### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	${\sf JUL}$	1	, 2021, and ending	JUN	30	, 20 <b>2</b>

2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer P.S. ARTS 95-3931147

JOHN LAWLER Name and title of officer or person subject to tax CEO

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b 5,399,709
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)		4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
10a	· · · · · · · · · · · · · · · · · · ·		Amount of credit payment requested (Form 8038-CP, Part III, line	22)	10b
Part	II Declaration and Signat	ur	e Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare that $oxed{X}$	Ιa	m an officer of the above entity or 🔲 I am a person subject to tax	with resp	ect to (name
of entit	y)		, (EIN) and the	at I have	examined a copy of the
2001 -	antronia ratura and accompanying ask		ules and statements, and to the best of my knowledge and belief the	٠٠، ٥٢٥ له	in correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box	only	
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X I authorize	SINGERLEWAK LLP	to enter my PIN	12345
	ERO firm name	_	Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/15/22

#### **Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95151456789 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SINGERLEWAK LLP

Date ightharpoonup 11/14/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, and ending JUN 30, 2022 Open to Public

B	Check if	C Name of organization		D Employer identific	cation number					
	Addre	P.S. ARTS								
F	chang Name			95-39311	47					
F	chang Initial return	9	Room/suite	E Telephone number						
F	Final	2947 C CEDIIIVEDA BIVD	1100III/Suite		6-1017					
				G Gross receipts \$ 10,075,434.						
	Amen			H(a) Is this a group re						
F	□return □Applid □tion			for subordinates						
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—					
<u> </u>	Гах-ех	empt status: X 501(c)(3)	r 527	1	list. See instructions					
		te: NWW.PSARTS.ORG	027	H(c) Group exemption						
		organization: X Corporation	L Year		State of legal domicile: CA					
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities:	ARTS	IS DEDICATE	D TO					
Governance		ADVANCING EQUITY AND OPPORTUNITY FOR CHIL	DREN	AND YOUTH B	Y PROVIDING					
rna	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.					
ove	1			3	23					
ত ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			23					
es 4	1	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			92					
Activities	6	Total number of volunteers (estimate if necessary)		6	50					
Υcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		2,064,195. 3,459,35						
enr	1	Program service revenue (Part VIII, line 2g)		735,729.	1,669,311.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		229,413.	271,046.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,481.	0.					
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,018,856.	5,399,709.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		2,251,135.	3,240,583.					
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Ϋ́	1	Total fundraising expenses (Part IX, column (D), line 25)		F07 221	COO 477					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		597,221.	608,477.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,848,356. 170,500.	3,849,060.					
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12			1,550,649.					
Net Assets or Fund Balances		Total coasts (Dout V. line 1C)	Re	ginning of Current Year 6,381,841.	End of Year 6,703,351.					
\sse Bala	20	Total assets (Part X, line 16)		771,362.	234,336.					
Vet /	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		5,610,479.	6,469,015.					
P	art II	Signature Block		3,010,473	0,400,010					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, Kilowioago alia bollol, it lo					
	,	I hind		11/15/2	2					
Sig	n	Signature of officer		Date						
Her		JOHN LAWLER, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	II	Date Check	PTIN					
Paid	d	nazanin benyamini nazanin benyamin	JI  1	1/14/22 if self-employed	□ ₽00666808					
Pre	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617					
Use	Only	Firm's address 10960 WILSHIRE BOULEVARD, 7TH FL	LOOR							
		LOS ANGELES, CA 90024-3783		Phone no. (3						
May	y the II	RS discuss this return with the preparer shown above? See instructions		<u> </u>	X Yes No					

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

Total program service expenses 2,874,632.

Form **990** (2021)

) (Revenue \$

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# Form 990 (2021) P.S. ARTS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<del>-</del>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
45	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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del> -
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٠.ٽ		$\vdash$
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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P.S. ARTS

Dart IV	Chacklist	of Required	Schadulas	(continued)
I GILIV	Oliccklist	oi itequileu	ocificadies	(COHUHUCU)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
<b>2</b> 4a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	Х	
h	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 line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
32		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
J-1		34		x
35.5	Part V, line 1  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	55a		<del></del>
b	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?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
38		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	ათ	22	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Softedule O Contains a response of flote to any line in this Part v			N/a
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the Harmon reported in box of the first record and the tapping and the first record and			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
	(gambling) winnings to prize winners?	1c	4	

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Form 990 (2021) P.S. ARTS
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	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).			37
5a	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		Х
	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	_		l 🕶
	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	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
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		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х
	to file Form 8282?	7c		- 22
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed tenning convices during the tay year?	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.	15		- 25
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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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.

	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			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	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			
	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) 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 (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			

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

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

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

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

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

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

(A)	(B)	Ĭ			C)			ed any current oπicer, on (D)	(E)	(F)
Name and title	Average	(do		Pos	sition more than one			Reportable	Reportable	Estimated
	hours per	box	oox, unless person is boofficer and a director/tru		son is both an		compensation	compensation	amount of	
	week		cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	ridual	Institutional trustee	-e	Key employee	est co loyee	ner	ŕ		organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) KRISTEN PAGLIA	40.00								_	
CHIEF EXECUTIVE OFFICER				Х		Ш		179,886.	0.	0.
(2) ELDA PINEDA	40.00							44-000		
DEPUTY DIRECTOR						Х		117,089.	0.	7,849.
(3) JENNIFER GARRATT	40.00									
ADVANCEMENT DIRECTOR	40.00					Х		113,213.	0.	5,083.
(4) GUILLAUME WATEAU	40.00							400 044	•	
FINANCE DIRECTOR	1 00					Х		109,311.	0.	6,025.
(5) AMANDA SCHUON	1.00								•	
BOARD MEMBER	1 00	Х				Ш		0.	0.	0.
(6) AMY ZOLLER	1.00								0	_
BOARD MEMBER	1 00	Х				Ш		0.	0.	0.
(7) CARLEEN CAPPELLETTI	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) CAROLYN GIANGIACOMO	1.00	٠,,		3,7				_	0	0
CO-VICE CHAIR	1 00	Х		Х	_	Н		0.	0.	0.
(9) CHI-CHIEN HOU	1.00	٠,,		3,7				_	0	0
CO-VICE CHAIR	1.00	Х		Х	_	Н		0.	0.	0.
(10) DAVID KAHN	1.00	Х		х				0.	0.	0
TREASURER (11) PERCENT GRAPHON	1.00			Δ	_	Н		0.	0.	0.
(11) DEBORAH GRIBBON	1.00	Х		х				0.	0.	0.
SECRETARY (12) ERIC HALL	1.00	^		Δ	_	Н		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOSE VITELA	1.00	Δ		$\vdash$	$\vdash$	Н		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) PAMELA POSEY	1.00	22		$\vdash$		Н		0.	0.	0.
CROSSROADS REPRESENTATIVE	1.00	Х						0.	0.	0.
(15) RONA SEBASTIAN	1.00		$\vdash$	$\vdash$		$\vdash$		•	0.	•
BOARD MEMBER	1.50	x						0.	0.	0.
(16) STEPHEN MCCRAY	1.00	<del> </del>	$\vdash$	$\vdash$	$\vdash$	Н		•	0.	
DEI REPRESENTATIVE		x						0.	0.	0.
(17) BRIELLE BLOCK	1.00	<del></del>	$\vdash$	$\vdash$	$\vdash$	Н				
BOARD MEMBER	<u> </u>	х		l				0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	ition	) than	one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	1	ar	nount	of
	week	-	Lei ai	iu a u	IIIecii	Jirus	T ee,	- Trom	from related			other	
	(list any hours for	· director						the	organizations			ipensa	
	related	or di	ee			sated		organization	(W-2/1099-MISO	/ز	l	om th	
	organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	ıanizat d relat	
	below	dual tr	tional	١.	yoldr	st cor		1099-1420)				anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme				J	arnzaci	0110
(18) LAURA FOX	1.00	-	_		Ť	1	Ī						
BOARD CHAIR		Х		Х				0.		0.			0.
(19) PAM BERGMAN	1.00												
PRESIDENT AT LARGE		Х		Х				0.		0.			0.
(20) SHARYN CHURCH	1.00									$\neg$			
BOARD MEMBER		Х						0.		0.			0.
(21) SHAREEF FARAG	1.00									$\Box$			
BOARD MEMBER		Х						0.		0.			0.
(22) MARINA FILIPPELLI	1.00									$\Box$			
BOARD MEMBER		Х						0.		0.			0.
(23) GRACE KANGDANI	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) SUZANNE RODE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(25) SHARI ROSENBLUM	1.00												
BOARD MEMBER		Х						0.		0.			0.
(26) MARY-ELIZABETH MICHAELS	1.00	]											_
BOARD MEMBER		Х						0.		0.			<u>0.</u>
1b Subtotal								519,499.		0.	$\frac{1}{}$	8,9	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								519,499.		0.		8,9	5/.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bove	e) w	no r	received more than \$100	0,000 of reportable	<del>)</del>			1
compensation from the organization												Yes	No
0 5:11												res	NO
3 Did the organization list any <b>former</b> officer,			•		•		•		•				Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su	-		-					•	the organization		4	х	
and related organizations greater than \$15									idual for comicae		4	21	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scriedai	<del>C</del>	01 31	ucn	pers	3011							
1 Complete this table for your five highest co	mnensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	nens	ation	from	
the organization. Report compensation for										JOI 10	ation		
(A)	trio odioridar y	001	orran	<u>g</u> .	*****	01 11		(B)	your.		((	<u></u>	
Name and business	address	NO	INC	Ξ				Description of s	services	С		nsatio	n
							$\neg$						
							_						
2 Total number of independent contractors (	noludina but s	ot 1:-	mita	d +c	tha	SC 1:	oto:	d abovo) who received a	nore than				
2 Total number of independent contractors (i		iot III	iiiite	u lO		nse II N	<b>აι</b> ᡛ(	a abovej who received fi	noie man				

100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 F.S. ART									33-333	114/
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per	È				Γ.	<u> </u>	from	from related	other
	week				1	99		the	organizations	compensation
	(list any	tor			1	) e		organization	(W-2/1099-MISC)	from the
	hours for	direc			1	ne pa		(W-2/1099-MISC)	,	organization
	related	ee or	stee			nsate		, ,		and related
	organizations	trust	al fru		yee	mpe				organizations
	below	dual	rtion	_	edu 0	st co	_			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LACEY ROSE	1.00	-	_		-	Ė	<u> </u>			
	1.00	Х						0.	0.	0
BOARD MEMBER		Δ	$\vdash$	$\vdash$			$\vdash$	0.	0.	0
		l								
		_	_	_		_	_			
				_			_			
			_	_						
		1								
		1								
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		$\vdash$		$\vdash$			$\vdash$			
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Total to Part VII, Section A, line 1c										
								1	L	

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P.S. ARTS

Form 990 (2021) P.S. AR
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	<b>(D)</b> Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					Tariotion revenue	business revenue	sections 512 - 514
ıts ıts	1 a	Federated campaigns 1a					
ira		Membership dues 1b					
Ĭž,		Fundraising events 1c	96,123.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	,				
s, G		Government grants (contributions) 1e	748,848.				
Sign		All other contributions, gifts, grants, and	, -				
her	•	similar amounts not included above <b>1f</b>	2,614,381.				
Oğ		Noncash contributions included in lines 1a-1f					
Sor		Total. Add lines 1a-1f		3,459,352.			
-		Total Add iii 65 Ta Ti	Business Code	2,222,222.			
σ l	2 a	SCHOOL PROGRAMS	611600	1,669,311.	1,669,311.		
, vic		·	011000	1,005,511.	1,005,511.		
Ser	b						
Z N	C						
gra	C						
Program Service Revenue	e						
_		All other program service revenue		1 660 311			
$\rightarrow$	9		1	1,669,311.			
	3	Investment income (including dividends, inter	· ·	F7 000			F7 000
		other similar amounts)	1	57,020.			57,020.
	4	Income from investment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	1				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4,675,735					
	b	Less: cost or other basis					
nue		and sales expenses <b>7b</b> 4,461,709					
ther Revenue	c	Gain or (loss) 7c 214,026					
اية	c	Net gain or (loss)	<b>&gt;</b>	214,026.			214,026.
her	8 a	Gross income from fundraising events (not					
₫		including \$ 96,123. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 85	214,016.				
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	ı				
	b	Less: direct expenses 95					
	С	Net income or (loss) from gaming activities .					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory .					
<sub>S</sub>			Business Code				
ñ a	11 a	1					
Miscellaneous Revenue	b						
eve	С	:					
Alisc R	c	All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,399,709.	1,669,311.	0.	271,046.

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P.S. ARTS

### Part IX | Statement of Functional Expenses

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

Jecti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon					
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,	FFC 000	270 011	110 665	165 500	
	trustees, and key employees	556,098.	270,911.	119,665.	165,522	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	2 200 015	1 051 400	01 400	257 000	
7	Other salaries and wages	2,290,815.	1,951,429.	81,498.	257,888	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	155 200	120 142	7 1 1 1	10 014	
9	Other employee benefits	155,298.	129,143.	7,141.	19,014	
10	Payroll taxes	238,372.	186,705.	16,539.	35,128	
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
C	Accounting					
d	, , , , , , , , , , , , , , , , , , , ,					
е	· · ·	23,974.		23,974.		
f	Investment management fees	43,314.		43,314.		
g	,	87,743.	40,600.	47,143.		
	column (A), amount, list line 11g expenses on Sch O.)	01,143.	40,000.	47,143.		
12	Advertising and promotion	138,655.	39,668.	76,024.	22,963	
13	Office expenses	130,033.	39,000.	70,024.	22,905	
14	Information technology					
15	Royalties	103,720.	49,248.	21,736.	32,736	
16	Occupancy	14,777.	3,298.	2,546.	8,933	
17	Travel	17,1110	3,250.	2,540.	0,555	
18	Payments of travel or entertainment expenses					
40	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings Interest					
20 21	Payments to affiliates					
22	Depreciation, depletion, and amortization	6,138.	5,637.	250.	251.	
23		29,808.	8,725.	21,083.		
24	Other expenses. Itemize expenses not covered		37.233			
27	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 O.)					
а	SUPPLIES	173,595.	172,706.		889	
b	RECRUITING AND HIRING	15,069.	15,069.			
c	COMMUNITY OUTREACH	1,247.	953.		294	
d		, = = : •				
e	All other expenses	13,751.	540.	4,509.	8,702	
25	Total functional expenses. Add lines 1 through 24e	3,849,060.	2,874,632.	422,108.	552,320	
26	<b>Joint costs.</b> Complete this line only if the organization			,		
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					
	n 12-ng-21				Form <b>990</b> (2021	

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Part X Balance Sheet P.S. ARTS

ı u	IL A	balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X		· · · · · · · · · · · · · · · · · · ·	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			240,278.	1	734,769.
	2	Savings and temporary cash investments	10,457.	2	10,458.		
	3	Pledges and grants receivable, net	600,089.	3	659,304.		
	4	Accounts receivable, net	16,355.	4	8,104.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	ons		5		
ts.	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use			2,570.	8	10,825.
Ÿ	9	Prepaid expenses and deferred charges			36,443.	9	23,720.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		347,957.			
	b	Less: accumulated depreciation	10b	301,466.	41,632.	10c	46,491.
	11	Investments - publicly traded securities			5,385,704.	11	5,158,972.
	12	Investments - other securities. See Part IV, lin		Г		12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	48,313.	15	50,708.		
	16	Total assets. Add lines 1 through 15 (must e			6,381,841.	16	6,703,351.
	17	Accounts payable and accrued expenses			200,805.	17	234,336.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
abi		controlled entity or family member of any of the				22	
=	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		<b></b>		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			570,557.	25	0.
	26	Total liabilities. Add lines 17 through 25			771,362.	26	234,336.
		Organizations that follow FASB ASC 958, c					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,012,367.	27	3,361,468.
Ba	28	Net assets with donor restrictions			3,598,112.	28	3,107,547.
ρμη		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	ds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		_		31	
Net	32	Total net assets or fund balances			5,610,479.	32	6,469,015.
	33	Total liabilities and net assets/fund balances		ı	6,381,841.	33	6,703,351.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
				0 5	0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)		3,39 3,84				
2							
3	Revenue less expenses. Subtract line 2 from line 1		.,55				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,61 -69				
5	5 Net unrealized gains (losses) on investments5						
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	,46	9,0	<u> 15.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
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 on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
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		3b				
			Form	990	(2021)		

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

P.S. ARTS 95-3931147 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	art II Support Schedule for	-					-
	(Complete only if you checked fails to qualify under the tests			-	on failed to qualify	under Part III. If the	organization
Se	ction A. Public Support	ilisted below, pież	ase complete i ait				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		<u> </u>			10	
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the						$\sim$
Se	organization, check this box and stor ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020						%
	a 33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies	-					
ŀ	33 1/3% support test - 2020. If the o						
•	and stop here. The organization qual						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					. VIIIOW tilo organiz	
ŀ	o 10% -facts-and-circumstances tes	•		,	•		
-		3			, , , ,	,	

Schedule A (Form 990) 2021

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(u) 2020	(e) 2021	(I) 10tai
•	membership fees received. (Do not						
	include any "unusual grants.")	1,848,044.	2,446,846.	2,321,881.	2,031,514.	3,459,352.	12,107,637.
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	1,393,793.	1,401,301.	1,459,941.	735,729.	1,669,311.	6,660,075.
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	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663.	18,767,712.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	393,025.	165,760.	185,834.	63,974.	131,275.	939,868.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	393,025.	165,760.	185,834.	63,974.	131,275.	939,868.
	Public support. (Subtract line 7c from line 6.)	030,0201	20077001	200,0021	00/5/20	202/2/01	17,827,844.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663.	18,767,712.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		143,333.				
k	Unrelated business taxable income (less section 511 taxes) from businesses		,	•		•	,
	acquired after June 30, 1975	121,398.	143,333.	135,082.	105,460.	57,020.	562,293.
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	121,390.	140,000	133,002.	103,400.	51,020.	302,233.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	69.					69.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,363,304.	3,991,480.	3,916,904.	2,872,703.	5,185,683.	19,330,074.
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	92.23 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	89.72 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.91 %
18						18	3.43 %
19a	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> X
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio						
∠∪	i i ivate iounuation, ii the organizatio	ii ala nol cileck a	507 OH III IC 14, 19	a, or 130, 011601 lf	no box and see ins	,	

### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	iva		
	10b		
مارر	A (Ear	- 000	2021

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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		
	By reason of the relationship described on 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			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Structioi		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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	20		
	that these activities constituted substantially all of its activities.	2a		
O	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	20		
	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 <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	,, , , , , , , , , , , , , , , , , , , ,			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	<u> </u>			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
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-function	ally integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pa	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a annual annual and a significant	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2001				

Schedule A (Form 990) 2021

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Bottor devised fettes	(b) I dilde and other accounts			
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		d funds			
3	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
0	for charitable purposes and not for the benefit of the donor		•			
Pai		ganization answered "Yes" on Form 990 Pa				
1	Purpose(s) of conservation easements held by the organizat		2111, 1110 7.			
•	Preservation of land for public use (for example, recreations)		historically important land area			
	Protection of natural habitat		certified historic structure			
	Preservation of open space	r reservation or a	Continued Historia Structure			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last			
_	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register		1 1			
3	Number of conservation easements modified, transferred, re					
	year >	, , ,				
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year			
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense s	statement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		her Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 98	, ,				
	of art, historical treasures, or other similar assets held for pu	, ,				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 98					
	art, historical treasures, or other similar assets held for public	c 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		·			
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		gain, provide			
	the following amounts required to be reported under FASB A		<b>.</b>			
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	S IOI FORM 990.	Schedule D (Form 990) 2021			

Pai	rt III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	ner Sir	nilar Asse	ts(contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	signific	ant use of its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	kempt pi	urpose in Par	t XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simi	lar asset	:s	_			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes	☐ No		
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form	990, Part IV,	line 9, or			
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets n	ot includ	led	_			
	on Form 990, Part X?					L	Yes	└─ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
							Amount			
С	Beginning balance				<u>  1</u>	С				
d	Additions during the year				<u>  1</u>	d				
е	Distributions during the year				<u>  1</u>	е				
f	Ending balance				🔼	f	_			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ıstodial account lia	bility? .	L	Yes	└─ No		
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete i	f the organization an								
		(a) Current year	(b) Prior year	(c) Two years back	+ • •	ee years back	· ·	years back		
1a	Beginning of year balance	3,281,323.	2,555,914.	2,590,805		2,462,960.	2,	,388,091.		
b	Contributions	59.								
	Net investment earnings, gains, and losses	-448,543.	725,409.	25,109		127,656.		159,869.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	120,000.		60,000				85,000.		
f	Administrative expenses									
g	End of year balance	2,712,839.	3,281,323.	2,555,914	•	2,590,805.	2,	,462,960.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a	ı)) held as:						
	Board designated or quasi-endowment	24.9540	_%							
	Permanent endowment ► 75.0460	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	· ·								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the org	anization	г	- LN		
	by:							Yes No		
	(i) Unrelated organizations							X		
	(ii) Related organizations							X		
	If "Yes" on line 3a(ii), are the related organiza						3b			
4 Do:	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.							
Fai	rt VI Land, Buildings, and Equipm Complete if the organization answere		) Dort IV line 11e S	oo Form 000 Dort	V line 1	n				
	· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·		-		(-I) D I			
	Description of property	(a) Cost or o	, , ,		Accumu epreciat		(d) Book	value		
<u> </u>	Land	<u> </u>	Dasis	(Other)	epi ecial	.1011				
	Land		<del>-  </del>							
	Buildings		<del>-  </del>							
	Leasehold improvements		31	7,957.	301	466.	1.6	6,491.		
	Equipment Other		-   34	,,,,,,,,	J U I	, =00•		<u>,,                                   </u>		
	Other		X column (P) line 1	00.)			Δι	6,491.		
IUIA	i. Add iiiles Ta tillough Te. (Columin (d) Must e	quai i Oiiii 330, Fail	л, сошти ( <i>b),</i> ште т	oo. <sub>/</sub>		Cobodule		0 , 4 ) 1 0		

Schedule D (Form 990) 2021

Dead VIII Issue star sets Ottom Committee			Tage C
Part VII Investments - Other Securities.	on Form 000 Dort IV line	a 11h Cas Farm 000 Part V line 10	
Complete if the organization answered "Yes" of  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Total (Col. (h) must agual Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(o) Mothod of Valuation. Cost of one	Tor your market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements t	hat 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) 2021

	dule D (Form 990) 2021 P.S. ARTS				3931147 <sub>Page</sub>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl	n Revenue per F	Return	) <b>.</b>
	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	4,683,622
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-692,113.		
b	Donated services and use of facilities		-692,113. 15,000.		
С	Recoveries of prior year grants		·		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	-677,113
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,360,735
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,974.		
b	Other (Describe in Part XIII.)		15,000.		
	Add lines 4a and 4b			4c	38,974
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	5,399,709
	t XII Reconciliation of Expenses per Audited Financial Staten				
1 011	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	Total expenses and losses per audited financial statements			1	3,825,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · ·
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)			-	
	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line 2e from line 1			3	3,825,086
4	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	42	23,974.		
	Other (Describe in Part XIII.)		20,0,10		
	A 111' 4 14'			4c	23,974
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			-	3,849,060
	t XIII Supplemental Information.			1 3 1	3,023,000
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV lines 11	and 2h: Part V line	1. Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			7, 1 ait	Λ, ιιιο Σ, ι αιτ Λι,
111103	zu and 45, and 1 art XII, iii 65 zu and 45. Also complete this part to provide any ad	ditional into	imation.		
PAF	RT V, LINE 4:				
THE	E ORGANIZATION HAS ADOPTED INVESTMENT AND	SPEND	ING POLICIE	ES FO	OR
ENI	DOWMENT ASSETS THAT ATTEMPT TO PROVIDE A F	PREDIC'	TABLE STREA	M OI	F FUNDING
TO	PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE	E SEEK	ING TO MAIN	IIATI	N THE
PUF	CHASING POWER OF THE ENDOWMENT ASSETS.				
	NT 11 T TYPE 0				
PAL	RT X, LINE 2:				
тит	ODCANTZAMION IC EVENDM EDOM EEDEDAI AND	CMVME	TNCOME MAY	יהים ז	INDED
1111	E ORGANIZATION IS EXEMPT FROM FEDERAL AND	STATE	INCOME TAX	LED (	NNDEK
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE CO	יד) אַּכוּכ	RC) AND SEC	י∩דיתי	ע 23701 (ח)
210	JIOI, SSI(S)(S) OI IIII INIIIIMMI KIVINOE CC	,,,, (1)	, 11110 0110	, 1 1 01	20/01(D/
OF	THE CALIFORNIA REVENUE AND TAXATION CODE.	. MANA	GEMENT HAS	ANAI	LYZED THE
TAX	Y POSITIONS TAKEN BY THE ORGANIZATION, AND	) HAS	CONCLUDED T	TAH	. AS OF

132054 10-28-21

JUNE 30, 2022 AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Schedule G (Form 990) 2021

95-3931147 Page 2 Schedule G (Form 990) 2021 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 YOURSELF col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 310,139. 310,139. 96,123 96,123. 2 Less: Contributions 214,016. 214,016. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 138,497. 138,497. 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 75,519. 9 Other direct expenses ..... 75,519. 214,016. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ...... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

132082 10-21-21	Schedule G (	Form 990) 202
132002 10-21-21	Octroduc a (	

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

**b** If "Yes," explain: \_\_\_

Sch	edule G (Form 990) 2021	P.S.	ARTS		95-3	931	147	Page 3
11	Does the organization conduct ga	aming activ	ities with nonr	nembers?			Yes	☐ No
				st, or a member of a partnership or other entity form				
	to administer charitable gaming?						Yes	☐ No
13	Indicate the percentage of gamin	g activity c	onducted in:			_		
а	The organization's facility					13a		%
b	An outside facility					13b		%
14	Enter the name and address of th	ne person w	ho prepares t	he organization's gaming/special events books and i	records:			
15a	Does the organization have a con	tract with a	third party fro	om whom the organization receives gaming revenue?	?		Yes	∟ No
	If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address	e third part	y <b>&gt;</b> \$	the organization > \$ and the	amount			
	Name							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	<b>&gt;</b> \$		_				
	Description of services provided	<b></b>						
	Director/officer	Empl	oyee	Independent contractor				
17	Mandatory distributions:							
а	Is the organization required under	r state law	to make charit	able distributions from the gaming proceeds to				
	retain the state gaming license?					$\square$	Yes	└─ No
b	Enter the amount of distributions	required ur	nder state law	to be distributed to other exempt organizations or sp	ent in the			
	organization's own exempt activit							
Pa				planations required by Part I, line 2b, columns (iii) an any additional information. See instructions.	d (v); and Pa	t III, lii	nes 9,	9b, 10b,
	100, 100, 10, and 170, as	арріісаріе	. Also provide	any additional information. See instructions.				
1320	33 10-21-21				Schedu	ıle G (	Form	990) 2021

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

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

P.S. ARTS

Employer identification number 95-3931147 Part I Questions Regarding Compensation

			Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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 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 of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
р	Any related organization?	5b		_^
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		х
d	The organization?	6a 6b		X
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		
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		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>-</b>		
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	P		
3	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2021

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.

columns (F) Compensation (D) in column (B)	reported as deferred on prior Form 990	,886.	0																														Schedule J (Form 990) 2021
(E) Total of columns (B)(i)-(D)		179																															
(D) Nontaxable benefits		0	0																														
(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	compensation	0	0																														
C and/or 1099-NEC	(iii) Other reportable compensation	0																															,
7-2 and/or 1099-MIS compensation	(ii) Bonus & incentive compensation	0	0																														
(B) Breakdown of W	(i) Base compensation	179,886.																															
	(A) Name and Title	(1) KRISTEN PAGLIA (f)	ICER	(ii)	(9)	(ii)	(1)	(ii)	(9)	(ii)	(9)	(ii)	(9)	(ii)	(9)	(ii)	(1)	(ii)	(9)	(ii)	(1)	(ii)	(1)	(ii)									

Page 3

											990) 2021
:	information										Schedule J (Form 990) 2021
	y additional										Sched
	s part for an										
	complete this										
:	art II. Also c										
	8, and for F										
1	a, 6b, 7, and										
i	lc, 5a, 5b, 6										
	, 3, 4a, 4b, <sup>2</sup>										
	lines 1a, 1b										
1	ed for Part I,										
	otions requir										
	n, or descrip										
	ı, explanatio										
:	wide 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.										
:	vide the										

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the or	J	P.S. AI	RTS										ident		on nu	mber
Part I	xcess Bene	efit Trans	acti	ons (section 5	01(c)(3	3), sect	tion 501	(c)(4), and se	ection 501(	c)(29) org	anizati	ons o	nly).			
	omplete if the	organization		vered "Yes" on				ne 25a or 25	b, or Form	990-EZ, F	Part V,	line 40	Ob.	1	_	
1 (a) Name	of disqualified	person	<b>(b)</b> R	Relationship bet person and o			lified	(	c) Descript	ion of tra	nsactio	on		· · ·		cted?
				person and o	i gai iiza	ation								Y	es	No
														_		
														+	$\dashv$	
2 Enter the	amount of tax	incurred by	the o	rganization mar	nagers	or disc	gualified	l nersons du	ırina the ve	ar under						
section 49		•			•		•	•				<b>&gt;</b> \$				
3 Enter the				above, reimburs								<b>&gt;</b> \$				
D		., -														
				erested Per				" 00	F 000	D . N	00					
		O		vered "Yes" on , Part X, line 5, (			, Part V	, line 38a or	Form 990,	Part IV, II	ne 26;	or if th	ne orga	anızatı	on	
	ame of	(b) Relation		(c) Purpose		an to or	(e)	Original	(f) Balar	nce due	(a	) In	<b>(h)</b> Ap	proved ard or	(i) W	/ritten
` '	ed person	with organiz		ofloan		n the ization?		oal amount	(i) Balarice	100 000		ault?	by bo	ard or nittee?	agree	ment?
					То	From					Yes	'es No		No	Yes	No
		1			<u> </u>						<u> </u>	<u> </u>	ļ			
		1			-						<u> </u>	<del>                                     </del>				
		1			+						$\vdash$	$\vdash$	1			
					_						<u> </u>	<u> </u>				
					-						<u> </u>	├─				
Total								> \$								
	rants or As	ssistance	Ber	efiting Inte	reste	d Pe	rsons.									
				vered "Yes" on												
(a) Name	e of interested	person	(	<b>b)</b> Relationship interested persecutive the organization	son an			Amount of ssistance		(d) Type assistar			•	e) Purp assista		f
			-									$\dashv$				
			+									$\dashv$				
			+									$\dashv$				

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

Schedule L (Form 990) 2021

	ed "Yes" on Form 990, Part IV, line 28a, 2		(-N.D	(e) Shr	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	zation's
CARLEEN CAPPELLETTI	BOARD MEMBER	41,906.	CARLEEN CAP	Yes	No X
Part V Supplemental Information.  Provide additional information for res	sponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: CARLE	EEN CAPPELLETTI				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	ION:		
BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	ı \$ 41,906 <b>.</b>				
(D) DESCRIPTION OF TRANSA	ACTION: CARLEEN CAPPE	LLETTI IS A	. PS ARTS BO	ARD	
MEMBER AS WELL AS THE PRE	SIDENT OF AN UNRELAT	ED COMPANY	NAMED ANCHO	R	
STREET COLLECTIVE. ANCHOR	R STREET COLLECTIVE P	ROVIDED PRO	DUCTION SER	VICE	S
TO THE ORGANIZATION DURIN	IG THE FISCAL YEAR IN	THE AMOUNT	OF \$41,906	FOR	
ONE OF THE ORGANIZATION'S	E EVENTS IN 2021.				
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

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

ARTS EDUCATION IN SYSTEMICALLY UNDER-RESOURCED 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) 2021

132211 11-11-21

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

STATE COPY

TAXABLE YEAR **2021** 

# California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Year	$^{-}$ 2021 or fiscal year beginning (mm/dd/yyyy) $07/01/2021$ , and ending	(mm/dd/yyy	ry)	06/30/202	2 .
Corporation/Org		Calit	fornia corpora	ation number	
P.S. A	RTS		12190	27	
Additional inform	nation. See instructions.	FE	IN		
			95-39	31147	
Street address (			PMB no.		
2947 S	SEPULVEDA BLVD				
City		State	ZIP code		
LOS AN	GELES	CA	90064		
Foreign country	name Foreign province/state/county		Foreign pos	stal code	
A First retu					
<b>B</b> Amended		? See instru	ctions	•	Yes X No
C IRC Section	on 4947(a)(1) trust Yes X No J If exempt under R&TC	Section 2370	1d, has the		
<b>D</b> Final info	rmation return? engaged in political act				Yes X No
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exe	mpt under R	&TC Sectio	n 23701g? • 🔲	Yes X No
	(mm/dd/yyyy) ● If "Yes," enter the gross	receipts fro	m nonmem		
	counting method: (1) Cash (2) $\overline{X}$ Accrual (3) Other L Is the organization a lin				Yes X No
	eturn filed? (1) ● 990⊤(2) ● 990PF (3) ● Sch H (990)   M Did the organization file				
	Other 990 series report taxable income?				Yes X No
	group filing? See instructions • Yes X No N Is the organization und				
H Is this or	ganization in a group exemption				Yes X No
If "Yes," v	what is the parent's name? 0 Is federal Form 1023/1				Yes X No
	Date filed with IRS				
Part I	Complete Part I unless not required to file this form. See General Information B and C.				<u> </u>
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8				.6,082 <sub>00</sub>
	2 Gross dues and assessments from members and affiliates	CITIVE	• L	2 2 4 5	00
	3 Gross contributions, gifts, grants, and similar amounts received	STMT	±•	3 3,45	9,352 00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			. 10 07	/E /2/
and	This line must be completed. If the result is less than \$50,000, see General Information B			4 10,07	5,434 00
Revenues	5 Cost of goods sold 5 6 Cost or other basis, and sales expenses of assets sold 6 4,	,461,7	00		
	,			- 1 1 1 6	1 700
	/ Total costs. Add line 5 and line 6				$\frac{51,709}{3,725}$
	8 Total gross income. Subtract line 7 from line 4				
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				$\frac{3,076}{00}$
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8				0,649 00
	11 Total payments		····· •	11	00
	12 Use tax. See General Information K			12	00
FWF			⊢	13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
	15 Penalties and interest. See General Information J		····	15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ements, and to		16 my knowledge and belief	, 00
Sign	// /	preparer has ar	ny knowledge		
Here	Signature of officer CEO	Date 11	/15/22	Telephone 323-823	-4569
	of officer Date			PTIN	
	Preparer's NAZANIN BENYAMINI 11/14/2	Check	if nployed 👞 🛭	P006668	000
D-14	<i>'</i>	ZZ Sell-ell	ipioyed	● Firm's FEIN	,00
Paid	Firm's name (or yours, SINGERLEWAK LLP			95-2302	617
Preparer's	if self- employed) SINGERLEWAR LLP 10960 WILSHIRE BOULEVARD, 7TH FLOOR			● Telephone	, O T /
Use Only	and address LOS ANGELES, CA 90024-3783			· ·	177-3924
	·		• X		11-3344
	May the FTB discuss this return with the preparer shown above? See instructions		🕶 🔼	Yes No	

Date Accepted

TAXABLE YEAR California e-file Return Authorization for 2021

**FORM** 8453-FO

20	Exempt Organizations	0100 20
Exempt O	Organization name	Identifying number
P.S.	• ARTS	95-3931147
Part I	Electronic Return Information (whole dollars only)	
<b>1</b> To	otal gross receipts (Form 199, line 4)	11,075,434
	otal gross income (Form 199, line 8)	2 5,613,725
<b>3</b> To	otal expenses and disbursements (Form 199, line 9)	3 4,063,076
Part II	Settle Your Account Electronically for Taxable Year 2021	
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mn	n/dd/yyyy)
Part III	Banking Information (Have you verified the exempt organization's banking information?)	
5 Ro	uting number	
<b>6</b> Acc	count number 7 Type of account: Che	ecking Savings
Part IV	Declaration of Officer	
I authori on line 4	ize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electro 4a.	onic funds withdrawal for the amount listed
transmit Californi a balanc organiza stateme	nenalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to tter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding line ia electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt ation will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization retents be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt d, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	s of the exempt organization's 2021 ete. If the exempt organization is filing organization's fee liability, the exempt urn and accompanying schedules and
Sign Here	11/15/22 Date CEO Title	
Part V	Declaration of Electronic Return Originator (ERO) and Paid Preparer.	

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| Date

Check if

I Check

ERO		ERLEWAK LLP		also paid preparer						
Must	Firm's name (or yours if self-employed)	SINGERLEWAK LLP			Firm's FEIN 95-2302617					
Sign	and address	10960 WILSHIRE BOULEVAR	D, 7TH F	LOOR						
		LOS ANGELES, CA				ZIP code 90024-3783				
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.										
Paid Prepa	Paid preparer's signature		Date	if s	eck elf- ployed	Paid preparer's PTIN				
Must	Firm's name (or yours if self-employed)					Firm's FEIN				
Sign	and address									
						ZIP code				

FTB 8453-EO 2021

ERO's PTIN

# DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

P.S. ARTS Name of Organization	Check if: Change of address Amended report					
List all DBAs and names the organization uses or has used						
2947 S SEPULVEDA BLVD Address (Number and Street)	State Ch	arity Registration Number CT 56451				
LOS ANGELES, CA 90064 City or Town, State, and ZIP Code	Corporat	ion or Organization No. 1219027				
(310) 586-1017 Telephone Number E-mail Address	Federal E	Employer ID No. <u>95-3931147</u>				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr						
Total Revenue Fee Total Revenue	Fee	Total Revenue	Fee	•		
Less than \$50,000 \$25 Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80			
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	*	Between \$100,000,001 and \$500 million	. ,			
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million	on \$400	Greater than \$500 million	\$1,	200		
PART A - ACTIVITIES  For your most recent full accounting period (beginning 07/01/20	21	ding 06/30/2022 ) list:				
For your most recent full accounting period (beginning077 017 20	<u> </u>	ding 06/30/2022 ) list:				
Total Revenue (including noncash contributions) \$ 5,399,709 Noncash Contributions \$ Program Expenses \$ 2,874,632	Total Exp	0 Total Assets \$ 6,703 enses \$ 3,849,060	3,3	51		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD						
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	stions belo	ow, you must attach a separate page	1			
During this reporting period, were there any contracts, loans, leases or other f and any officer, director or trustee thereof, either directly or with an entity in w any financial interest?	inancial tra	nsactions between the organization	Yes	No X		
2. During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of t	he organization's charitable property		Х		
3. During this reporting period, were any organization funds used to pay any per	nalty, fine o	r judgment?		Х		
4. During this reporting period, were the services of a commercial fundraiser, funcommercial coventurer used?	ndraising co	ounsel for charitable purposes, or		Х		
5. During this reporting period, did the organization receive any governmental fu	nding?	SEE STATEMENT 10	х			
6. During this reporting period, did the organization hold a raffle for charitable pu	irposes?	SEE STATEMENT 11	х			
7. Does the organization conduct a vehicle donation program?				Х		
Did the organization conduct an independent audit and prepare audited finangenerally accepted accounting principles for this reporting period?	cial statem	ents in accordance with	х			
9. At the end of this reporting period, did the organization hold restricted net ass	sets, while i	reporting negative unrestricted net assets?		Х		
I declare under penalty of perjury that I have examined this report, including a and belief, the content is true, correct and complete, and I am authorized to si		ing documents, and to the best of my kno	wledg	ge		
JOHN LAWLER Signature of Authorized Agent Printed Name		CEO 11/15	/22			
	'	Date				

95-3931147

P.S. ARTS

CA RRF-1

# INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT

10

LA COUNTY DEPARTMENT OF ARTS AND CULTURE 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 400 7TH STREET, SW WASHINGTON DC, 20506 202-682-5400

STATE OF CALIFORNIA (COVID RELIEF)
CALIFORNIA OFFICE OF THE SMALL BUSINESS ADVOCATE ("CALOSBA")
1325 J ST SUITE 1800
SACRAMENTO, CA 95814

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES PART B, LINE 6

STATEMENT 11

A RAFFLE WAS HELD ON MAY 21, 2022.

# ggn

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending  $\overline{J}\overline{U}N$  30, 2022 JUL 1, 2021 A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change P.S. ARTS 95-3931147 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 2947 S SEPULVEDA BLVD (310) 586-1017 termin-ated 10,075,434. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LOS ANGELES, CA 90064 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN LAWLER ∐Yes Ա∐No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) [ 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PSARTS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1991 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: P.S. ARTS IS DEDICATED TO Activities & Governance ADVANCING EQUITY AND OPPORTUNITY FOR CHILDREN AND YOUTH BY PROVIDING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) <del>23</del> Number of independent voting members of the governing body (Part VI, line 1b) 92 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) <del>5</del>0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,064,195. 3,459,352. Contributions and grants (Part VIII, line 1h) Revenue 1,669,311. 735,729 Program service revenue (Part VIII, line 2g) 229,413. 271,046. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -10,481.0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,399,709 3,018,856. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,251,135. 3,240,583. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 597,221. 608,477. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,849,060. 2,848,356. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 170,500. 1,550,649. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 6,703,351. 6,381,841. 20 Total assets (Part X, line 16) 771,362. 234,336. 21 Total liabilities (Part X, line 26) 5,610,479. 6,469,015. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/22 CMV C Signature of officer Date Sign JOHN LAWLER, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed NAZANIN BENYAMINI NAZANIN BENYAMINI 11/14/22 P00666808 Paid

LOS ANGELES, CA 90024-3783

Firm's address 10960 WILSHIRE BOULEVARD,

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name SINGERLEWAK LLP

Preparer

Use Only

X Yes No

Firm's EIN > 95-2302617

Phone no. (310) 477-3924

7TH FLOOR

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses ► 2,874,632.

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) (Revenue \$

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# Form 990 (2021) P.S. ARTS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
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,		Х	
	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	Λ	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.,		<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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# Form 990 (2021) P.S. ARTS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	Х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<del></del>
OZ.	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<del></del>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		<del></del>
<b>5</b> 7		34		Х
35 2	Part V, line 1  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	30a		<del></del>
	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?	555		$\vdash$
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		<del></del>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		<del></del>
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defided to define a reaposite of flote to diff fillo if the v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	(garnoung) withings to prize withers:	IC		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 95-3931147 Page **5** 

			Yes	No					
<b>2</b> a	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 92		37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		A					
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	16 N/ N/ N/ N/ T								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
-	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	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		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a 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:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
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								
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								
С	Enter the amount of reserves on hand			37					
14a	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	45		X					
	excess parachute payment(s) during the year?	15							
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		<u> </u>					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes " complete Form 6069								

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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.

	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 23									
	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 O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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, stockholders, or other persons who had the power to elect or appoint one or	6		Х						
<i>1</i> a		7a		х						
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<i>1</i> a								
b		7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0								
		8a	х							
a h	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	_						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		_						
9		9		x						
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21						
000	tion B. I oncies (mis section b requests information about policies not required by the internal nevertiee code.)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
110		11a	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х							
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X							
		120	25							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х							
40	on 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	Λ							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	~							
	The organization's CEO, Executive Director, or top management official	15a	X	-						
b	Other officers or key employees of the organization	15b	Λ							
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<del></del>	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) 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 (explain on Schedule O)									
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									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	1		((	2)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	hours per week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	98			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		ee ee	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee	_	Key employee	Highest compensated employee	5	1033-NEO)		organizations
	line)	Indivi	Institu	Officer	Key eı	Highe emplo	Former			J
(1) KRISTEN PAGLIA	40.00									
CHIEF EXECUTIVE OFFICER		1		Х				179,886.	0.	0.
(2) ELDA PINEDA	40.00									
DEPUTY DIRECTOR						Х		117,089.	0.	7,849.
(3) JENNIFER GARRATT	40.00									
ADVANCEMENT DIRECTOR						Х		113,213.	0.	5,083.
(4) GUILLAUME WATEAU	40.00								_	
FINANCE DIRECTOR						Х		109,311.	0.	6,025.
(5) AMANDA SCHUON	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) AMY ZOLLER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) CARLEEN CAPPELLETTI	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) CAROLYN GIANGIACOMO	1.00	.,		3,7						_
CO-VICE CHAIR	1 00	Х	_	Х	_			0.	0.	0.
(9) CHI-CHIEN HOU	1.00	X		х				0.	0.	_
CO-VICE CHAIR	1.00	Α.		Δ	_			0.	0.	0.
(10) DAVID KAHN TREASURER	1.00	X		х				0.	0.	0.
(11) DEBORAH GRIBBON	1.00	^		Δ				0.	0.	0.
SECRETARY	1.00	X		х				0.	0.	0.
(12) ERIC HALL	1.00	22		22				0.	0.	
BOARD MEMBER	100	x						0.	0.	0.
(13) JOSE VITELA	1.00							0.	•	
BOARD MEMBER		x						0.	0.	0.
(14) PAMELA POSEY	1.00	<del> </del>						•	•	
CROSSROADS REPRESENTATIVE		X						0.	0.	0.
(15) RONA SEBASTIAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) STEPHEN MCCRAY	1.00	ļ								
DEI REPRESENTATIVE		Х						0.	0.	0.
(17) BRIELLE BLOCK	1.00									
BOARD MEMBER		Х		ı		l		0.	0.	0.

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Part VII Section A. Officers, Directors, Tr		pioy	/ees			gne	SIC					<b>(C\</b>	
(A)	(B) Average			Pos	C) ition	1		(D)	(E)			(F)	-1
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable	Reportable			stimate	
	week			ess pe nd a d				compensation from	compensation from related		an	nount o	)I
	(list any	ro						the	organization		com	ou lei ipensa	tion
	hours for	director				P		organization	(W-2/1099-MIS		1	rom the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		1	anizati	
	organizations	trust	al tru		yee	mbe		1099-NEC)	<i>'</i>		ı ~	, d relat	
	below	Individual trustee or	Institutional trustee	, in	oldm	est co	Je.	·			orga	anizatio	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) LAURA FOX	1.00												
BOARD CHAIR		Х		Х				0.		0.			0.
(19) PAM BERGMAN	1.00												
PRESIDENT AT LARGE		Х		Х				0.		0.			0.
(20) SHARYN CHURCH	1.00												
BOARD MEMBER		X						0.		0.			0.
(21) SHAREEF FARAG	1.00												
BOARD MEMBER		Х						0.		0.			0.
(22) MARINA FILIPPELLI	1.00	]						_					
BOARD MEMBER		X						0.		0.			0.
(23) GRACE KANGDANI	1.00	1											_
BOARD MEMBER		X				$oxed{oxed}$		0.		0.	<u> </u>		0.
(24) SUZANNE RODE	1.00									•			•
BOARD MEMBER	1 00	Х				$oxed{oxed}$		0.		0.			0.
(25) SHARI ROSENBLUM	1.00									•			•
BOARD MEMBER	1 00	Х	<u> </u>					0.		0.			0.
(26) MARY-ELIZABETH MICHAELS	1.00									_			0
BOARD MEMBER		Х						0.		0.	1	0 0	0.
1b Subtotal								519,499.		0.	┷	8,9	
c Total from continuation sheets to Part								0.		0.	1	8,9	0.
d Total (add lines 1b and 1c)								519,499.				0,9	5/.
2 Total number of individuals (including but		nose	liste	ed al	bove	e) wi	no r	received more than \$100	0,000 of reportab	le			4
compensation from the organization												Yes	No
3 Did the organization list any former office	or director truct	-00 I	kovi	omn	lovo		r hic	shoet componented omr	olovoo on			103	110
line 1a? If "Yes," complete Schedule J fo			•		•		_		•		3		X
4 For any individual listed on line 1a, is the											3		
and related organizations greater than \$1											4	х	
5 Did any person listed on line 1a receive of													
rendered to the organization? If "Yes," co					-			-			5		Х
Section B. Independent Contractors	,		-		,, ,,								
Complete this table for your five highest.	compensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of con	npens	ation ·	from	
the organization. Report compensation for	· ·	-											
(A)	,							(B)			(0	C)	
Name and busine	ss address	N	INC	E				Description of s	services	С		nsatio	า
										1			
							$\dashv$						
										Ī			
2 Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga	anization				(	0							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)	
(A) (B)				((	C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	neck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trust		ee ee	npen				and related organizations
	below	dual t	tiona	١.	nploy	st cor				Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LACEY ROSE	1.00	_	$\vdash$		<del>                                     </del>	<del>                                     </del>	_			
BOARD MEMBER		Х						0.	0.	0.
		<del></del>	Н			$\vdash$		•	•	
			Н			$\vdash$				
			Ш			_	_			
			Щ			_	_			
			Н		$\vdash$	$\vdash$				
			Н			$\vdash$	$\vdash$			
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		1								
			ш							
Total to Part VII. Section A. line 1c										

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P.S. ARTS

Form 990 (2021) P.S. AR'
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		'	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S so l							000110110 0 12 0 1 1
발표		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ŁŚ,	C	Fundraising events1c	96,123.				
a git	c	Related organizations					
S,	e	Government grants (contributions) 1e	748,848.				
ioisi		All other contributions, gifts, grants, and					
le pt		similar amounts not included above 1f	2,614,381.				
를 타 다			_,,,				
ng pl		Noncash contributions included in lines 1a-1f 1g \$		2 450 252			
9 0	r	Total. Add lines 1a-1f		3,459,352.			
			Business Code				
Ce	2 a	SCHOOL PROGRAMS	611600	1,669,311.	1,669,311.		
ا م ∑َ	b	)					
S Z	c	;					
eve	c						
P. G.	-						_
Program Service Revenue		All other program service revenue					_
				1,669,311.			
$\dashv$		Total. Add lines 2a-2f		1,009,311.			
	3	Investment income (including dividends, interest					
		other similar amounts)		57,020.			57,020.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 4,675,735.					
	b	Less: cost or other basis					
ne		and sales expenses <b>7b</b> 4,461,709.					
Ven	c	Gain or (loss) 7c 214,026.					
Other Revenue		Net gain or (loss)		214,026.			214,026.
ē		Gross income from fundraising events (not		,			,
돌ㅣ	0.0						
١		<u> </u>					
		contributions reported on line 1c). See	014 016				
		Part IV, line 18	· ·				
		Less: direct expenses8b	214,016.				
	C	Net income or (loss) from fundraising events	<u></u>	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	3.					
		and allowances 10a	<u> </u>				
	b	Less: cost of goods sold10b					
$\rightarrow$		Net income or (loss) from sales of inventory					
က္			Business Code				
og e	11 a	ı					
ane	b	)					
Miscellaneous Revenue	c						
Sc R		All other revenue					
Σ							
		Total Add lines 11a-11d		5,399,709.	1 660 211	0.	271 046
	12	Total revenue. See instructions		3,333,103.	1,669,311.	١ ٠٠	271,046.

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# Part IX | Statement of Functional Expenses

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

Jecti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	FFC 000	270 011	110 665	165 500
	trustees, and key employees	556,098.	270,911.	119,665.	165,522
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 200 015	1 051 400	01 400	257 000
7	Other salaries and wages	2,290,815.	1,951,429.	81,498.	257,888
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	155 200	120 142	7 1 1 1	10 014
9	Other employee benefits	155,298.	129,143.	7,141.	19,014
10	Payroll taxes	238,372.	186,705.	16,539.	35,128
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
е	· · ·	23,974.		23,974.	
f	Investment management fees	43,314.		43,314.	
g	,	87,743.	40,600.	47,143.	
	column (A), amount, list line 11g expenses on Sch O.)	01,143.	40,000.	47,143.	
12	Advertising and promotion	138,655.	39,668.	76,024.	22,963
13	Office expenses	130,033.	39,000.	70,024.	22,905
14	Information technology				
15	Royalties	103,720.	49,248.	21,736.	32,736
16	Occupancy	14,777.	3,298.	2,546.	8,933
17	Travel	17,1110	3,250.	2,540.	0,555
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,138.	5,637.	250.	251.
23		29,808.	8,725.	21,083.	
24	Insurance Other expenses. Itemize expenses not covered		37.233		
27	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 O.)				
а	SUPPLIES	173,595.	172,706.		889
b	RECRUITING AND HIRING	15,069.	15,069.		
c	COMMUNITY OUTREACH	1,247.	953.		294
d		, = = : •			
e	All other expenses	13,751.	540.	4,509.	8,702
25	Total functional expenses. Add lines 1 through 24e	3,849,060.	2,874,632.	422,108.	552,320
26	<b>Joint costs.</b> Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-ng-21				Form <b>990</b> (2021

Form **990** (2021)

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Part X Balance Sheet P.S. ARTS

Check if Schedule O contains a response or note to any line in this Part X	(B)
1	(B)
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 301,466. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 (000,089.3 16 (000	End of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 301,466. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 19 Deferred revenue	734,769.
3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 347,957.  b Less: accumulated depreciation  10b 301,466.  41,632. 10c  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  200,805. 17  18 Grants payable  19 Deferred revenue	10,458.
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 347,957.  b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 (381,841. 16) 17 Accounts payable and accrued expenses 200,805. 17 18 Grants payable 19 Deferred revenue	659,304.
Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  Investments - publicly traded securities  Investments - other securities. See Part IV, line 11  Investments - program-related. See Part IV, line 11  Intangible assets  Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)  Deferred revenue  Loans and other receivables from any current or former officer, director, as 5 (as defined under section 4958(c)(3)(B)  6  A 2, 570 • 8  2, 570 • 8  2, 570 • 8  36, 443 • 9  10a  347, 957 • b  Less: accumulated depreciation  10b  301, 466 • 41, 632 • 10c  5, 385, 704 • 11  11 Investments - other securities. See Part IV, line 11  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  Accounts payable and accrued expenses  200, 805 • 17  18 Grants payable  19 Deferred revenue	8,104.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 347,957.  b Less: accumulated depreciation  10b 301,466.  41,632. 10c  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  19 Deferred revenue  19	
controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a Less: accumulated depreciation  10b 301,466.  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b 347,957.  b Less: accumulated depreciation  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  19 Deferred revenue  19	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b 347,957.  b Less: accumulated depreciation  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  1 1	
8 Inventories for sale or use 2,570 . 8 9 Prepaid expenses and deferred charges 36,443 . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 347,957 . b Less: accumulated depreciation 10b 301,466 . 41,632 . 10c 11 Investments - publicly traded securities 5,385,704 . 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 48,313 . 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,381,841 . 16 17 Accounts payable and accrued expenses 200,805 . 17 18 Grants payable 19 Deferred revenue 19	
8 Inventories for sale or use 2,570 . 8 9 Prepaid expenses and deferred charges 36,443 . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 347,957 . b Less: accumulated depreciation 10b 301,466 . 41,632 . 10c 11 Investments - publicly traded securities 5,385,704 . 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 48,313 . 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,381,841 . 16 17 Accounts payable and accrued expenses 200,805 . 17 18 Grants payable 19 Deferred revenue 19	
10a	10,825.
10aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a347,957.bLess: accumulated depreciation10b301,466.41,632.10c11Investments - publicly traded securities5,385,704.1112Investments - other securities. See Part IV, line 111213Investments - program-related. See Part IV, line 111314Intangible assets1415Other assets. See Part IV, line 1148,313.1516Total assets. Add lines 1 through 15 (must equal line 33)6,381,841.1617Accounts payable and accrued expenses200,805.1718Grants payable1819Deferred revenue19	23,720.
basis. Complete Part VI of Schedule D       10a       347,957.         b Less: accumulated depreciation       10b       301,466.       41,632. 10c         11 Investments - publicly traded securities       5,385,704. 11         12 Investments - other securities. See Part IV, line 11       12         13 Investments - program-related. See Part IV, line 11       13         14 Intangible assets       14         15 Other assets. See Part IV, line 11       48,313. 15         16 Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841. 16         17 Accounts payable and accrued expenses       200,805. 17         18 Grants payable       18         19 Deferred revenue       19	
b Less: accumulated depreciation       10b       301,466.       41,632.       10c         11 Investments - publicly traded securities       5,385,704.       11         12 Investments - other securities. See Part IV, line 11       12         13 Investments - program-related. See Part IV, line 11       13         14 Intangible assets       14         15 Other assets. See Part IV, line 11       48,313.       15         16 Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841.       16         17 Accounts payable and accrued expenses       200,805.       17         18 Grants payable       18         19 Deferred revenue       19	
11 Investments - publicly traded securities       5,385,704 • 11         12 Investments - other securities. See Part IV, line 11       12         13 Investments - program-related. See Part IV, line 11       13         14 Intangible assets       14         15 Other assets. See Part IV, line 11       48,313 • 15         16 Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841 • 16         17 Accounts payable and accrued expenses       200,805 • 17         18 Grants payable       18         19 Deferred revenue       19	46,491.
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       48,313 • 15         16       Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841 • 16         17       Accounts payable and accrued expenses       200,805 • 17         18       Grants payable       18         19       Deferred revenue       19	5,158,972.
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       48,313 • 15         16       Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841 • 16         17       Accounts payable and accrued expenses       200,805 • 17         18       Grants payable       18         19       Deferred revenue       19	
14       Intangible assets       14         15       Other assets. See Part IV, line 11       48,313.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841.16         17       Accounts payable and accrued expenses       200,805.17         18       Grants payable       18         19       Deferred revenue       19	
15 Other assets. See Part IV, line 11       48,313.15         16 Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841.16         17 Accounts payable and accrued expenses       200,805.17         18 Grants payable       18         19 Deferred revenue       19	
16       Total assets. Add lines 1 through 15 (must equal line 33)       6,381,841.16         17       Accounts payable and accrued expenses       200,805.17         18       Grants payable       18         19       Deferred revenue       19	50,708.
17 Accounts payable and accrued expenses       200,805.17         18 Grants payable       18         19 Deferred revenue       19	6,703,351.
18 Grants payable       18         19 Deferred revenue       19	234,336.
19 Deferred revenue 19	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 570 , 557 • 25	0.
<b>26 Total liabilities.</b> Add lines 17 through 25	234,336.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
E 27 Net assets without donor restrictions 2,012,367. 27	3,361,468.
28 Net assets with donor restrictions 3,598,112. 28	3,107,547.
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund	
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  3 , 598 , 112 ⋅ 28  29 □ 30 Paid-in or capital surplus, or land, building, or equipment fund  31 Total net assets or fund balances  5 , 610 , 479 ⋅ 32	
	6,469,015.
33 Total liabilities and net assets/fund balances 6 , 381 , 841 . 33	6,703,351.

Form **990** (2021)

95-3931147 Page **12** Form 990 (2021) P.S. ARTS

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	1 2 3 4 5 5	5,39 3,84 1,55 5,61 -69	9,7 9,0 0,6	60. 49. 79.
6	Donated services and use of facilities	7			
7 8 9	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	8 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
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 on Schedul	e O.		Yes	No
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
за	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				Х
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		3a		- 22
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	or addits, explain wity on confedure o and describe any steps taken to undergo such addits			990	2021)

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

P.S. ARTS 95-3931147 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 P.S. ARTS 95-3931147 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	• • •	•		` ' '	,, ,, ,	` ' ' ' '	, ,
	(Complete only if you	u checked the box on line 5, 7,	or 8 of Part I or if the	organization fail	led to qualify	under Part III. If	the organization
	fails to qualify under	the tests listed below, please of	complete Part III.)				
Section	A. Public Support	t					

Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			, ,	ì	,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and <b>stop</b>						
Sec	tion C. Computation of Publ						
14	Public support percentage for 2021 (I	line 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and <b>st</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicl	y supported organ	ization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶
						Schedule A	Form 990) 2021

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

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

0-		elow, please comp					
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,848,044.	2,446,846.	2,321,881.	2,031,514.	3,459,352.	12,107,637.
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	1,393,793.	1,401,301.	1,459,941.	735,729.	1,669,311.	6,660,075.
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	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663.	18,767,712.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	393,025.	165,760.	185,834.	63,974.	131,275.	939,868.
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	202 025	165 760	105 024	(2 074	131 375	0.
	Add lines 7a and 7b	393,025.	165,760.	185,834.	63,974.	131,275.	939,868.
8	Public support. (Subtract line 7c from line 6.)						17,827,844.
Sec	ction B. Total Support						
		i					
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017 3,241,837.	<b>(b)</b> 2018 3,848,147.	(c) 2019 3,781,822.	(d) 2020 2,767,243.	(e) 2021 5,128,663.	<b>(f)</b> Total 18,767,712.
9 10a		3,241,837.	3,848,147.		2,767,243.		18,767,712.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663. 57,020.	18,767,712.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663.	18,767,712.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,241,837.	3,848,147.	3,781,822.	2,767,243.	5,128,663. 57,020.	18,767,712.
9 10a th 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,241,837. 121,398. 121,398.	3,848,147. 143,333.	3,781,822. 135,082.	2,767,243. 105,460.	5,128,663. 57,020. 57,020.	18,767,712. 562,293. 562,293.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	3,241,837. 121,398. 121,398. 69. 3,363,304.	3,848,147. 143,333. 143,333.	3,781,822. 135,082. 135,082.	2,767,243. 105,460. 105,460.	5,128,663. 57,020. 57,020.	18,767,712. 562,293. 562,293. 69. 19,330,074.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	3,241,837. 121,398. 121,398. 69. 3,363,304.	3,848,147. 143,333. 143,333.	3,781,822. 135,082. 135,082.	2,767,243. 105,460. 105,460.	5,128,663. 57,020. 57,020.	18,767,712. 562,293. 562,293. 69. 19,330,074.
9 10a k 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	3,241,837.  121,398.  121,398.  69.  3,363,304.  ne organization's file	3,848,147.  143,333.  143,333.	3,781,822. 135,082. 135,082.	2,767,243. 105,460. 105,460.	5,128,663. 57,020. 57,020.	18,767,712. 562,293. 562,293. 69. 19,330,074.
9 10a 11 12 13 14 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	3,241,837.  121,398.  121,398.  69.  3,363,304. ne organization's finitic Support Pe	3,848,147.  143,333.  143,333.  3,991,480. est, second, third,	3,781,822.  135,082.  135,082.	2,767,243. 105,460. 105,460.	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074. on,
9 10a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here etion C. Computation of Publ Public support percentage for 2021 (1	3,241,837.  121,398.  121,398.  121,398.  69.  3,363,304.  ne organization's firmal firms as a column (f), do	3,848,147.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13,4	3,781,822.  135,082.  135,082.	2,767,243. 105,460. 105,460.	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074.  on,  92.23 %
9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage from 2020	3,241,837.  121,398.  121,398.  121,398.  69.  3,363,304. ne organization's fill ic Support Perine 8, column (f), do Schedule A, Part	3,848,147.  143,333.  143,333.  3,991,480. est, second, third, rcentage ivided by line 13,4 III, line 15	3,781,822.  135,082.  135,082.	2,767,243.  105,460.  105,460.  2,872,703.  year as a section 5	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074.  on,
9 10a 11 12 13 14 See 15 16 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Puble Public support percentage for 2021 (Curtion D. Computation of Investigation)	3,241,837.  121,398.  121,398.  121,398.  69.  3,363,304.  ne organization's fine Support Perine 8, column (f), do Schedule A, Part stment Income	3,848,147.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13, 111, line 15 e Percentage	3,781,822.  135,082.  135,082.  3,916,904.  fourth, or fifth tax	2,767,243.  105,460.  105,460.  2,872,703.  year as a section 5	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074. on,  92.23 % 89.72 %
9 10a 11 12 13 14 See 15 16 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Publ Public support percentage for 2021 (Public support percentage from 2020 cetion D. Computation of Investment income percentage for 2021 (Investment income percentage for 2020)	3,241,837.  121,398.  121,398.  121,398.  69.  3,363,304. ne organization's fill ic Support Peline 8, column (f),	3,848,147.  143,333.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13, 4 ill, line 15 e Percentage an (f), divided by line	3,781,822.  135,082.  135,082.  3,916,904. fourth, or fifth tax	2,767,243.  105,460.  105,460.  2,872,703.  year as a section 5	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074. on,  92.23 % 89.72 %
9 10a 11 12 13 14 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here exion C. Computation of Public support percentage for 2021 (Investment income percentage from 2020 Investment Income Public Interestment Income Interestment Income Interestment Income Interestment Income Interestment Income Interestment Income Interestment Interestment Interestment Interestment Interes	3,241,837.  121,398.  121,398.  121,398.  121,398.  ic Support Peline 8, column (f), do Schedule A, Part stment Incomo (21 (line 10c, colum 2020 Schedule A, )	3,848,147.  143,333.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13, Ill, line 15 e Percentage on (f), divided by line 17  art III, line 17	3,781,822.  135,082.  135,082.  3,916,904. fourth, or fifth tax	2,767,243.  105,460.  105,460.	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074. on,  92.23 % 89.72 %  2.91 % 3.43 %
9 10a 11 12 13 14 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Publ Public support percentage for 2021 (Public support percentage from 2020 cetion D. Computation of Investment income percentage for 2021 (Investment income percentage for 2020)	3,241,837.  121,398.  121,398.  121,398.  121,398.  ic Support Peline 8, column (f), do Schedule A, Part stment Incomo (21 (line 10c, colum 2020 Schedule A, )	3,848,147.  143,333.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13, Ill, line 15 e Percentage on (f), divided by line 17  art III, line 17	3,781,822.  135,082.  135,082.  3,916,904. fourth, or fifth tax	2,767,243.  105,460.  105,460.	5,128,663. 57,020. 57,020. 5,185,683. 601(c)(3) organization	18,767,712.  562,293.  562,293.  69.  19,330,074. on,  92.23 % 89.72 %  2.91 % 3.43 % 7 is not
9 10 a 11 12 13 14 See 15 16 See 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here exion C. Computation of Public support percentage for 2021 (Investment income percentage from 2020 Investment Income Public Interestment Income Interestment Income Interestment Income Interestment Income Interestment Income Interestment Income Interestment Interestment Interestment Interestment Interes	3,241,837.  121,398.  121,398.  121,398.  121,398.  ic Support Perine 8, column (f), do Schedule A, Part stment Income (2020) Schedule A, organization did nond stop here. The organization did nond stop here. The organization did nond stop here.	3,848,147.  143,333.  143,333.  143,333.  3,991,480.  st, second, third,  rcentage ivided by line 13, (line 15 e Percentage on (f), divided by line 17 ot check the box of check the box of corganization quality of check a box on the check a b	3,781,822.  135,082.  135,082.  3,916,904. fourth, or fifth tax  column (f))  ne 13, column (f))  on line 14, and line lies as a publicly s line 14 or line 19a	2,767,243.  105,460.  105,460.  2,872,703.  year as a section 5  215 is more than 3 upported organiza a, and line 16 is more	5,128,663. 57,020. 57,020. 57,020. 5,185,683. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 tion 17 tion 18 tion 18 tion 19 tre than 33 1/3%, and line 1	18,767,712.  562,293.  562,293.  69.  19,330,074. on,  92.23 % 89.72 %  2.91 % 3.43 % 7 is not  And

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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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Yes	No
	1		
	2		
	3a		
	ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
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	9a		
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	9с		
	10a		
	10b		
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Schedule A (Form 9

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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
	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			110
	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		
	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		
	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		100	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Sche	dule A (Form 990) 2021 P.S. ARTS			95-3931147 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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			

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions	•		Current Year	
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	Form 990) 2021 F • 5 •	ARIS	90-3931147 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an	Provide the explanations required by Part II, I 4, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 4t V, Section E, lines 2, 5, and 6. Also complete	Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bener devised rands	(b) I dilde and other accounts
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		d funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor		•
Pai		ganization answered "Yes" on Form 990 Pa	
1	Purpose(s) of conservation easements held by the organizat		2111, 1110 7.
•	Preservation of land for public use (for example, recreations)		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	i reservation er a	Continued Historia Structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year >	, , ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98	, ,	
	of art, historical treasures, or other similar assets held for pu	, ,	
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c 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		·
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		<b>.</b>
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	S IOI FORM 990.	Schedule D (Form 990) 2021

Par	rt III   Organizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Othe	er Simil	lar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, ac	cession, and other reco	rds, check any of th	e following tha	at make s	significan	t use of its		
	collection items (check all that apply):								
а	Public exhibition		d Loan or ex	change progr	am				
b	Scholarly research		e Other						
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to							Yes	No_
Pai	rt IV Escrow and Custodial A		olete if the organizat	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 99	0, Part X, line 21.							
1a	Is the organization an agent, trustee, co		-					7	
	on Form 990, Part X?						L	Yes	└── No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount								
С									
d									
е									
f								1	
	Did the organization include an amount					•		Yes	└── No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								
Fai	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								
4.	De single a of complete and		+						
	a Beginning of year balance       3,281,323.       2,555,914.       2,590,805.       2,462,960.       2,388,09         b Contributions       59.       189.								00,091.
b	Contribution							50 860	
									39,009.
	d Grants or scholarships								
е	·	120 000		6	0 000				85 000
	and programs		' • <u> </u>	<del>                                     </del>	0,000.				85,000.
	Administrative expenses	0 740 000	3,281,323	2 55	5,914.	2	590,805.	2 /	62,960.
g	,				3,914.		390,003.	2,4	02,900.
2	Provide the estimated percentage of the Board designated or quasi-endowment		%	(a)) rieid as.					
a b	- 7F 04/								
		% %							
C	The percentages on lines 2a, 2b, and 2								
32	Are there endowment funds not in the	· · · · · · · · · · · · · · · · · · ·	ization that are held	and administs	ared for t	he organi	ization		
oa	by:	possession of the organ	ization that are new	and administ	orca for t	inc organi	Zation	Y	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related org								
4	Describe in Part XIII the intended uses								
Par	rt VI Land, Buildings, and Equ								
	Complete if the organization and	swered "Yes" on Form 9	90, Part IV, line 11a.	See Form 990	0, Part X,	, line 10.			
	Description of property	(a) Cost or	other (b) Co	st or other	(c) A	ccumulat	ed	(d) Book v	alue
	,	basis (inves	' '	s (other)	de	preciation	n	. ,	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		3	47,957.		301,4	66.	46	,491.
	Other								
Total	al. Add lines 1a through 1e (Column (d) n	nust equal Form 990 Pa	rt X column (B) line	10c)				46	,491.

Schedule D (Form 990) 2021 F • 5 • AK 15		33	-333114/ Page <b>3</b>
Part VII Investments - Other Securities.	5 000 B 1 N/ II	111 0 5 000 5 17 1 10	
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	Lofwear market value
	(b) Book value	(c) Method of Valuation. Cost of end	roryear market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b></b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions under		_	

Sche	dule D (Form 990) 2021 P.S. ARTS			95-3	3931147 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	With F	Revenue per R	eturn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,683,622
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		_	-692,113.		
b	Donated services and use of facilities	2b	15,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-677,113
3	Subtract line 2e from line 1			3	5,360,735
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	la	23,974. 15,000.		
b	Other (Describe in Part XIII.)	lb	15,000.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	38,974
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	5,399,709
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,825,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments 2	2b			
С	Other losses 2	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	3,825,086
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	la	23,974.		
b		lb			
С	Add lines 4a and 4b			4c	23,974
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	3,849,060
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 and 4; Part IV, lines	nes 1b ai	nd 2b; Part V, line	4; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al informa	ation.		
PA:	RT V, LINE 4:				
TH:	E ORGANIZATION HAS ADOPTED INVESTMENT AND SPE	ENDIN	G POLICIE	S FC	)R
EN.	DOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREI	DICTA	BLE STREA	M OF	' FUNDING
TO	PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SE	EEKIN	G TO MAIN	TAIN	THE
PU:	RCHASING POWER OF THE ENDOWMENT ASSETS.				
PA:	RT X, LINE 2:				
TH.	E ORGANIZATION IS EXEMPT FROM FEDERAL AND STA	ATE I	NCOME TAX	ES U	INDER
~-	THE COLUMN TO THE TAX	/ TD 0	\ ~=~	m T ^	. 02701/5\
SE	CTION 501(C)(3) OF THE INTERNAL REVENUE CODE	(IRC	) AND SEC	T,TOI	1 23701(D)
Λ <del></del>	MILE CALLEDONIA DEVENUE AND MANAGERY CORE VI		MENT 113 C	7 7 7 T	WALL WILL
OF,	THE CALIFORNIA REVENUE AND TAXATION CODE. MA	ANAGE	MENT HAS	ANAL	TARD LHE

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

JUNE 30, 2022 AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED

132054 10-28-21

# **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

P.S. AR	TS				95-3931	147
Part I Fundraising Activities required to complete this par	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
Indicate whether the organization rais     A Mail solicitations     Dinternet and email solicitations     Phone solicitations     In-person solicitations     A Did the organization have a written of key employees listed in Form 990, P     If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the following set of the solicitar of the solicit	ation of ation of I fundra Il (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	ustoav	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		_				
		_				
		-				
Total						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule	G (Form 990) 2021

		le G (Form 990) 2021 P.S. AR				3931147 Page 2
Ра	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are supplied to the contributions.	-			
			(a) Event #1 EXPRESS YOURSELF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	310,139.			310,139.
	2	Less: Contributions	96,123.			96,123.
	3	Gross income (line 1 minus line 2)	214,016.			214,016.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	138,497.			138,497.
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	75,519.			75,519. 214,016.
	10	Direct expense summary. Add lines 4 through				214,016.
Pa	11 rt l	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		1 990, Part IV, line 19, or		
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
oenses						
Direct Exp	4	Noncash prizes  Rent/facility costs				
	5	Other direct expenses				
	Ť	Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities:			
а	ls t	he organization licensed to conduct gaming and No," explain:		states?		Yes No

Schedule G (Form 990) 2021 132082 10-21-21

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_\_ Yes \_\_\_\_\_ No

**b** If "Yes," explain:

Scl	hedule G (Form 990) 2021 P.S. ARTS	95-3931147 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
	a The organization's facility	13a %
	<b>b</b> An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
	Name	
	Address	
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	nount
	of gaming revenue retained by the third party \(\bigs\) \(\bigs\)	ount
	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:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
Б	organization's own exempt activities during the tax year > \$	
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	/); and Part III, lines 9, 9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

132083 10-21-21

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

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 95-3931147 P.S. ARTS Part I Questions Regarding Compensation

	·		Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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 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 of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		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(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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		

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

P.S. ARTS

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2021

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-MISC compensation	and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTEN PAGLIA	Ξ	179,88	0	0	0	0	179,886.	0.
CHIEF EXECUTIVE OFFICER	≘ :	0	0	0	0	0	0	0
	≘ €							
	€ (3							
	€							
	Ξ							
	€							
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
1	Ξ							
	Ξ							
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	Ξ							
							Schedu	Schedule J (Form 990) 2021

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

P.S. ARTS

Employer identification number

	P.S. A	K.I.S								95	- 39	2TT	4 /		
									n 501(c)(29) orga Form 990-EZ, P						
1 (a) Name of disqualified			Relationship bet	ween	disqua				escription of tran			<i>.</i>	(d)	Corre	cted?
(a) Name of disqualmed	person		person and or	rganız	ation	+		-					Ye	es	No
						+								+	
2 Enter the amount of tax	incurred by	the o	raanization man	agers	or disc	gualifie	d persons du	rina	the year under						
	•			-		-	•	_			<b>&gt;</b> \$				
3 Enter the amount of tax	x, if any, on li	ine 2,	above, reimburs	sed by	the or	ganizat	ion				<b>&gt;</b> \$				
Part II Loans to an	d/or Fror	n Int	erested Per	sons	S.										
•	-					∠, Part \	/, line 38a or I	Forn	n 990, Part IV, Iir	ne 26;	or if th	ne orga	anizatio	on	
reported an am	ount on Ford (b) Relatio		, Part X, line 5, 6	(d) Lo	oan to or	(e)	Original	(f	) Balance due	(g)	ıln	( <b>h)</b> Ap	proved	(i) W	ritten
interested person	with organi		of loan		m the ization?	princi	pal amount		,	defa		by bo	ittee?	agree	ment?
	+			То	From					Yes	No	Yes	No	Yes	No
					1										
					1										
 Total							> \$								
Part III Grants or A	ssistance	e Ber	nefiting Inter	reste	ed Pe	rsons	•								
		1	vered "Yes" on						(al) Time	-4		1-1	\ D		<u> </u>
(a) Name of interested	person		(b) Relationship interested pers the organiza	son ar			Amount of assistance		(d) Type assistan			• •	) Purp assista		
		+									-				
											$\Box$				
		+									+				
											$\downarrow$				
		+									+				
		$\perp$									-				

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

	vered "Yes" on Form 990, Part IV, line 28a, 2			(e) Shr	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	zation's nues?
CARLEEN CAPPELLETTI	BOARD MEMBER	41,906.	CARLEEN CAP	Yes	No X
		11/3000			
Part V Supplemental Information Provide additional information for	1. responses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	S TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: CARI	LEEN CAPPELLETTI				
(B) RELATIONSHIP BETWEEN	N INTERESTED PERSON AN	D ORGANIZAT	ION:		
BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	ON \$ 41,906.				
(D) DESCRIPTION OF TRANS	SACTION: CARLEEN CAPPE	LLETTI IS A	PS ARTS BO	ARD	
MEMBER AS WELL AS THE PI	RESIDENT OF AN UNRELAT	ED COMPANY	NAMED ANCHO	R	
STREET COLLECTIVE. ANCHO	OR STREET COLLECTIVE P	ROVIDED PRO	DUCTION SER	VICE	s
TO THE ORGANIZATION DUR	ING THE FISCAL YEAR IN	THE AMOUNT	OF \$41,906	FOR	
ONE OF THE ORGANIZATION	'S EVENTS IN 2021.				
(E) SHARING OF ORGANIZAT	rion revenues? = no				

09211114 701224 5546

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

P.S. ARTS

Employer identification number 95-3931147

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

ARTS EDUCATION IN SYSTEMICALLY UNDER-RESOURCED 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) 2021

132211 11-11-21

Name of the organization  P.S. ARTS	Employer identification number 95-3931147
ACCESSED THROUGH THEIR WEBSITE.	•