨	95-2302617		
Use C			10960 WILSHIRE BOULEVARD, 7TH FLO	OR				
			LOS ANGELES, CA 90024-3783		Phone no. (31	LO) 477-3924		
May	the I	S discuse this	return with the preparer shown above? See instructions			X Yes No		
may	101							

Form 990 (2020)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- orm	990 (2020) P.S. ARTS	95-3931147 _{Pa}
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: P.S ARTS IS DEDICATED TO IMPROVING THE LIVES OF CHILDRED ARTS EDUCATION TO UNDERSERVED PUBLIC SCHOOLS AND COMMUNI	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	• •
4a	(Code:) (Expenses \$ 2,027,313 · including grants of \$) (Revenue	
	THE ORGANIZATION PROVIDES HIGH-QUALITY CALIFORNIA VISUAL ARTS (VAPA) STANDARDS-BASED ARTS EDUCATION PROGRAMS IN M	L AND PERFORMI MUSIC, DANCE,
	DRAMA, AND VISUAL ARTS, BOTH VIRTUALLY AND IN-PERSON. IN	
	IN-SCHOOL AND AFTER-SCHOOL INSTRUCTION, THE ORGANIZATION SUPPORT FOR STUDENT ART EXHIBITS, PUBLIC PERFORMANCES, O	
	EVENTS, FIELD TRIPS AND PROFESSIONAL DEVELOPMENT WORKSHO	
	CLASSROOM TEACHERS AND TEACHING ARTISTS. CURRENTLY, P.S.	
	MORE THAN 25,000 STUDENTS AND COMMUNITY MEMBERS. PARTNER	
	INCLUDE: LOS ANGELES UNIFIED, LAWNDALE ELEMENTARY, LYNW	
	REEF-SUNSET, COMPTON, EL SEGUNDO AND SANTA MONICA/MALIBU	J UNIFIED,
	DISTRICTS WHERE ARTS PROGRAMS HAVE BEEN REDUCED OR ELIM	INATED.
4c	(Code:) (Expenses \$) (Revenue	ue \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 2,027,313.	, , , , , , , , , , , , , , , , , , ,
		Form 990 (
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θŦ	113 / 01224 3340 2020.03000 F.S. AKTS	5540

	If "Yes," complete Schedule A	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
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	
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5	
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	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VII, VIII, IX, or X as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X

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P.S. ARTS Form 990 (2020) Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

Yes No

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	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	complete Schedule G, Part III	19		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
120	Schedule D, Parts XI and XII	12a	х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	- 23	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
	as applicable.			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	If "Yes," complete Schedule D, Part IV	9		x
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	,		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x

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Form 990 (2020)	Form	990	(2020)
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 Form 990 (2020)
 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	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				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
01	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	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	
Part V	Sta

020) P.S. ARTS Statements Regarding Other IRS Filings and Tax Compliance (continued)

1 61										
22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements		Yes	No						
Zđ	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 2a 80									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
D.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х						
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	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).									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		X						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
	d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 										
 8 Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the 										
sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	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									
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		_						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
5	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a Did the organization receive any payments for indoor tanning services during the tax year?										
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

032005 12-23-20

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					Γ
		1.1	າວ⊏		Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	22			l
	If there are material differences in voting rights among members of the governing body, or if the governing					I
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		2.2			I
	Enter the number of voting members included on line 1a, above, who are independent		22			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
	officer, director, trustee, or key employee?		····· -	2		4
3	Did the organization delegate control over management duties customarily performed by or under					I
	of officers, directors, trustees, or key employees to a management company or other person?			3		4
4	Did the organization make any significant changes to its governing documents since the prior Forn			4		
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		_
6	Did the organization have members or stockholders?		·····	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
b	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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	year by the following	:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
)ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)				
					Yes	
l0a	Did the organization have local chapters, branches, or affiliates?		· · · · · · · · · · · · · · · · · · ·	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			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	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	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 appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	х	l
	Other officers or key employees of the organization			15b	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		····· -			ł
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				
.50	· · · · · · · · · · · ·		.	16a		ļ
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			īJa		
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			16b		1
	exempt status with respect to such arrangements?					
						_
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 990-1 (Section	on 501(c)(3)s	oniy) avai	ŀ
	for public inspection. Indicate how you made these available. Check all that apply.		,			
		ain on Schedule O,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest	t policy, and	tinar	ncial	
	statements available to the public during the tax year.					
20	, , I I I J <u> </u>					
	GUILLAUME WATEAU - (310) 586-1017					
	2947 S SEPULVEDA BLVD , LOS ANGELES, CA 90064					_
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			-		-	
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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 on Schedule O. See instructions.

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Form 990 (2020)

P.S. ARTS

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.

т

• 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do	(do not check more than one		one	Reportable	Reportable	Estimated				
	hours per	box	box, unless per		unless person is both an er and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	<u> </u>					lee)	from	from related	other		
	(list any	Individual trustee or director						the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	ll trus		/ee	mpen		(** 2/1000 10100)		and related		
	below	d ual 1	Institutional trustee	-	Key employee	est co oyee	er			organizations		
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-		
(1) KRISTEN PAGLIA	40.00											
CHIEF EXECUTIVE OFFICER				Х				160,963.	0.	0.		
(2) AMANDA SCHUON	1.00											
BOARD MEMBER		X						0.	0.	0.		
(3) AMY ZOLLER	1.00											
BOARD MEMBER		X						0.	0.	0.		
(4) CARLEEN CAPPELLETTI	1.00											
BOARD MEMBER		X						0.	0.	0.		
(5) CAROLYN GIANGIACOMO	1.00											
CO-VICE CHAIR		X						0.	0.	0.		
(6) CHI-CHIEN HOU	1.00											
CO-VICE CHAIR		X		Х				0.	0.	0.		
(7) DAVID KAHN	1.00											
BOARD CHAIR		X						0.	0.	0.		
(8) DEBORAH GRIBBON	1.00											
SECRETARY		X						0.	0.	0.		
(9) ERIC HALL	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) JOSE VITELA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) PAMELA POSEY	1.00											
CROSSROADS REPRESENTATIVE		Х						0.	0.	0.		
(12) RONA SEBASTIAN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) STEPHEN MCCRAY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) JANGO SIRCUS	1.00									_		
TREASURER		Х		Х				0.	0.	0.		
(15) LAURA FOX	1.00									_		
BOARD CHAIR		Х		Х				0.	0.	0.		
(16) PAM BERGMAN	1.00											
PRESIDENT AT LARGE		Х		Х				0.	0.	0.		
(17) SHARYN CHURCH	1.00									_		
BOARD MEMBER		Х						0.	0.	0.		
032007 12-23-20										Form 990 (2020)		

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Form 990 (2020) P.S. ART:	S								95-39	31	147	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	(Pos heck ss pe	C) ition more erson		one h an	(D) Reportable	(E) Reportable compensation from related		Estin amou	-) nated unt of ner
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	2)	from organ and re	nsation in the ization elated zations
(18) SHAREEF FARAG	1.00											
BOARD MEMBER	1 00	X						0.		0.		0.
(19) MARINA FILIPPELLI	1.00	x						0.		ο.		0.
BOARD MEMBER (20) GRACE KANGDANI	1.00	^						0.		<u>.</u>		0.
BOARD MEMBER	1.00	x						0.		ο.		0.
(21) SUZANNE RODE	1.00											
BOARD MEMBER		x						0.		0.		0.
(22) SHARI ROSENBLUM	1.00											
BOARD MEMBER		x						0.		0.		0.
(23) MARY-ELIZABETH MICHAELS BOARD MEMBER	1.00	x						0.		ο.		0.
1b Subtotal		I				1		160,963.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								160,963.		0.		0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	nose	liste	ed a	bov	e) wł	סר no r	eceived more than \$100),000 of reportable			1
- · · · · · · · · · · · · · · · · · · ·											Y	es No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3	x
4 For any individual listed on line 1a, is the su											-	
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual	-	[4 ²	X
5 Did any person listed on line 1a receive or a					-			-				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .					5	X
Section B. Independent Contractors									¢100.000 of com			
1 Complete this table for your five highest co the organization. Report compensation for										ensa	ation from	n
(A) Name and business	address	N	ONE	3				(B) Description of s	services	C	(C) ompensa	ation
							_					
							_					
2 Total number of independent contractors (i	including but n	not lie	mite	d to	the	nga lin	ster	d above) who received a	ore than			
\$100,000 of compensation from the organi	•					0						

\$100,000 of compensation from the organization 🕨

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		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
		Check if Schedule O contains	•		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
contributions, Giffs, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
ξΨ.	с	Fundraising events	1c	95,570.				
lar I	d	Related organizations	1d					
<u>jä</u>		Government grants (contributions		222,341.				
e e	f	All other contributions, gifts, grants, ar						
₹£		similar amounts not included above		1,746,284.				
P	g	Noncash contributions included in lines 1a-11		22,200.				
ס כ	h	Total. Add lines 1a-1f			2,064,195.			
				Business Code				
2		SCHOOL PROGRAMS		611600	735,729.	735,729.		
e e	b	·						
Revenue	c							
s é	d							
	e							
-	f				735,729.			
_	<u> </u>	Total. Add lines 2a-2f Investment income (including divid			135,129.			
	3				105,460.			105,460
	4	other similar amounts) Income from investment of tax-exe			105,400.			105,400
	5	Royalties	• •	· · · ·				
	5		(i) Real	(ii) Personal				
	6 a	Gross rents 6a	()					
		Less: rental expenses 6b						
	c							
	d	• • • • • • • • • • • • • • • • • • •		▶				
			Securities	(ii) Other				
		assets other than inventory 7a 1	,745,607.					
	b	Less: cost or other basis						
ne		and sales expenses 7b 1	,621,654.					
Revenue	с	Gain or (loss) 7c	123,953.					
Re		Net gain or (loss)		►	123,953.			123,953
her	8 a	Gross income from fundraising events	(not					
ð		including \$ 95,57	of of					
		contributions reported on line 1c).	See					
		Part IV, line 18		22,579.				
	b	Less: direct expenses	8b	33,060.				
		Net income or (loss) from fundrais	~	>	-10,481.			-10,481
	9 a	Gross income from gaming activit						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming		▶				
	10 a	Gross sales of inventory, less retu						
		and allowances						
		Less: cost of goods sold						
_	с	Net income or (loss) from sales of	inventory	Business Code				
Sn	11 ~			Dusiness Coue				
Revenue	11 а b		<u> </u>					
Sild			<u> </u>					
28	c d							
Σ		All other revenue						
	е 12	Total revenue. See instructions			3,018,856.	735,729.	0.	218,932
	9 12-23				2,010,000.	,,	0.	Form 990 (2020

^{032009 12-23-20}

Form 990 (2020) P.S. AR^d Part VIII Statement of Revenue P.S. ARTS

P.S. ARTS Part IX Statement of Functional Expenses

	$r_{\rm III}$ Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	molete column (A)					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations			<u> </u>					
	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,	1 6 0 0 0 0	110 001	1 6 000					
	trustees, and key employees	168,888.	118,221.	16,889.	33,778.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	1 779 062	1 201 000	156 141	220 022				
7	Other salaries and wages	1,778,962.	1,301,998.	156,141.	320,823.				
8	Pension plan accruals and contributions (include								
•	section 401(k) and 403(b) employer contributions)	145,929.	106,400.	12,963.	26,566				
9	Other employee benefits	157,356.	114,732.	13,978.	28,646				
10	Payroll taxes	101,000	114,152.	13,970.	20,0400				
11	Fees for services (nonemployees):								
	Management								
	Accounting								
	Lobbying Professional fundraising services. See Part IV, line 17								
f	Investment management fees	21,590.		21,590.					
	Other. (If line 11g amount exceeds 10% of line 25,	21,000							
9	column (A) amount, list line 11g expenses on Sch 0.)	66,248.	34,000.	29,088.	3,160				
12	Advertising and promotion	,			• , = • • •				
13	Office expenses	112,193.	65,080.	24,649.	22,464				
14	Information technology		,		,				
15	Royalties								
16	Occupancy	195,438.	114,525.	28,060.	52,853				
17	Travel	5,084.	1,704.	3,230.	150				
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	9,855.	7,995.	747.	1,113				
23	Insurance	15,506.	4,832.	10,674.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) organize list line 24e expenses on Schedule 0.								
-	amount, list line 24e expenses on Schedule 0.) SUPPLIES	119,005.	118,659.	318.	28				
a b	RECRUITING AND HIRING	18,811.	18,811.	5100	200				
a c	PROGRAM EVALUATION	14,891.	14,891.						
d	COMMUNITY OUTREACH	1,432.	1,420.	12.					
	All other expenses	17,168.	4,045.	446.	12,677				
25	Total functional expenses. Add lines 1 through 24e	2,848,356.	2,027,313.	318,785.	502,258				
26	Joint costs. Complete this line only if the organization	, ,	, ,		,				
_0	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
					- 000 (2222				

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P.S. ARTS

		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			576,298.	1	240,278.
	2	Savings and temporary cash investments			5,466.	2	10,457.
	3	Pledges and grants receivable, net		F	1,005,136.	3	600,089.
	4	Accounts receivable, net			21,355.	4	16,355.
	5	Loans and other receivables from any current o			-	-	-
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,200.	8	2,570.
As	9				48,921.	9	36,443.
		Land, buildings, and equipment: cost or other	I I		· · ·	-	
		basis. Complete Part VI of Schedule D	10a	336,960.			
	Ь	Less: accumulated depreciation	10b	295,328.	50,146.	10c	41,632.
	11	Investments - publicly traded securities			3,934,590.	11	41,632. 5,385,704.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	46,215.	15	48,313.		
	16	Total assets. Add lines 1 through 15 (must equ			5,692,327.	16	6,381,841.
	17	Accounts payable and accrued expenses			172,077.	17	200,805.
	18	Grants payable		18			
	19	Deferred revenue			15,000.	19	0.
	20					20	
	21	Escrow or custodial account liability. Complete		21			
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			588,563.	25	570,557.
	26	Total liabilities. Add lines 17 through 25			775,640.	26	771,362.
		Organizations that follow FASB ASC 958, che					
Sec		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			1,603,057.	27	2,012,367.
Ba	28	Net assets with donor restrictions	3,313,630.	28	3,598,112.		
pun		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in		F		31	
*	32	Total net assets or fund balances			4,916,687.	32	5,610,479.
ž	32		5,692,327.				

Form **990** (2020)

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	1 990 (2020) P.S. ARTS	95-393	31147	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,018		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,848		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,910		
5	Net unrealized gains (losses) on investments	5	523	3,2	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,610),4	79.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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				ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			Í
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2020)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2020
Open to Public Inspection
identification muscles

OMB No. 1545-0047

Nan	ne of t	the organization							identification number
_			ARTS						5-3931147
	rt I	Reason for Public						ns.	
	organ	ization is not a private found		•		,			
1		A church, convention of ch					1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	l unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	le or
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Con	• •						
11		An organization organized a	-	•	•				
12		An organization organized a	•	•	•			•	• •
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
с		☐ Type III functionally interest						illy integrat	ed with,
	_	its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int	0	• •	•		•	d an attent	iveness
		requirement (see instruct							
е		☐ Check this box if the orga					а Туре I, Туре	e II, Type III	
	- .	functionally integrated, or			0 0				
Т		er the number of supported o							
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
				above (see instructions))					
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 P.S. ARTS

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 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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							
10	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 instructi	ons)			12	
	First 5 years. If the Form 990 is for th						
10	organization, check this box and stop	6		,			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
r	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
L		-		• • • •	•	17a and line 15 is	
C	10% -facts-and-circumstances tes more and if the organization mosts the second seco	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circ						
10	Private foundation. If the organization	n did hot check a		oa, 100, 17a, 0f 17			

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 P.S. ARTS

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

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

Se	Section A. Public Support										
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Gifts, grants, contributions, and	(4) 2010	(0) 2011	(0) 2010	(4) 2010	(0) 2020	(1) 10101				
•	membership fees received. (Do not										
	include any "unusual grants.")	2,003,394.	1,848,044.	2,446,846.	2,321,881.	2,031,514.	10,651,679.				
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	1,613,095.	1,393,793.	1,401,301.	1,459,941.	735,729.	6,603,859.				
3	Gross receipts from activities that	, ,	. ,	, ,	, ,	-	, ,				
	are not an unrelated trade or bus-										
	iness under section 513										
4	4 Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5	3,616,489.	3,241,837.	3,848,147.	3,781,822.	2,767,243.	17,255,538.				
	Amounts included on lines 1, 2, and										
	3 received from disqualified persons	414,146.	393,025.	165,760.	185,834.	63,974.	1,222,739.				
k	Amounts included on lines 2 and 3 received										
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year						0.				
c	Add lines 7a and 7b	414,146.	393,025.	165,760.	185,834.	63,974.	1,222,739.				
	8 Public support. (Subtract line 7c from line 6.) 16,032,799.										
Se	Section B. Total Support										
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 6	3,616,489.	3,241,837.	3,848,147.	3,781,822.	2,767,243.	17,255,538.				
10a	Gross income from interest, dividends, payments received on										
	securities loans, rents, royalties,	100 000	101 200	140 000	125 000	105 460	C12 0FC				
	and income from similar sources	107,783.	121,398.	143,333.	135,082.	105,460.	613,056.				
k	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975	107,783.	121,398.	1 1 2 2 2 2	125 000	105,460.	612 056				
	Add lines 10a and 10b Net income from unrelated business	107,783.	121,398.	143,333.	135,082.	105,460.	013,030.				
	activities not included in line 10b,										
	whether or not the business is										
10	regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital	1,011.	69.				1,080.				
40	assets (Explain in Part VI.)	3,725,283.	3,363,304.	3,991,480.	3,916,904.	2,872,703.	17,869,674.				
	Total support. (Add lines 9, 10c, 11, and 12.)	; ;									
14	First 5 years. If the Form 990 is for the	e e			-		on, ▶□				
Sec	check this box and stop here ction C. Computation of Publ				·····						
15	Public support percentage for 2020 (column (f))		15	89.72 %				
16	Public support percentage from 2019					16	85.58 %				
	ction D. Computation of Invest						,,,				
17	Investment income percentage for 20			ne 13. column (f))		17	3.43 %				
18	Investment income percentage from 2					18	3.31 %				
19a	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not				
	more than 33 1/3%, check this box a						► X				
t	33 1/3% support tests - 2019. If the						and				
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions					
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

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Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 (Check the box next to the method that the organization used to satisfy the Integral Part Test durir.	g the	yea(see instruction	ons).
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- 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.*

c 🗌	The organization supported a	overnmental entity	Describe in Part VI how	you supported a	governmental entity	(see instructions).
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2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **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.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Yes No

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 P.S. ARTS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t v Type III Non-Functionally integrated 509	value and an and a subbound of a	anizations (contine	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

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Sec	IV, Section A, lines 1, 2, 3b, 3 1; Part IV, Section D, lines 2 ar tion D, lines 5, 6, and 8; and P e instructions.)	 Provide the explanations required c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 nd 3; Part IV, Section E, lines 1c, 2a art V, Section E, lines 2, 5, and 6. A 	b, and 11c; Part IV, Sec I, 2b, 3a, and 3b; Part V Iso complete this part f	ction B, lines 1 and 2; Part IV, /, line 1; Part V, Section B, line or any additional information.	Section C e 1e; Part \
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Department of the Treasury Internal Revenue Service

(Form 99	0)
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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.



Name of the organization P.S. ARTS Employer identification number 95-3931147

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts.Comp	lete if the	
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.				
		(a) Donor advised funds	(b) Funds and othe	er 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 advi	sed fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used c	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e confer	ring	_	
					Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea			prically important l		
	Protection of natural habitat	Preservation o	f a certi	fied historic struct	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co			
	day of the tax year.				End of the T	ax Year
	Total number of conservation easements			2a		
				2b		
с	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired					
2	listed in the National Register			2d	tov	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ie organ	lization during the	tax	
4	year ► Number of states where property subject to conservation ea					
4 5	Does the organization have a written policy regarding the pe					
5	violations, and enforcement of the conservation easements i				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ŭ		financing of violations, and officiently cor	loor valie		ing the yea	•
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ea	sements durina tl	ne vear	
-	► \$, , , , , , , , , , , , , , , , , , ,	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B	3)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents th	at describes the		
	organization's accounting for conservation easements.	-				
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other S	Similar Assets	S.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and bal	ance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balanc	e sheet works of		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance	e of public service	; ,	
	provide the following amounts relating to these items:			. .		
	(i) Revenue included on Form 990, Part VIII, line 1			. .		
2	If the organization received or held works of art, historical tre		al gain,	provide		
	the following amounts required to be reported under FASB A	-				
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction			Schedule I) (Earm 00	0) 2020
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Sche	Schedule D (Form 990) 2020 P.S. ARTS 95-3931147 Page 2								
Pa	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Ot	her Sin	nilar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e significa	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they further t	he organization's e	xempt pu	irpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other sim	ilar asset	s	-		_
	to be sold to raise funds rather than to be ma		Q				Yes		No
Pa	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other assets n	ot includ	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				10	C			
	Additions during the year					d			
	Distributions during the year					e			
f	Ending balance				1	f	_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial account lia	bility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Pa	t V Endowment Funds. Complete it				-				
		(a) Current year	(b) Prior year	(c) Two years back					
1a	Beginning of year balance	2,555,914.	2,590,805.		_	2,388,091.	2	,100,	911.
b	Contributions	505 400	05 100	189	-	005 100		100	
c	Net investment earnings, gains, and losses	725,409.	25,109.	127,656	•	159,869.		287,	180.
	Grants or scholarships				_				
е	Other expenditures for facilities		CO 000			05 000			
	and programs		60,000.			85,000.			
	Administrative expenses	3,281,323.	2 555 014			162 060	2	200	0.0.1
g	End of year balance	, ,	2,555,914.	, ,	•	2,462,960.	2	,388,	091.
z	Provide the estimated percentage of the curr Board designated or quasi-endowment	34.6200	e (line 1g, column (a	a)) heid as:					
a h	Permanent endowment 56.5800	%	%						
0		70							
C	The percentages on lines 2a, 2b, and 2c sho	-							
39	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the ora:	anization			
0u	by:				r the orga		1	Yes	No
	(i) Unrelated organizations						3a(i)	100	X
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	0							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or o		1	Accumu		(d) Boo	k value	e
		basis (investn	• •		depreciat				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		33	6,960.	295,	328.	4	1,6	32.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)		🕨	4	1,6	32.
						Schedule	D (Forn	n 990)	2020

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) DEFERRED RENT INCENTIVES	1,757.
(3) GRANT ADVANCE	568,800.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	570,557.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

	dule D (Form 990) 2020 P.S. ARTS				3931147 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total revenue, gains, and other support per audited financial statements			1	3,520,558
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		523,292.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	523,292
3	Subtract line 2e from line 1			3	2,997,266
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,590.		
b	Other (Describe in Part XIII.)	4b			
					21 E00
	Add lines 4a and 4b			4c	21,590
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>.</u>)		5	3,018,856
с 5		<u>.</u>)		5	3,018,856
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.) tatements Wit		5	3,018,856 rn.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S	.) tatements Wit ne 12a.	h Expenses per	5	3,018,856
с 5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li	.) tatements Wit ne 12a.	h Expenses per	5	3,018,856 rn.
с 5 Ран 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	tatements Wit ne 12a.	h Expenses per	5	3,018,856 rn.
c 5 2ai 1	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	.) tatements Wit ne 12a. 	h Expenses per	5	3,018,856 rn.
c 5 2 a 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1) tatements Wit ne 12a. 2a 2b	h Expenses per	5	3,018,856 rn.
с 5 Ра 1 2 а	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 700 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements Wit ne 12a. 2a 2b 2c	h Expenses per	5	3,018,856 rn.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 700 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements Wit ne 12a. 2a 2b 2c 2d	h Expenses per	5	3,018,856 rn.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 70 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements Wit ne 12a. 2a 2b 2b 2c 2d	h Expenses per	5 Retu	3,018,856 im. 2,826,766
c 5 Dai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 700 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements Wit ne 12a. 2a 2b 2b 2c 2d	h Expenses per	5 Retu	3,018,856 im. 2,826,766
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) tatements Wit ne 12a. 2a 2b 2c 2d	h Expenses per	5 Retu 1 2e 3	3,018,856 im. 2,826,766
c 5 7 a 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1) tatements Wit ne 12a. 2a 2b 2c 2d 2d	h Expenses per	5 Retu 1 2e 3	3,018,856 im. 2,826,766
c 5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2a 2b 2c 2d 4a 4b	h Expenses per	5 Retu 1 2e 3	3,018,856 im. 2,826,766

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR

ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING

TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE

PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701(D)

OF THE CALIFORNIA REVENUE AND TAXATION CODE. MANAGEMENT HAS ANALYZED THE

TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT, AS OF

JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED
032054 12-01-20
Schedule D (Form 990) 2020
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TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2020
Depertment of the Treesury	C	Open to Public						
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organization	P.S. AR	TS					Employer ide 95-3931	ntification number 147
	sing Activities.	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatic	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

95-3931147 Page 2 Schedule G (Form 990 or 990 EZ) 2020 P.S. ARTS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II 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 NONE (add col. (a) through AUCTION YOURSELF col. (c)) (event type) (event type) (total number) Revenue 15,039. 1 Gross receipts 103,110. 118,149. 95,570. 95,570. 2 Less: Contributions 7,540. 15,039. 22,579. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 7,540. 9 Other direct expenses 25,520. 33,060. 33,060 10 Direct expense summary. Add lines 4 through 9 in column (d) ► -10,481 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)) 1 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 No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 P.S. ARTS	95-39	311	47	Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Ye	es [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?	-	Ye	s [No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		3a		%
	An outside facility		3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	E	Ye	es [No
b	b If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
-	retain the state gaming license?		Ye	s [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
	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 Part I	II, line	s 9, 9	b, 10b,
0320	83 11-25-20 Schedule (រ (Form 9	90 or 9	990-E	EZ) 2020

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

(Form 990) For cretaria Officers, Directors, Trustees, Key Employees, and Highest Composed Employees. Device the theory of the form 900. Part IV, line 23.	SCHEDULE J	Compensation Information	1	OMB No. 1	545-00	47
Complete if the organization answered 'Yes' or Form 990, Part IV, line 23. Complete if the organization answered 'Yes' or Form 990, Part IV, line 23. Complete if the organization answered 'Yes' or Form 990, Part IV, line 23. Control the organization P. S. ARTS P. S. P. S. C. P. S. C. P. S. C. P.	(Form 990)	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest)
Department Departmepartment Department D	. ,	Compensated Employees		ZU	ZU)
Image of the organization Image of the organization number P.S. ARTS Employer identification number Part II Questions Regarding Compensation Image of the organization provide any of the following to or for a person listed on Form 980. Part VII, Section A, line 1a, complete Part II to rovide any relevant information regarding these items. Image of the organization provide any of the following to or for a person listed on Form 980. Part VII, Section A, line 1a, complete Part II to rovide any relevant information regarding these items. Image of the organization provide any relevant information regarding these items. Image of the organization provide any relevant information regarding the sections. Image of the organization provide any relevant information regarding the sections. Image of the organization provide any relevant information regarding the sections. Image of the organization regions and provide any relevant information regarding the sections. Image of the organization relevant information regarding the personal residues (such as matic, chauffeur, chell) b If any of the boxes on line 1a are checked, did the organization foldow a written policy regarding payment or reinbursement or provision of all of the expenses described adover II "No", complete Part III to explain Image of the organization requires because the provide any relevant information and the explain relevant information and provide the any relevant information is coldower and the organization relevant information and the organization relevant information and relevant information and the organization relevant information support down in Part III. Image of the organization relevant information support	Department of the Treasury		Open to	Publ	ic	
P. S. ARTS 95-3931147 Part I Questions Regarding Compensation ************************************				-		
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Intervent of companions Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Intervent of provision of all of the expenses described abox? If "No", complete Part III to explain. 10 1b Image: Complete Part III to provide any relevant information regarding the items checked on line 1a? 10 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 10 10 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 10 10 1c Compensation committee Image: Complete Part III comple	Name of the organiza					mber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization requires up payments Housing allowance or residence for personal residence Image: Second S			95-3	393114	7	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Import VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Import VII (and the appropriate part III to provide any relevant information regarding payment seldence) Import VII, Section A, line 1a. are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization rough substantiation prior to reimbursing or allowing expresses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization 's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization organization?	Part I Questio	ins Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison					Yes	No
Image: Second			1 990,			
Image: Trave for companions Payments for business use of personal residence Image: Trave indemnification and gross-up payments Health or social club dues or initiation fees Image: Trave indemnification and gross-up payments Health or social club dues or initiation fees Image: Trave indemnification and gross-up payments Health or social club dues or initiation fees Image: Trave indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Trave index officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Travee index officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Travee index officers, including the CEO/Executive Director, the establish the compensation of the organization to establish compensation and the CEO/Executive Director, but explain in Part III. Image: Travee index officers, including the organization: Image: Travee index officers, including the organization: Image: Travee index of the organization: Image: Travee index officers, including the organization: Image: Travee index officers, including the organization: Image: Travee index officers, including the CEO/Executive Director, the explain in Part III. Image: Travee index officers, including the organization: Image: Travee index officers, including the organization: Image: Travee index officers, including the organization: Image: Travee index officers, including the organization:<						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the Organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 3 Participate in or receive payment from an equity based compensation arrangement? 4a X 4 Participate in or receive payment from an equity based compensation arrangement? 4a X b Participate in or receive payment from an equity based compensation pay or accrue any compensation contingent on the evenes of: 5a X b Any related organization? 5a X 4a X f'Yes' to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.						
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 Indicate which, if any, of the following the organization with expense to establish compensation committee 2 Indicate which, if any, of the following the organization with expense to the organization to establish compensation committee 3 Indicate which, if any, of the following the organization: 3 CEO/Executive Director, but explain in Part III. Compensation survey or study Form 990 of other organization: 3 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Written employment contract Imdependent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X C Participate in or receive payment from a nequity-based compensation pay or accrue any compensation contingent on the revenues of: 5a X b Arty related organization? 5a X b Arty related organization? 5a X c Tres' naroo of lines 5a, describ						
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	-		6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 						
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			S			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 	-			7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)?						
					n 990)	2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	other deferred benefits compensation		in column (B) reported as deferred on prior Form 990
(1) KRISTEN PAGLIA	(i)	160,963.	0.	0.	0.	0.	160,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

40

032112 12-07-20

95-3931147

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number 95-3931147

P.S. ARTS

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) 2020

15541115 701224 5546

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization P.S. ART	S	Page Employer identification numbe 95-3931147
ACCESSED THROUGH THEIR	WEBSITE.	
032212 11-20-20		Schedule O (Form 990 or 990-EZ) 20
541115 701224 5546	43 2020.05000 P.S. AF	

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

TAXABL	e year	California Exem									FORM
202	20	Annual Informat	ion Returr	ו							199
Calendar Ye	ar 2020 or fisc	cal year beginning (mm/dd/yyyy)	07/01/	2020	, and	ending (mm/dd/yy	уу)	00	5/30/2021	
Corporation/O	rganization name	8					Cal	lfornia corp	oration	number	
			e.					1010		-	
P.S. A	MRTS	tructiona						1219	02	/	
Additional into	rmation, See ins	indexions.						95-3	021	147	
Street address	(suite or room)		1. Mar 20-1015.				l	PMB no.			
		LVEDA BLVD									
City			·····				State	ZIP code	8		
LOS AN	GELES						CA	9006	4		
Foreign country	y name		Foreign province/stat	te/county				Foreign p	ostal c	ode	
A Eirst rate			Yes X No	I Did the	prooplas	tion have		ana ta ita	oulda	linee	
A First ret		•		Carlos a concepto presentario	-		e any chan See instru	-	-		es 🗶 No
C IRC Sec	tion 4947(a)(1	1) trust					ection 237				
	ormation retur						ities? See				es 🗶 No
•	Dissolved	— —	Merged/Reorganized							701g? • 🗌 Y	
Enter date	e: (mm/dd/yyyy)	•		New York Contraction			eceipts fro			Aaron noorganis - 1084 - 10 - 1082a - 108	
		thod: (1) Cash _(2) 🛣 Accru		L is the or	ganizati	on a limit	ted liability	company	?	• Y	es 🗶 No
		1) ● 990T (2) ● 990PF (3)	Sch H (990)	M Did the	2012					······	
	Other 990 set		[9]	report ta	xable in	come?					es 🛣 No
		See instructions		and the second							T
	what is the pai	a group exemption	Yes LA INO	0 Is federa			Ir?				es X No es X No
11 165,	what is the pai	ient s name?					4 penung				
				Date me							· .
Part I	Complete Par	t I unless not required to file this f	orm. See General Int	formation B a	ind C.						
æ.	1 Gross	sales or receipts from other source	s. From Side 2, Part I	I, line 8				•	1	2,609	,375 00
		dues and assessments from memb						•	2		00
		contributions, gifts, grants, and sim				Ş	STMT	1.•	3	2,064	,195 00
Receipts		ross receipts for filing requirement		igh line 3.		5	STMT	2			- BAI
and		ne must be completed. If the resul				ation B			4	4,673	,570 00
Revenues	5 Cost o	f goods sold		······ •	5	1 4	521,6	00			1.2.3965
		r other basis, and sales expenses o osts. Add line 5 and line 6							7	1 621	,654 00
	40 17 \$250 \$6 \$6 C.U	ross income. Subtract line 7 from li	 ne 4						8	3 051	,916 00
		xpenses and disbursements. From							9		,416 00
Expenses		of receipts over expenses and dist							10		,500 00
		ayments		and					11	e e andre tantitue e en en en en e	00
8	12 Use tax	c. See General Information K						•	12	2	00
	13 Payme	nts balance. If line 11 is more than	line 12, subtract line	12 from line	l1			•	13		00
Filing Fee		c balance. If line 12 is more than line							14		00
	15 Penalti	es and Interest. See General Inform	ation J						15		00
	16 Balance Under penalties	e due. Add line 12 and line 15. The s or perjury, I declare that I have examined t, and complete. Declaration of proparer (n subtract line 11 fro mis return, including ac	m the result	nequies a	ing statem	ents, and to	the best of	16 my Knd	owledge and belier,	00
Sign	it is true, correc	ct, and complete. Declaration of preparer (other than taxpayer) is ba		mation of	which pre		y knowledg	ge.		
Here	Signature	LAK liga					Date			Telephone	
-	of officer	TRA	\sim		te		Check i			PTIN	
	Preparer's	NAZANIN' BENYAMIN	II		1/1	5/21		ployed D		P0066680	8
Paid	Firm's name	1		L_*						Firm's FEIN	-
Preparer's		SINGERLEWAK LLP		-						95-23026	17
Use Only	employed)	10960 WILSHIRE H			LOO	R				Telephone	
		LOS ANGELES, CA		the second se			х			(310) 47	7-3924
	May the FTB	discuss this return with the prepare	r shown above? See	instructions		<u>.</u>		• X	Yes	No	

022 3651204

Γ

	NCASH CONTRIBUT DED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
ELI AND EDYTHE BROAD FOUNDATION	2121 AVENUE OF ANGELES, CA 90	THE STARS, 30TH	FLOOR LOS
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
VARIOUS ITEMS FOR SPECIAL EVENTS AUCTION	06/30/21	7,332.	12,332.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
ED RUSCHA	35 S. VENICE E	BLVD. VENICE, CA	90291
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
VARIOUS ITEMS FOR SPECIAL EVENTS AUCTION	06/30/21	6,000.	6,000.
TOTAL INCLUDED ON LINE 3		13,332.	18,332.

. .

DO NOT MAIL THIS FORM TO THE FTB

Date A	ccepted		X		DO N	OT MAIL	THIS FO	ORM TO THE FTB
-	<u>LE YEAR</u>)20	California e-file Exempt Organi		orization	for			FORM 8453-EO
Exempt O	Organization nam)					Identifying r	number
P.S.	ARTS						95-3	931147
Part I		c Return Information (whole do						
	-							4,673,570
								3,051,916
3 To	otal expense:	and disbursements (Form 199,	line 9)			······	3	2,881,416
Part II	Settle Yo	ur Account Electronically for 1	axable Year 2020					
4		funds withdrawal 4a Amo	Contraction of the second	and the second s	ithdrawal da	te (mm/dd/	vvvv)	
Part III	Banking	nformation (Have you verified t	he exempt organization's	banking informa	ition?)			
5 Rou	uting numbe	· · · · · · · · · · · · · · · · · · ·			_	<i>i</i> .		
6 Acc	count numbe	r	V	7 Type of a	account:	Checking	<u>, L</u> s	Savings
on line 4 Under per transmitt California a balance organizat statemen	a. enalties of perj ter, or interme a electronic re e due return, l tion will remai nts be transmit	organization's account to be settled ury, I declare that I am an officer of t diate service provider and the amoun urn. To the best of my knowledge an understand that if the Franchise Tax I liable for the fee liability and all app ted to the FTB by the ERO, transmitt e FTB to disclose to the ERO or inter	he above exempt organizations in the part I above agree with ad belief, the exempt organiz Board (FTB) does not receiv licable interest and penalties er, or intermediate service pr	n and that the info the amounts on th ation's return is tru e full and timely pa . I authorize the exi ovider. If the proc e	rmation prov le correspondi le, correct, and lyment of the e empt organiza essing of the e	ided to my ele ng lines of the l complete. If exempt organition return an	ectronic retu e exempt or the exempt ization's fee d accompar	rn originator (ERO), ganization's 2020 organization is filing liability, the exempt ivino schedules and
Sign		ARCE		CEO				
Here	Signatur	e of officer	Date	Title				· · · · · · · · · · · · · · · · · · ·
am only a accurately provided 1345, 202 the exemp I declare t	that I have rev an intermediat y reflects the o the organizati 20 Handbook pt organization that I have exa	on of Electronic Return Origina iewed the above exempt organizatio e service provider, I understand that ata on the return.) I have obtained the on officer with a copy of all forms an or Authorized e-file Providers. I will return is filed, whichever is later, ar mined the above exempt organizatio lete. I make this declaration based o	n's return and that the entrie I am not responsible for revi ne organization officer's sign d information that I will file w keep form FTB 8453-E0 on f nd I will make a copy availabl n's return and accompanyin	s on form FTB 845. ewing the exempt (ature on form FTB rith the FTB, and I h ile for four years fr e to the FTB upon g schedules and st	organization's 8453-EO befo have followed a rom the due da request. If I an	return. I deck re transmittin all other requi ite of the retu also the paid	are, howeve g this return irements de rn or four y d preparer, t	r, that form FTB 8453-E0 n to the FTB; I have scribed in FTB Pub. ears from the date under penalties of perjury.
							5 E	
ERO	ERO's- signature	SINGERLEWAK LLP		Date	Check if also paid preparer	X Check if self- employ		RO'S PTIN

				proparer 21	
Must	Firm's name (or yours if self-employed)	SINGERLEWAK LLP			Firm's FEIN 95-2302617
Sign	and address	10960 WILSHIRE BOULEVAR	D, 7TH FI	LOOR	
		LOS ANGELES, CA			ZIP code 90024-3783
		that I have examined the above organization's return d complete. I make this declaration based on all inform			tements, and to the best of my knowledge
Paid	Paid		Date	Check	Paid preparer's PTIN

Preparer	preparer's signature		54.0	if self- employed		
Must	Firm's name (or yours				Firm	i's FEIN
Sign	if self-employed) and address		18 14 WALL 2005			
					ZIP	code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

029021 11-19-20

STATE OF CALIFORNIA RRF-1 (Part 06/2017)			DEPARTME		JUSTICE GE 1 of 5
(Rev. 09/2017) MAIL TO: Mail TO: ANNUAL REGISTRATION RENE Registry of Charitable Trusts TO ATTORNEY GENERAL OI P.O. Box 903447 Sacramento, CA 94203-4470 Sacramento, CA 94203-4470 Sections 12586 and 12587, California	F CALIFO Government (RNIA Code	(For Registry Use Only)		*
STREET ADDRESS: 11 Cal. Code Regs. sections 301-306, 1300 Street Sacramento, CA 958 14 Failure to submit this report annually no later than four months	• • • • •				
(916)210-6400 organization's accounting period may result in the loss of tax WEBSITE ADDRESS: minimum tax of \$800, plus interest, and/or fines or filing penalt	ies. Revenue & T	axation Code section			
www.oag.ca.gov/charities 23703; Government Code section 12586.1. IRS ex	tensions will be l	honored.			
	Check if:	inge of address			
P.S. ARTS		ended report			
	2				
List all DBAs and names the organization uses or has used 2947 S SEPULVEDA BLVD	Chata Cha	rity Registration Nurr	bar of 56451		
Address (Number and Street)					
LOS ANGELES, CA 90064 City or Town, State, and ZIP Code KRISTEN.PAGLIA@PSARTS.O	Corporatio	on or Organization No	1219027		
(310) 586-1017 RG Telephone Number E-mail Address	Federal Er	mployer ID No. 95	-3931147		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart			311, and 312)		
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Rev		Fe	
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,0 Between \$10,000,	01 and \$10 million 001 and \$50 million	\$1 \$2	
		Greater than \$50	nillion	\$30	00
PART A - ACTIVITIES For your most recent full accounting period (beginning 07/01/20	20 endi	ng 06/30/20)21) list:		
Gross Annual Revenue\$ 3,018,856 Noncash Contributions\$	22	, 200 Total Asset	s\$ 6,38	18	41
Gross Annual Revenue\$ 3,018,856 Noncash Contributions\$ Program Expenses \$ 2,027,313	Total Expe	nses \$ 2	848,356	1,0	
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please r				Yes	No
 During this reporting period, were there any contracts, loans, leases or other and any officer, director or trustee thereof, either directly or with an entity in v any financial interest? 	financial tran which any su	sactions between the ch officer, director or	e organization trustee had		x
During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's char	table property	2	x
3. During this reporting period, were any organization funds used to pay any period.	nalty, fine or	judgment?	<i>n.</i>	8	x
 During this reporting period, were the services of a commercial fundraiser, fur commercial coventurer used? 	ndraising cou	insel for charitable pu	irposes, or		x
5. During this reporting period, did the organization receive any governmental fu	Inding?	SEE STA	TEMENT 3	x	
6. During this reporting period, did the organization hold a raffle for charitable pu	urposes?	0			x
7. Does the organization conduct a vehicle donation program?	1. N	v			x
 7. Does the organization conduct a vehicle donation program? 8. Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period? 		nts in accordance wi	h	X	x
8. Did the organization conduct an independent audit and prepare audited finan	ncial stateme			x	x x
 Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period? 	ncial stateme sets, while re accompanyir	porting negative unre	estricted net assets?		X
 B. Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period? 9. At the end of this reporting period, did the organization hold restricted net associated accounting period, did the organization hold restricted net associated accounting period. 	sets, while re ccompanyir	porting negative unreading documents, and t	estricted net assets? o the best of my kno		X

CA	RRF-1	INFOF	RMATION	-	RDING RT B,		 FUNDING	STATEMENT	3
	DS ANGELES	DEPARTMENT	OF ART	S AND	CULT	JRE	 		

KRISTIN SAKODA 1055 WILSHIRE BLVD. STE. 800 LOS ANGELES, CA 90017 213-202-5858 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 NATIONAL ENDOWMENT FOR THE ARTS

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

For	_m g	90)	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		OMB No. 1545-0047
Den	artmont	of the 1	Freedury	Do not enter social security numbers on this form as it n		Open to Public
			Freasury arvice	Go to www.irs.gov/Form990 for instructions and the la		Inspection
-		-			JUN 30, 2021	
B	Check i applical	ble:		r organization	D Employer identific	ation number
	Chan	ge	_	ARTS	05 20211	A 17
	chan	ge		usiness as	95-39311	
	Final Final	n n/		and street (or P.O. box if mail is not delivered to street address) Room/s S SEPULVEDA BLVD	suite E Telephone number	5-1017
	ated	_		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,673,570.
	Ame	n L		ANGELES, CA 90064	H(a) Is this a group re	
20.000	Appl tion pend		F Name ar	nd address of principal officer:LAURA FOX AS C ABOVE	for subordinates H(b) Are all subordinates in	
					527 If "No," attach a	list. See instructions
				PSARTS.ORG	H(c) Group exemption	-
				X Corporation Trust Association Other ► L	Year of formation: 1991 M	State of legal domicile: CA
Pa	T		mmary			
8	1	Brief	ly describ	e the organization's mission or most significant activities: P.S. ART NG THE LIVES OF CHILDREN BY PROVIDING	S IS DEDICATE	
Activities & Governance						
/er	2			★ ▶ if the organization discontinued its operations or disposed of r		sets.
69	3					22
8	4			ependent voting members of the governing body (Part VI, line 1b)		80
tie	5			of individuals employed in calendar year 2020 (Part V, line 2a)		40
Ĭ.	7.2			of volunteers (estimate if necessary) I business revenue from Part VIII, column (C), line 12		0.
¥				business taxable income from Form 990-T, Part I, line 11		0.
		NOLL	in neialeu i		Prior Year	Current Year
-	8	Cont	ributions	and grants (Part VIII, line 1h)	2,321,881.	2,064,195.
Revenue	9			ce revenue (Part VIII, line 2g)	1,459,941.	735,729.
eve	10	_		ome (Part VIII, column (A), lines 3, 4, and 7d)	379,380.	229,413.
œ	11			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· 0.	-10,481.
	12			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,161,202.	3,018,856.
	13			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Bene	fits paid to	o or for members (Part IX, column (A), line 4)	0.	0.
Se	15	Salar	ies, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	2,997,905.	2,251,135.
ŠUS	16a	Profe	essional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expense	b	Total	fundraisir	ng expenses (Part IX, column (D), line 25) 502,258.		
ш	17	Othe	r expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	411,079.	597,221.
	18	Total	expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,408,984.	2,848,356.
. (0)	19	Reve	nue less e	expenses. Subtract line 18 from line 12	752,218.	170,500.
Net Assets or Fund Balances					Beginning of Current Year	End of Year
Sset	20			art X, line 16)	5,692,327.	6,381,841.
etA	21			(Part X, line 26)	775,640.	771,362. 5,610,479.
褶	22 rt II			und balances. Subtract line 21 from line 20	4,916,687.	5,010,475.
		_	gnature	declare that I have examined this return, including accompanying schedules and sta	tomonto and to the heat of mu	knowledge and helief it is
				Declaration of preparer (other than officer) is based on all information of which prep		Knowledge and Dellei, it is
uue,	COTTE	I N	Complete.		11/15/21	
Cierr			Signature	of officer	Date	
Sign Here		K.		TEN PAGLIA, CEO		
nere	9			int name and title		
		Print		arer's name Preparer's signature	Date Check	PTIN
Paid				BENYAMINI NAZANIN BENYAMINI	11/15/21 If self-employed	
Prep				SINGERLEWAK LLP	Firm's EIN	5-2302617
Use				10960 WILSHIRE BOULEVARD, 7TH FLOOR		
				LOS ANGELES, CA 90024-3783	Phone no. (31	.0) 477-3924
May	the II	RS dis	cuss this	return with the preparer shown above? See instructions		X Yes No

Form 990 (2020)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Briefly describe the organization's mission		
	P.S ARTS IS DEDICATED ARTS EDUCATION TO UND		ES OF CHILDREN BY PROVIDING
	ARIS EDUCATION TO OND	ERSERVED FOBLIC SCHOO.	IS AND COMMONITIES.
2	Did the organization undertake any signific		
			Yes X No
~	If "Yes," describe these new services on S		cts, any program services?
3	Did the organization cease conducting, or If "Yes," describe these changes on Scher		cts, any program services?
4	· · · · ·		rgest program services, as measured by expenses.
•			ants and allocations to others, the total expenses, and
	revenue, if any, for each program service r		
4a		27,313. including grants of \$) (Revenue \$ 735,729.
			IFORNIA VISUAL AND PERFORMING
			PROGRAMS IN MUSIC, DANCE,
			IN-PERSON. IN ADDITION TO
			E ORGANIZATION PROVIDES
		ND PROFESSIONAL DEVEL	ERFORMANCES, COMMUNITY ARTS
	•		URRENTLY, P.S. ARTS SERVES
			MBERS. PARTNER DISTRICTS
		UNIFIED, LAWNDALE ELE	
		•	MONICA/MALIBU UNIFIED,
	DISTRICTS WHERE ARTS		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d	Other program services (Describe on Sche	dule O.)	
		cluding grants of \$) (Revenue \$)
4e	Total program service expenses	2,027,313.	
			Form 990 (2020
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P.S. ARTS

Form 990 (2020)

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Page **2**

	public office? If "Yes," complete Schedule C, Part I	3	
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	
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	
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	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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?		
	If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		
	as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
	Part VI	11a	Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
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	
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	Х
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b			
	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	
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	
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	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	
00	complete Schedule G, Part III	19	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	
000000		Form	gar
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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

Part IV Checklist of Required Schedules

Form 990 (2020)

2

3

Yes

Х

Х

1

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No

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Х

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Form 990 (2020) 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	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		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		
D	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	051		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
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		Х
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			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	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?			<u> </u>
00	Nate: All Form 000 filese are used in a complete Cabadula O	38	х	
Pa		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5	х	
000000	(gambling) winnings to prize winners?	1c		(2020)
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Form 990	
Part V	Sta

020) P.S. ARTS Statements Regarding Other IRS Filings and Tax Compliance (continued)

га									
_			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 80								
			Х						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Δ						
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	•		x					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		~					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	If "Yes," enter the name of the foreign country								
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5		x					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6		x					
h	any contributions that were not tax deductible as charitable contributions?	6a		- 23					
b		6h							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
' a	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		x					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10							
C	to file Form 8282?	7c		x					
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 								
a	 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.) 11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
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 13b								
	Enter the amount of reserves on hand			V					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v					
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		A					
_	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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	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 22						
	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 on Schedule 0.						
h	Enter the number of voting members included on line 1a, above, who are independent 1b 22						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
-		2		x			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision						
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
74	more members of the governing body?	7a		x			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74					
	persons other than the governing body?	7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10					
	The governing body?	8a	х				
h	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5					
<u></u>			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 						
	 b) Describe in Schedule O the process, if any, used by the organization to review this Port 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 						
	 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> 						
U	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 approval by independent	17					
10	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				
2	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						
154	taxable entity during the year?	16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou					
~	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	100					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$						
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	/) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	, ,	,				
	Own website Another's website X Upon request X Other (<i>explain on Schedule O</i>)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial				
	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						
	2947 S SEPULVEDA BLVD , LOS ANGELES, CA 90064						
032006	§ 12-23-20	Form	990	(2020			

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 on Schedule O. See instructions.

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Form 990 (2020)

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P.S. ARTS

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					l		from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) KRISTEN PAGLIA	40.00									
CHIEF EXECUTIVE OFFICER				Х				160,963.	0.	0.
(2) AMANDA SCHUON	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) AMY ZOLLER	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) CARLEEN CAPPELLETTI	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) CAROLYN GIANGIACOMO	1.00									
CO-VICE CHAIR		X						0.	0.	0.
(6) CHI-CHIEN HOU	1.00									
CO-VICE CHAIR		X		X				0.	0.	0.
(7) DAVID KAHN	1.00									
BOARD CHAIR		X						0.	0.	0.
(8) DEBORAH GRIBBON	1.00									
SECRETARY		X						0.	0.	0.
(9) ERIC HALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JOSE VITELA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PAMELA POSEY	1.00									
CROSSROADS REPRESENTATIVE		Х						0.	0.	0.
(12) RONA SEBASTIAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) STEPHEN MCCRAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JANGO SIRCUS	1.00									
TREASURER		Х		Х				0.	0.	0.
(15) LAURA FOX	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(16) PAM BERGMAN	1.00									
PRESIDENT AT LARGE		Х		Х				0.	0.	0.
(17) SHARYN CHURCH	1.00									
BOARD MEMBER		Х						0.	0.	0.
000007 10 00 00										Earm 990 (2020)

032007 12-23-20

Form 990 (2020) P.S. ART:	5								95-39)31	147	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(0		-		(D)	(E)			(F)	
Name and title	Average	(do		Posi			one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensatio	n	an	nount	of
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	[,] C)		om th	
	organizations	ustee	trust		e	ubeu		(W-2/1099-MISC)			•	anizat d relat	
	below	lual tr	tional) yoldr	st con yee	L_					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orge	Linzati	0110
(18) SHAREEF FARAG	1.00	_			×	1 0							
BOARD MEMBER		x						0.		0.			Ο.
(19) MARINA FILIPPELLI	1.00												
BOARD MEMBER		х						0.		0.			Ο.
(20) GRACE KANGDANI	1.00												•••
BOARD MEMBER		x						0.		0.			Ο.
(21) SUZANNE RODE	1.00												•••
BOARD MEMBER		x						0.		0.			0.
(22) SHARI ROSENBLUM	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(23) MARY-ELIZABETH MICHAELS	1.00	- 11								<u> </u>			••
BOARD MEMBER	1.00	x						0.		0.			0.
										<u> </u>			••
th Cubtotol								160,963.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								160,963.		0.			0.
d Total (add lines 1b and 1c)										-			0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	SOVE	e) wi	10 r	eceived more than \$100	,000 of reportable	Э			1
compensation from the organization												Yes	No
2 Did the eventientien list and former officer	dive et e u tur ret	1								ſ		165	NU
3 Did the organization list any former officer,													х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su	-		-					•	-			v	
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a	-				-			-					v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch j	pers	son .					5		Х
Section B. Independent Contractors									.				
1 Complete this table for your five highest co	-									pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	rithii		year.				
(A) Name and business	addraga	37/	~ ***					(B) Description of s	onvioon	0	(n
	audress	NC	ONI	5					ervices		ompe	Isalio	
							_						
							_						
							_						
 Total number of independent contractors (i \$100,000 of compensation from the organi 	•	ot li	mite	d to		se li: 0	steo	d above) who received n	nore than				

\$100,000 of compensation from the organization

Form **990** (2020)

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га	πν	/ 111		line in this Part VIII			
			Check if Schedule O contains a response or note to any	(A)			(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	sections 512 - 514
Its	1	а	Federated campaigns 1a				
iran oun			Membership dues 1b	-			
Ån, G			Fundraising events 1c 95,570).			
Sift: ar /			Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e 222,342	L.			
tion S			All other contributions, gifts, grants, and				
the			similar amounts not included above 1f 1,746,284	1.			
d dt		g	Noncash contributions included in lines 1a-1f 1g \$ 22,200).			
an Co		h	Total. Add lines 1a-1f	2,064,195.			
			Business Cod	e			
9	2	а	SCHOOL PROGRAMS 611600	735,729.	735,729.		
e vi		b					
anu Senu		с					
leve		d					
Program Service Revenue		е					
đ		f	All other program service revenue				
		g	Total. Add lines 2a-2f	735,729.			
	3		Investment income (including dividends, interest, and				
			other similar amounts)	105,460.			105,460.
	4		Income from investment of tax-exempt bond proceeds	•			
	5		Royalties	•			
			(i) Real (ii) Personal	_			
			Gross rents 6a	_			
			Less: rental expenses 6b	_			
			Rental income or (loss) 6c				
			Net rental income or (loss)	·			
	7	а	Gross amount from sales of (i) Securities (ii) Other	_			
			assets other than inventory 7a 1,745,607.	_			
đ		b	Less: cost or other basis				
ňué			and sales expenses	_			
Revenue			Gain or (loss)	102.052			102.052
er R			Net gain or (loss)	123,953.			123,953.
Othe	8	а	Gross income from fundraising events (not				
0			including \$ 95,570. of				
			contributions reported on line 1c). See				
			Part IV, line 18				
			Less: direct expenses 8b 33,060				10 491
			Net income or (loss) from fundraising events	-10,481.			-10,481.
	9	а	Gross income from gaming activities. See				
		h	Part IV, line 19 9a Less: direct expenses 9b				
			Less: direct expenses 9b 9b 9b				
			Gross sales of inventory, less returns				
	10	a	and allowances				
		h	Less: cost of goods sold	-			
			Net income or (loss) from sales of inventory				
		<u> </u>	Business Cod	e			
sno	11	а		-			
nue		a b					
ella svei		c					
Miscellaneous Revenue			All other revenue				
Σ			Total. Add lines 11a-11d				
	12		Total revenue. See instructions	3,018,856.	735,729.	0.	218,932.
				,,	· · · · ·		,

032009 12-23-20

Form **990** (2020)

Form 990 (2020) P.S. ART Part VIII Statement of Revenue P.S. ARTS

P.S. ARTS

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 6 0 0 0 0	110 001	1.6 000	~~ ~~
	trustees, and key employees	168,888.	118,221.	16,889.	33,778
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 2 2 1 2 2 2		
7	Other salaries and wages	1,778,962.	1,301,998.	156,141.	320,823
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	145 000	100 100	10.000	
9	Other employee benefits	145,929.	106,400.	12,963.	26,566
10	Payroll taxes	157,356.	114,732.	13,978.	28,646
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	01 500		01 500	
f	Investment management fees	21,590.		21,590.	
g	Other. (If line 11g amount exceeds 10% of line 25,	66.040	24 000		2 1 6 0
	column (A) amount, list line 11g expenses on Sch 0.)	66,248.	34,000.	29,088.	3,160.
12	Advertising and promotion	110 100			22 4 6 4
13	Office expenses	112,193.	65,080.	24,649.	22,464.
14	Information technology				
15	Royalties	105 420		20.000	
16	Occupancy	195,438.	114,525.	28,060.	52,853.
17	Travel	5,084.	1,704.	3,230.	150.
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		7 005		1 110
22	Depreciation, depletion, and amortization	9,855.	7,995.	747.	1,113
23		15,506.	4,832.	10,674.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	119,005.	118,659.	318.	28
b	RECRUITING AND HIRING	18,811.	18,811.		
с	PROGRAM EVALUATION	14,891.	14,891.		
d	COMMUNITY OUTREACH	1,432.	1,420.	12.	
е	All other expenses	17,168.	4,045.	446.	12,677
25	Total functional expenses. Add lines 1 through 24e	2,848,356.	2,027,313.	318,785.	502,258
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

Check here

 $15541115 \ 701224 \ 5546$

if following SOP 98-2 (ASC 958-720)

032011 12-23-20

15541115 701224 5546

		Check if Schedule O contains a response or no	te to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			576,298.	1	240,278.
	2	Savings and temporary cash investments		5,466.	2	10,457.	
	3	Pledges and grants receivable, net			1,005,136.	3	600,089.
	4	Accounts receivable, net			21,355.	4	16,355.
	5	Loans and other receivables from any current o			·	-	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual				Ŭ	
	ľ	under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			4,200.	8	2.570.
As	9				48,921.	9	2,570. 36,443.
					10,5210	3	50,1150
	lua	Land, buildings, and equipment: cost or other	100	336,960.			
	۲ ۲	basis. Complete Part VI of Schedule D Less: accumulated depreciation	104	295,328.	50,146.	10c	41,632.
	11				3,934,590.	11	5,385,704.
		Investments - publicly traded securities			5,554,550.	12	3,303,7040
	12	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line				13	
	13				13		
	14	Intangible assets		46,215.	14	48,313.	
	15	Other assets. See Part IV, line 11			5,692,327.	15	6,381,841.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			172,077.	17	200,805.
	18			1/2/0//1	18	20070031	
	19	Grants payable			15,000.	19	0.
	20	Deferred revenue			10,000	20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
	21					21	
Liabilities	~~	Loans and other payables to any current or forr					
bili		trustee, key employee, creator or founder, subs				22	
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrelate				23 24	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	5 17-24)	. Complete Fart A	588,563.	25	570,557.
	26	Total liabilities. Add lines 17 through 25			775,640.	25	771,362.
	20	Organizations that follow FASB ASC 958, che	ock hor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	77275020
ses		and complete lines 27, 28, 32, and 33.					
anc	27				1,603,057.	27	2,012,367.
Bal	28				3,313,630.	28	2,012,367. 3,598,112.
lpu	20	Organizations that do not follow FASB ASC 9			.,,	20	
Fu		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,916,687.	32	5,610,479.
2	33	Total liabilities and net assets/fund balances			5,692,327.	33	6,381,841.
							Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Form	1 990 (2020) P.S. ARTS	95-393	31147	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,018		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,848		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,916		
5	Net unrealized gains (losses) on investments	5	523	3,2	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,610),4	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
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 reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	7)
	990	UI.	330-L	<u>ر م</u>

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Nam	Name of the organization Employer identification number								
			ARTS						5-3931147
Pa	τI	Reason for Public (Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	ıs.	
The	organ	ization is not a private found		•		,			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-					-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	t the colleg	e or
10	v	university:		··· 00.4/00/ 5/1					
10	21	An organization that norma							
		activities related to its exen		-					-
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the o	ganization	alter June 30, 1975.
11		See section 509(a)(2). (Cor An organization organized a	•	ively to test for public sa	foty Soo	saction 50	Q(a)(4)		
12		An organization organized a	-	•	•			arry out the	purposes of one or
12		more publicly supported or	•		•			•	• •
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	aivina
		the supported organization	-	-	• •				
		organization. You must c							
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	ivina
		control or management o	-				-		-
		organization(s). You mus			·			0	
с		Type III functionally inte			in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f		er the number of supported o							
g		vide the following information			(iv) to the error	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		1311 40110113)	
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 P.S. ARTS

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 \dots						
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.						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 \dots						
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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	%
	Public support percentage from 2019					15	%
1 6a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		÷				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • •	-		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circ						
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	s ►

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 P.S. ARTS

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

95-3931147 Page 3

(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	Section A. Public Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,003,394.	1,848,044.	2,446,846.	2,321,881.	2,031,514.	10,651,679.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					725 720		
_	organization's tax-exempt purpose	1,613,095.	1,393,793.	1,401,301.	1,459,941.	735,729.	6,603,859.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
-	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	3,616,489.	3,241,837.	3,848,147.	3,781,822.	2,767,243.	17,255,538.	
	Amounts included on lines 1, 2, and	5,010,405.	5,241,057.	5,040,147.	5,701,022.	2,707,243.	17,200,000.	
10	3 received from disqualified persons	414,146.	393,025.	165,760.	185,834.	63,974.	1,222,739.	
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						0.	
_	amount on line 13 for the year	111 116	393 025	165,760.	185 834	63,974.	1,222,739.	
	Add lines 7a and 7b	111,110.	555,025.	105,700.	105,054.	05,574.	16,032,799.	
	Public support. (Subtract line 7c from line 6.)						10,032,755.	
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6	3,616,489.	3,241,837.	3,848,147.	3,781,822.	2,767,243.	17,255,538.	
	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	107,783.	121,398.	143,333.	135,082.	105,460.	613,056.	
E E	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	107,783.	121,398.	142 222	125 092	105,460.	612 056	
	Add lines 10a and 10b Net income from unrelated business	107,703.	121,390.	143,333.	135,002.	105,400.	013,030.	
	activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital	1,011.	69.				1,080.	
13	assets (Explain in Part VI.)	3,725,283.	3,363,304.	3,991,480.	3,916,904.	2,872,703.	17,869,674.	
	First 5 years. If the Form 990 is for th							
	check this box and stop here	0		,		()()		
See	ction C. Computation of Publ						· ·	
15	Public support percentage for 2020 (line 8, column (f), c	livided by line 13,	column (f))		15	89.72 %	
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	85.58 %	
17								
18								
	19a 33 1/3% support tests - 2020. 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 a						►X	
h	33 1/3% support tests - 2019. If the							
~	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization			•	. ,	e e		
	23 01-25-21		,) or 990-EZ) 2020	

2020.05000 P.S. ARTS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 disgualified 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 line 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.) Schedule A (Form 990 or 990-EZ) 2020

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			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			

Section D. All Type III Supporting Organizations		
the supported organization(s).	1	
or management of the supporting organization was vested in the same persons that controlled or managed		
or trustees of each of the organization's supported organization(s)? If No, describe in Part VI now control		

0	Sion D. An Type in Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
	organization's governing documents in effect on the date of notification, to the extent not previously provided?

- 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).
- **3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

3

2a

2b

За

3b

Yes No

No

 Schedule A (Form 990 or 990-EZ) 2020
 P.S. ARTS

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

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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Fai	i v Type in Non-Functionally integrated 509	allo supporting Orga	anizations (continu	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)		10	/
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 P.S. ARTS

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	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,
	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.)
032028 01-25-2	Schedule A (Form 990 or 990-EZ) 2020

SCHEDU	LE D
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Department of the Treasury Internal Revenue Service

(Form 99	0)
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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.



Name of the organization

P.S. ARTS

Employer identification number 95-3931147

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		or Accounts.Comple	ete if the
	organization answered res on Form 990, Part IV, inte	(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	vriting that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	-		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		-	
	impermissible private benefit?			Yes 🗌 No
Pa	rt 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 (for example, recreat	tion or education) Preservation of a	historically important la	nd area
	Protection of natural habitat	Preservation of a	certified historic structu	ire
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	f a conservation easeme	ent on the last
	day of the tax year.			nd of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele		organization during the 1	tax
	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			
	violations, and enforcement of the conservation easements it			Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,			ng the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the	e year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	i)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		······	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		nts that describes the	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		her Similar Assets	•
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	, 1		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public	
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
			🕨 💲	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		🕨 💲	
	Assets included in Form 990, Part X		► \$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D	(Form 990) 2020
03205	1 12-01-20			

Sche	dule D (Form 990) 2020 P.S. AR					95-39			age 2
Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant	use of its			
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets		-		-
_	to be sold to raise funds rather than to be ma		¥			L	Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						٦	_	٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
e 4	Distributions during the year								
20	Ending balance Did the organization include an amount on F	orm 000 Part V lina	21 for occrow or c	ustodial account liab	[11]		Yes		No
	If "Yes," explain the arrangement in Part XIII.					······ └──	165]
Pa									_
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	back
1a	Beginning of year balance	2,555,914.	2,590,805.			88,091.		,100,	
b	Contributions	, ,	, ,	189.		,		, ,	
c	Net investment earnings, gains, and losses	725,409.	25,109.	127,656.	1	59,869.		287,	180.
d	Grants or scholarships	,	,	, ,				,	
	Other expenditures for facilities								
	and programs		60,000.			85,000.			
f	Administrative expenses		-						
g	End of year balance	3,281,323.	2,555,914.	2,590,805.	2,4	62,960.	2	,388,	091.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	34.6200	_%						
b	Permanent endowment > 56.5800	%							
с	Term endowment 8.8000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered for	the organiz	zation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u> </u>
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o		• • •	Accumulate	d	(d) Boo	k value	Э
	L	basis (investr	Dasis	(other) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements		- 23	6,960.	295,3	28	Λ	1,6	32
	Equipment						4	±,0	J <u>.</u>
	Other Add lines 1a through 1e. (Column (d) must e		X column (R) line '	10c)			4	1,6	32.
TOLA		gaari onn 000, i dit		~~./		Schedule			

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT INCENTIVES	1,757.

(3) GRANT ADVANCE	568,800.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	570,557.

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

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 P.S. ARTS			95-	3931147	Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,520	,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	523,292.			
b	Donated services and use of facilities	2b				
с						
d						
е	Add lines 2a through 2d			2e		,292.
3	Subtract line 2e from line 1			3	2,997	,266.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,590.	,		
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		<u>,590.</u>
E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,018	856
				-		,050.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		-		,050.
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses per	Retu	irn.	
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit a.	h Expenses per	-		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a.	h Expenses per	Retu	irn.	
Pa	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit a.	h Expenses per	Retu	irn.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a	h Expenses per	Retu	irn.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit a. 2a 2b 2c	h Expenses per	Retu	irn.	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents Wit a. 	h Expenses per	Retu	irn.	,766.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2d	h Expenses per	Petu 1 2e	ırn. 2,826	<u>,766.</u> 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2d	h Expenses per	1	irn.	<u>,766.</u> 0.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a. 	h Expenses per	r Retu	ırn. 2,826	<u>,766.</u> 0.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per	r Retu	ırn. 2,826	<u>,766.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per	r Retu	ırn. 2 , 826 2 , 826	,766. 0. ,766.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	nents Wit a. 2a 2b 2c 2c 2d 2d 4a 4b	h Expenses per 21,590.	Retu 1 2e 3 4c	rn. 2,826 2,826 2,826	<u>,766.</u> 0. ,766.
Pa 1 2 a b c d e 3 4 a 5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2c 2d 2d 4a 4b	h Expenses per 21,590.	Retu 1 2e 3	ırn. 2 , 826 2 , 826	<u>,766.</u> 0. ,766.

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR

ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING

TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE

PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701(D)

OF THE CALIFORNIA REVENUE AND TAXATION CODE. MANAGEMENT HAS ANALYZED THE

TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT, AS OF

JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED 032054 12-01-20 Schedule D (Form 990) 2020 TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047	
(Form 990 or 990-EZ)	EZ) 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.							2020	
Department of the Treasury	Attack to Form 000 or Form 000 EZ							Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization	P.S. AR	TS					Employer ide 95-3931	ntification number 147	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	oution	s or has been notified	d it is	exempt from r	egistration	

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 P.S. ARTS

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

	(a) Event #1 EXPRESS YOURSELF	(b) Event #2 AUCTION	(c) Other events NONE	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
Gross receipts	103,110.	15,039.		118,149
2 Less: Contributions	95,570.			95,570
Gross income (line 1 minus line 2)	7,540.	15,039.		22,579
Cash prizes				
5 Noncash prizes				
Rent/facility costs				
7 Food and beverages				
		25 520		33,060
			`	33,060
				-10,481
Gross revenue		bingo/progressive bingo		col. (a) through col. (e
3 Noncash prizes				
Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes% └── No	└── Yes % 	Yes % No	
7 Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
3 Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
· · · ·				
		states?		Yes N
Vere any of the organization's gaming licenses n	evoked, suspended, or t	erminated during the tax v	/ear?	Yes N
	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 1 Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 7 9 Net gaming income summary. Subtract line 7	1 Gross receipts 103,110. 2 Less: Contributions 95,570. 3 Gross income (line 1 minus line 2) 7,540. 4 Cash prizes 7,540. 5 Noncash prizes 5 5 Rent/facility costs 7,540. 6 Food and beverages 7,540. 7 Food and beverages 7,540. 9 Other direct expenses 7,540. 0 Direct expense summary. Add lines 4 through 9 in column (d) 100. 1 Net income summary. Subtract line 10 from line 3, column (d) 100. 1 Met income summary. Subtract line 10 from line 3, column (d) 100. 1 Rent/facility costs (a) Bingo 1 Gross revenue (a) Bingo 1 Gross revenue (a) Bingo 2 Cash prizes (a) Bingo 3 Noncash prizes (a) Bingo 4 Rent/facility costs (a) Bingo 5 Other direct expenses (b) No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 thro	1 Gross receipts 103,110. 15,039. 2 Less: Contributions 95,570. 3 Gross income (line 1 minus line 2) 7,540. 15,039. 4 Cash prizes	I Gross receipts 103,110. 15,039. 2 Less: Contributions 95,570. 3 Gross income (line 1 minus line 2) 7,540. 15,039. 4 Cash prizes 7,540. 15,039. 5 Noncash prizes 9 9 6 Gross income (line 1 minus line 2) 7,540. 15,039. 4 Cash prizes 9 9 9 5 Noncash prizes 9 9 9 6 Other direct expenses 7,540. 25,520. 9 9 Other direct expenses summary. Add lines 4 through 9 in column (d) > > 1 Net income summary. Subtract line 10 from line 3, column (d) > > 1 Met income summary. Subtract line 10 from line 3, column (d) > > 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming 1 Gross revenue 9 (a) Bingo (b) Pull tabs/instant > 2 Cash prizes 9 Yes % Yes % 3 Noncash prizes 9 Yes % No No 4 Rent/facility costs 9 Yes % No No

Sch	edule G (Form 990 or 990-EZ) 2020 P.S. ARTS 9	<u>5-39</u> :	3114'	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	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 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	1:	Ba	%
	An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			,-
•••				
	Name			
	Address 🕨			
	······································			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
	5 1,5 5 5 5			
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amoun	t		
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	, , , , , , , , , , , , , , , , , , , ,			
	Name			
	Address 🕨			
	······································			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part II	I, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0320	83 11-25-20 Schedule G	(Form 99	0 or 99	0-EZ) 2020

15541115 701224 5546

2020.05000 P.S. ARTS

5546___1

032084 04-01-20

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20		
•		Compensated Employees		20	ZU)	
Dena	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Open to Public		
	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.						
Nan	e of the organizatio		Employer i			mber	
		P.S. ARTS	95-3	93114	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fees					
		spending account Personal services (such as maid, chauffeu	ir, chef)				
	16 and a 6 dir a la ac						
b		on line 1a are checked, did the organization follow a written policy regarding payment or		41			
~				1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ay of the following the organization used to establish the componentian of the organization's					
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	a committee Image: Written employment contract compensation consultant Image: Compensation survey or study					
		ther organizations I I I I I I I I I I I I I I I I I I I	ommittee				
			ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a re						
а		e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?		·····		X	
С	-	eive payment from an equity-based compensation arrangement?				X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,						
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
	contingent on the r						
а	The organization?			5a		Х	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	he				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2020	

032111 12-07-20

Schedule J (Form 990) 2020 P.S. ARTS

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KRISTEN PAGLIA	(i)	160,963.	0.	0.	0.	0.	160,963.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

95-3931147

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number 95-3931147

P.S. ARTS

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) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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2020.05000 P.S. ARTS

Vame of the organization P.S. ARTS 95-3931147 ACCESSED THROUGH THEIR WEBSITE.	hedule O (Form 990 or 990-EZ) 2020	Page 2			
	me of the organization P.S. ARTS	Employer identification number 95-3931147			
	CCESSED THROUGH THEIR WEBSITE.				
32212 11-20-20 Schedule O (Form 990 or 990-E		Schedule O (Form 990 or 990-EZ) 202			

15541115 701224 5546 2020.05000 P.S. ARTS

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