Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL~1~, 2023, and ending JUN~30~, 20 24~

OMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** ______ **4 , 338 , 952 .**_____ Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 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 X | authorize SINGERLEWAK, LLP 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 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 2023 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. November 13, 2024 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 96531556789 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 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. 11/12/24 SINGERLEWAK, LLP ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable C Name of organization D Employer identification number X Address change P.S. ARTS Name change 95-3931147 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2121 WEST TEMPLE ST. (310) 586-1017 6,880,074. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LOS ANGELES, CA 90026 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PSARTS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 122 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 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 0. 7h **Prior Year Current Year** 4,823,764. 1,793,540. Contributions and grants (Part VIII, line 1h) 2,089,411. 2,320,046. Program service revenue (Part VIII, line 2g) 154,085. 225,366. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 7,067,260. 4,338,952 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. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,973,392. 4,430,979. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 774,293. 505,960. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,747,685. 4,936,939. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,319,575. -597,987. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,256,581. 9,008,765. Total assets (Part X, line 16) 238,810. 272,642 21 Total liabilities (Part X, line 26) 三年 017,771. 8,736,123 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 beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VI NAT Signature of officer Date Sign November 13, 2024 JOÙN LAWLER, Here Type or print name and title Date PTIN Preparler's/signature Print/Type preparer's name NANAZ BENYAMINI 11/12/24 P00666808 NANAZ BENYAMINI Paid self-employed Firm's name SINGERLEWAK, LLP Firm's EIN 95-2302617 Preparer Firm's address 10960 WILSHIRE BLVD. SUITE Use Only Phone no. (310) 477-3924LOS ANGELES, CA 90024

X Yes

Form 990 (2023) P.S. ARTS 95-3931147 Page 2

Pai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: P.S. ARTS IS DEDICATED TO ADVANCING EQUITY AND OPPORTUNITY FOR CHILDREN AND YOUTH BY PROVIDING ARTS EDUCATION IN SYSTEMICALLY
	UNDER-RESOURCED SCHOOLS AND COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,640,995. including grants of \$
	ARTS (VAPA) STANDARDS-BASED ARTS EDUCATION PROGRAMS IN MUSIC, DANCE,
	DRAMA, AND VISUAL ARTS, BOTH VIRTUALLY AND IN-PERSON. PROGRAMS INCLUDE
	IN-SCHOOL CLASSES, AFTER-SCHOOL INSTRUCTION, PROFESSIONAL DEVELOPMENT
	COACHING AND WORKSHOPS FOR CLASSROOM TEACHERS, AND COMMUNITY ARTS
	EVENTS. CURRENTLY, P.S. ARTS SERVES MORE THAN 33,000 STUDENTS AND
	COMMUNITY MEMBERS. PARTNER DISTRICTS INCLUDE: LOS ANGELES UNIFIED, LAWNDALE ELEMENTARY, LYNWOOD, REEF-SUNSET, COMPTON, EL SEGUNDO,
	ALHAMBRA, PARAMOUNT, TORRANCE AND SANTA MONICA/MALIBU UNIFIED.
	Indiana in the state of the sta
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
	-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,640,995.
4e	Total program service expenses 3,640,995. Form 990 (2023)
	101111 999 (2023)

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Form 990 (2023) P.S. ARTS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	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,	ا		
'		7		x
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	_
D		401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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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Form 990 (2023)	P.S.	ARTS	
Part IV	Checklist of	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		<u> </u>
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		37	
	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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		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		X
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		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? f	28a	Х	
h	"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? <i>If</i>	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
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?	000		
- -	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
۔ ف	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
			000	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		ı	
			Yes	No
	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 122		7.7	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	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		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		, .
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	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).			- v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				x
h	any contributions that were not tax deductible as charitable contributions?	6a		-
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Gh		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
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.			
h	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 c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Form **990** (2023)

X

14a

15

16

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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 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	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		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		21
7a				Х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	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.)			
	500 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		Yes	No
	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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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)	availab	ole
	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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GUILLAUME WATEAU - (310) 586-1017			
	2121 WEST TEMPLE ST., LOS ANGELES, CA 90026			

Form 990 (2023) P.S. ARTS 95-3931147 Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN LAWLER	40.00			,,				202 210	_	10 601
CHIEF EXECUTIVE OFFICER	40.00			Х				203,310.	0.	10,691.
(2) ELDA PINEDA DEPUTY DIRECTOR	40.00	-				x		146 577	0.	2 044
(3) GUILLAUME WATEAU	40.00					^		146,577.	0.	2,044.
FINANCE DIRECTOR	40.00	-				x		131,052.	0.	5,962.
(4) TIFFANY OWENS	40.00					^		131,032.	0.	3,302.
PROGRAM DIRECTOR	40.00	1				x		124,334.	0.	8,270.
(5) LOUIS SANCHEZ	40.00								0.1	0,2,00
PROGRAM DIRECTOR		1				x		102,007.	0.	12,660.
(6) AMANDA SCHUON	1.00							,	-	,
BOARD MEMBER		Х						0.	0.	0.
(7) CARLEEN CAPPELLETTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CAROLYN GIANGIACOMO	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) CHI-CHIEN HOU	1.00	<u> </u>								
CO-VICE CHAIR		Х		Х				0.	0.	0.
(10) DAVID KAHN	1.00]							_	_
TREASURER		Х		Х				0.	0.	0.
(11) DEBORAH GRIBBON	1.00	1								
CO-VICE CHAIR		Х		Х				0.	0.	0.
(12) ERIC HALL	1.00	ļ								•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(13) JOSE VITELA	1.00	٠,,							,	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) RONA SEBASTIAN	1.00	٠,,							0	0
BOARD MEMBER (15) STEPHEN MCCRAY	1 00	Х						0.	0.	0.
DEI REPRESENTATIVE	1.00	х						0.	0.	0
(16) BRIELLE BLOCK	1.00	^	\vdash					· ·	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) LAURA FOX	1.00	┢	\vdash					0.	0.	U •
BOARD CHAIR	1.00	Х		х				0.	0.	0.
	1	122			l				0.	Form 990 (2023)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) P.S. ARTS	5								95-3931	147 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	idual t	ution	70	key employee	st co oyee	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(18) SHAREEF FARAG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(19) MARINA FILIPPELLI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) GRACE KANGDANI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) SUZANNE RODE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) SHARI ROSENBLUM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) MARY-ELIZABETH MICHAELS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) LACEY ROSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) TAWNY KRINTZMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) SHELTON WILDER	1.00									
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								707,280.	0.	39,627.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								707,280.	0.	39,627.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										5_
										Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address NOI	TE Description of services	Compensation
2 Total number of independent contractors (including but not limit	ed to those listed above) who received more than	

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Form 990 (2023) P.S. ARTS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
S S	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	143,748.				
fts,							
ig je			181,040.				
Sir		9 \	101,010.				
utio	1	All other contributions, gifts, grants, and	1 469 752				
들됨		similar amounts not included above 1f	1,468,752.				
out		Noncash contributions included in lines 1a-1f		1 702 540			
Og		n Total. Add lines 1a-1f		1,793,540.			
			Business Code	0.000.046	0.000.046		
Se	2 8	SCHOOL PROGRAMS	611600	2,320,046.	2,320,046.		
ē Zi	١	·					
Program Service Revenue	•						
ar eve	(d					
90 H	(·					
<u>r</u>	1	All other program service revenue					
		Total. Add lines 2a-2f		2,320,046.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		225,366.			225,366.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 2,279,547.	(ii) Garioi				
		· 					
ø.		Less: cost or other basis					
ther Revenue		and sales expenses 7b 2,279,547. Gain or (loss) 7c 0.					
eve		. ,					
Ä.		d Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	061 555				
		Part IV, line 18	261,575.				
		Less: direct expenses 8b	261,575.	•			
		Net income or (loss) from fundraising events		0.			
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
$\perp \downarrow$	(Net income or (loss) from sales of inventory					
₁₀			Business Code				
ő a	11 a	a					
Miscellaneous Revenue	-)					
eve	(
Λisc B		d All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		4,338,952.	2,320,046.	0.	225,366.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 908,201. 580,632. 151,795. 175,774. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,082,375. 2,479,774. 219,417. 383,184. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 146,070. 115,733. 11,134. 19,203. Other employee benefits 9 294,333. 225,990. 27,205. 41,138. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 23,786. 23,786. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 39,593. 40,917. 6,300. 86,810. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 107,576. 26,511. 47,127. 33,938. Office expenses 13 Information technology 14 15 Royalties 35,422. 73,574. 20,345. 17,807. 16 Occupancy 33,848. 8,894. 24,128. 826. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,936. 4,211. 1,192. 533. Depreciation, depletion, and amortization 22 41,085. 237. 40,848. 23 Other expenses. Itemize expenses not covered 24 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.) 86,053. 86,053. SUPPLIES RECRUITING AND HIRING 22,442. 22,442. 10,762. 10,762. COMMUNITY OUTREACH С d 14,088. 4.741. 5,739. 3,608. All other expenses 4,936,939. 3,640,995. 613,633. 682,311. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

09481113 701224 5546

Form 990 (2023)
Part X Balance Sheet 95-3931147 Page **11** P.S. ARTS

Part	. ^	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			783,680.	1	582,700.
	2	Savings and temporary cash investments			10,468.	2	0.
	3	Pledges and grants receivable, net			2,441,191.	3	1,553,075.
	4	Accounts receivable, net			7,571.	4	5,667.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ம	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	15,875.	8	13,650.		
¥	9	Prepaid expenses and deferred charges	11,259.	9	38,302.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	225,141.			
	b	Less: accumulated depreciation	. 10b	192,834.	38,243.	10c	32,307.
	11	Investments - publicly traded securities			5,920,605.	11	6,740,272.
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			27,689.	15	42,792.
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	9,256,581.	16	9,008,765.
	17	Accounts payable and accrued expenses			238,810.	17	272,642.
	18	Grants payable				18	
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
jab		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				24	
:	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	es 17-24).	. Complete Part X			
		of Schedule D			020 010	25	070 (40
:	26	Total liabilities. Add lines 17 through 25			238,810.	26	272,642.
_o		Organizations that follow FASB ASC 958, c	heck here	e X			
ا ۋ		and complete lines 27, 28, 32, and 33.			2 720 077		4 104 040
<u>aar</u>	27	Net assets without donor restrictions	3,728,877.	27	4,104,049.		
<u> </u>	28	Net assets with donor restrictions	5,288,894.	28	4,632,074.		
٦		Organizations that do not follow FASB ASC	958, che	ck here			
누		and complete lines 29 through 33.					
) ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated			0 017 771	31	0 726 122
	32	Total net assets or fund balances		1	9,017,771.	32	8,736,123.
;	33	Total liabilities and net assets/fund balances			9,256,581.	33	9,008,765.

Form 990 (2023) P.S. ARTS 95-3931147 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,338		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	-59'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,01		
5	Net unrealized gains (losses) on investments	5	31	6,3	<u>39.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	8,730	6,1	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

ZUZ3

OMB No. 1545-0047

Open to Public

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

Employer identification number Name of the organization P.S. ARTS 95-3931147 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 Part II Support Schedule

falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support 2 Galendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 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	(e) 2023	(f) Total
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Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		
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business is regularly carried on		
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		
or loss from the sale of capital assets (Explain in Part VI.)		
assets (Explain in Part VI.)		
11 Total support. Add lines 7 through 10		
		<u> </u>
12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	` ' ' '	_
organization, check this box and stop here Section C. Computation of Public Support Percentage	<u></u>	
4 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r		k and
stop here. The organization qualifies as a publicly supported organization		[
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	% or more, check thi	s box
and stop here. The organization qualifies as a publicly supported organization		[
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b,		
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Par	t VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		\square
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or		100/

Schedule A (Form 990) 2023

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	etion A. Public Support	ciow, picase comp	ioto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(3) = 2 + 2	()	(5) === :	(-)	(-)	(,, , , , , , , , , , , , , , , , , , ,
	include any "unusual grants.")	2321881.	2031514.	3459352.	4823764.	1808539.	14445050.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1459941.	735,729.	1669311.	2089411.	2320046.	8274438.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	2501000	255342	5100663	604.04.85	44.005.05	0.004.04.00
	Total. Add lines 1 through 5	3781822.	2767243.	5128663.	6913175.	4128585.	22719488.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received	185,834.	63,974.	131,275.	174,271.	379,650.	935,004.
L	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	185,834.	63,974.	131,275.	174,271.		
	Public support. (Subtract line 7c from line 6.)						21784484.
	ction B. Total Support						Т
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3781822. 135,082.	2767243. 105,460.	5128663. 57,020.	6913175. 154,085.		677.014.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	135,082.	105,460.	57,020.	154,085.	225,367.	677,014.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3916904.	2872703.	5185683.	7067260.	4353952.	23396502.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
0 -	check this box and stop here	• O 5					
	ction C. Computation of Publi						02 11
	Public support percentage for 2023 (li		•	.,,		15	93.11 %
	Public support percentage from 2022 ction D. Computation of Inves					16	94.29 %
	Investment income percentage for 20			20 13 column (f)		17	2.89 %
	Investment income percentage from 2			(1)		18	2.58 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	nd stop here. The	organization qualit	ïes as a publicly su	upported organizat	tion	X
	line 18 is not more than 33 1/3%, che		-	•		-	
20	Private foundation. If the organization	n did not check a l	oox on line 14 19a	a, or 19b, check th	is box and see inst	ructions	

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Schedule A (Form 990) 2023

P.S. ARTS

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 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")? |f "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?
- 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).
- 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.
 - 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.)

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Га	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		
	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	44-		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
	and an experiment organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). 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		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
800	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:		اء	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

332025 12-21-23 Schedule A (Form 990) 2023

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations				
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 Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ted Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions		(00		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		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	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts. Complete if the	
		(a) Donor advi	sed funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets	held in donor advis	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control	?	Yes	No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			Yes	No
Pai					
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply	·).		
	Preservation of land for public use (for example, recreat	Ė	_	f a historically important land area	
	Protection of natural habitat			f a certified historic structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contr	ibution in the form	of a conservation easement on the last	
	day of the tax year.			Held at the End of the Tax	
а				2a	
b	-				
c	Number of conservation easements on a certified historic stru				
	Number of conservation easements included on line 2c acquir				
-	on a historic structure listed in the National Register	•	•	2d	
3	Number of conservation easements modified, transferred, rele				
·	year	oacea, extinguioriea, e	. tommatod by the	organization daming the tax	
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		ection handling of		
_	violations, and enforcement of the conservation easements it	•	,	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				,
_	3, 1 3,	,	3	3	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and	enforcing conserva	tion easements during the year	
	3, 1	,	Ü	ű,	
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		•		No
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describes the	
	organization's accounting for conservation easements.	J			
Pai	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	evenue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	on, or research in fu	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finance			·	
b					
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
2	If the organization received or held works of art, historical trea			I gain, provide	
_	the following amounts required to be reported under FASB AS			J / F	
а		-		\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990)	2023

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		225,141.	192,834.	32,307.
e Other				
Total Add lines 1a through 1e. (Calumn (d) must a		(Oc. column (D))		32 307.

Schedule D (Form 990) 2023

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

Part VIII Investments - Program Related.

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

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

Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Other Liabilities

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

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

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

Schedule D (Form 990) 2023

	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	turn	erelli ruge
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Table and the second allowed and the second allowed the second and the second allowed the			1	4,646,505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	316,339.		
b		2b	15,000.		
С		2c			
d		2d			
е	Add lines 2a through 2d			2e	331,339
3	Subtract line 2e from line 1			3	4,315,166
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,786.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,786
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,786 4,338,952
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per F	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	4,928,153
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	15,000.		
b	Prior year adjustments	2b			
С	- · ·	2c			
d		2d			
е	Add lines 2a through 2d			2e	15,000
3	Subtract line 2e from line 1			3	4,913,153
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,786.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,786
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,936,939
Pa	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'			; Part :	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inf	formation.		
PAI	RT V, LINE 4:				
	T ODGANITZAMION INAC ADODMED INTERMENTANT AND C		TNG DOLLGING	по:	D
THI	E ORGANIZATION HAS ADOPTED INVESTMENT AND S	PEND	ING POLICIES	FO.	K
TINT		חחדמ	MADIE CEDEAM	· OE	EIMDING
ENI	DOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PR	EDIC	TABLE STREAM	OF	FUNDING
ШΟ	PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE	CEEV	TNC TO MATNE	דאד גי	mur
10	PROGRAMS SUPPORTED BY 115 ENDOWMENT WHILE	SEEV	ING TO MAINT	AIN	IUE
חוום	RCHASING POWER OF THE ENDOWMENT ASSETS.				
FUI	CCHASING FOWER OF THE ENDOWMENT ASSETS.				
ם אם	RT X, LINE 2:				
LVI	XI A, DINE Z.				
тит	E ORGANIZATION IS EXEMPT FROM FEDERAL AND S	ጥልጥፑ	TNCOME TAYE	C III	MDEB
1111	ONGANIZATION ID EXEMIT FROM FEDERAL AND D	IAIE	INCOME TAKE	D 0.	NDER
CE(CTION 501(C)(3) OF THE INTERNAL REVENUE COD	F /T	PC \ AND SECT	TON	23701(D)
اندر	CIION SOLICI(S) OF THE INTERNAL REVENUE COD	<u>. (1</u>	TO VIAD BECT	T O I I	23101(D)
OF	THE CALIFORNIA REVENUE AND TAXATION CODE.	MANA	GEMENT HAS A	NAL	YZED THE
	v pogrmioug mauni pv min operiori	~			3.0.07
T'AZ	X POSITIONS TAKEN BY THE ORGANIZATION, AND	HAS	CONCLUDED TH	ΑΊ,	AS OF

JUNE 30, 2024 AND 2023, 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

2023

Open to Public Inspection

vame of the organization P.S. AR	TS					95-3931	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par							
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	tion of	non-g gover	overnment grants nment grants			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY				tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 EXPRESS YOURSELF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
o o			(event type)	(event type)	(total number)	331. (3)
Revenue	1	Gross receipts	405,323.			405,323.
	2	Less: Contributions	143,748.			143,748.
	3	Gross income (line 1 minus line 2)	261,575.			261,575.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
Ö	8	Entertainment				
		Other direct expenses				261,575.
		Direct expense summary. Add lines 4 through				261,575.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ж	1	Gross revenue				
ses	2	Cash prizes				
-xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % 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)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these s			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
33208		9-13-23			Sche	dule G (Form 990) 2023

11 Does the organization conduct gaming activities with nonmembers? 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? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13 Indicate the percentage of gaming activity conducted in:	No
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 13b	
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13b	
a The organization's facility b An outside facility 13a 13b	No
b An outside facility	
b An outside facility	%
	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	No
 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of 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?	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10	b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

P.S. ARTS Employer identification number 95-3931147

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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,			
		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 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		Х
С	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:	_		v
		5a		<u>X</u>
D	, , , , , , , , , , , , , , , , , , , ,	5b		
6	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
		6a 6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	50		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		
0		8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		-43
9		9		
	1 104414410110 00041011 00.7000 0101:			

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN LAWLER	(i)	200,970.	240.	2,100.	0.	10,691.	214,001.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(II)					l	l	l

Page 2

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

2023

Open to Public Inspection

Name of the organization					
	P.S.	ARTS			

Employer identification number

F	P.S. ARTS							95	-39	311	47				
Part I Excess Bene	efit Transacti	ons (section 5	01(c)(3	3), secti	ion 501(c)(4), and sec	ction	n 501(c)(29) orga	nizatio	ns on	ly)					
					art IV, line 25a or 25b										
1	(b)	Relationship bet			ified				_		(d)	Corre	cted?		
(a) Name of disqualified p	person	person and or	ganiz	ation	(0	;) De	Description of transaction			Y	es	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2 Enter the amount of tax i	incurred by the c	rganization man	agers	or disc	qualified persons duri	ng t	the year under								
section 4958									\$						
3 Enter the amount of tax,															
Part II Loans to and	d/or From Int	erested Pers	sons												
Complete if the	organization ansv	wered "Yes" on I	orm 9	990-EZ	, Part V, line 38a, or I	Forn	n 990, Part IV, Iir	ne 26;	or if th	ne orga	nizati	on			
reported an amo	unt on Form 990), Part X, line 5, 6	6, or 2	2.											
(a) Name of	(b) Relationship			oan to or m the	(e) Original	(f) Balance due) In	(h) Ap	proved ard or	(1) **	ritten_		
interested person	with organization	of loan		ization?	principal amount					default?		committee		agreem	
			То	From				Yes	No	Yes	No	Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total					\$										
Part III Grants or As	sistance Ber	nefiting Inter	este	d Per	sons										
Complete if the	organization ansv	wered "Yes" on I	orm 9	990, Pa	art IV, line 27.										
(a) Name of interested p	person	(b) Relationship			(c) Amount of		(d) Type			•		ose of	:		
		interested pers		ıd	assistance		assistan	ce		•	assista	ance			
		the organiza	ation												
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															

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

Schedule L (Form 990) 2023

Scriedule L (Form 990) 2023 I • D • F			73 3731	<u> </u>	Page Z
Part IV Business Transactions Involv	<u> </u>				
(a) Name of interested person	(b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	No
(1)CARLEEN CAPPELLETTI	BOARD MEMBER	61,957.	CARLEEN CAP		Х
_(2)					
(3)					
(4)					-
<u>(5)</u> <u>(6)</u>					
(7)					
(8)					
(9)					
(10) Part V Supplemental Information					
	onses to questions on Schedule L. See i	inetructions			
1 Tovide additional information for resp	orises to questions on ochequie L. See	ilistructions.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: CARLEE	N CAPPELLETTI				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	\$ 61 957.				
(D) DESCRIPTION OF TRANSAC		T.ውጥጥΤ Τሮ አ	ב אחשם פרא.	חם	
(D) DESCRIPTION OF TRANSAC	IION: CARDEEN CAFFED	TEILI 12 M	FS ARIS BOA.	עט	
MEMBER AS WELL AS THE PRES	IDENT OF AN UNRELATE	D COMPANY N	AMED ANCHOR		
STREET COLLECTIVE. ANCHOR	STREET COLLECTIVE PR	OVIDED PROD	UCTION SERV	ICES	
TO THE ORGANIZATION DURING	THE FISCAL YEAR IN	THE AMOUNT	OF \$61,957	FOR	
ONE OF THE ORGANIZATION'S	EVENTS IN 2024.				
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF BY THESE INDIVIDUALS, THE RETURN IS THEN ELECTRONICALLY FILED. DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REOUIRED 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 ROUEST 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

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

Schedule O (Form 990) 2023

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

95-3931147 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	Note: For any 24b, columns	(a) through (c		all of Se	ection B,	and Se	ection C	f appli	cable.							
24	Do you have evidence to					$\overline{}$	es	No						Yes	$\overline{}$	No.
248		(b)	(c)	iii use cia		'''	es <u> </u>	_ NO	(f)		<u>ie evide</u> (g)				(i)	No
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percentag		(d) Cost or her basis		sis for depre siness/inve use only	stment	Recovery period	Me	thod/ vention	Depre	(h) eciation uction	Ele secti	cted on 1	
 25	Special depreciation all	owance for q	ualified listed p	oroperty	•		e during	the ta	•					, t	ost	
_	used more than 50% in										25					
26	Property used more that								I	I						
_		1 1		6		_										
_		1 1		6		+										
27	Property used 50% or le	es in a qualif	-	6 												
<u> </u>	1 Toporty used 5070 of R	: :		6		Т				S/L -						
_		: :		6						S/L -						
_		: :		6						S/L -						
<u></u>	Add amounts in column				and on	line 21.	page 1			•	28					
	Add amounts in column												29			_
							on Use									
Со	mplete this section for ve	ehicles used b	_							related	person.	If you pr	ovided v	ehicles		
to	your employees, first ans	wer the ques	tions in Section	n C to s	ee if you	meet a	ın except	ion to	completin	g this se	ection fo	r those v	ehicles.			
				(;	a)	((b)		(c)	(d)	(6	e)	(f)	
30	Total business/investment		•	Vehi	hicle 1 Vehicle 2 Vehicle 3			ehicle 3	Veh	icle 4	Vehicle 5		Vehicle 6			
	year (don't include commu	ıting miles)														
31	Total commuting miles	driven during	the year													
32	Total other personal (no	-														
	driven															
33	Total miles driven during	• ,														
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes		No
_	during off-duty hours?															
35	Was the vehicle used p															
	than 5% owner or relate	•					+		+		-					
36	Is another vehicle availa	able for perso	nai													
	use?	C	O	 		la a Dua	i da Mala	:-! 4		The size F						
۸ ۵	swer these questions to		- Questions f	•	•				•							
	re than 5% owners or rel	•		ception	to comp	neting 3	section E	o ioi ve	ilicies use	d by en	ipioyees	WIIO al	ren t			
_	Do you maintain a writte	<u> </u>		hihite a	ll nerson	عا راده د	of vehicle	e incli	udina com	mutina	by your			Yes	Т	No
0,	employees?													103	+	10
38	Do you maintain a writte	en policy stat	ement that pro	ohibits p	ersonal ı	use of v	ehicles	except	commuti	na. by v	our					
-	employees? See the ins															
39	Do you treat all use of v															
	Do you provide more th	•														
	the use of the vehicles,															
41	Do you meet the require															
	Note: If your answer to															
Р	art VI Amortization															
	(a) Description o	of costs		(b) amortization begins		(c) Amortizal amoun			(d) Code section		(e) Amortiza period or per	ntion	Ar fo	(f) nortization r this year		
<u></u>	Amortization of costs th	nat begins du	•		r:			•		·		v·				
				: :												
				: :												
<u></u>	Amortization of costs th	nat began bef	ore your 2023	tax year	, ,,,,,,,							43				
	Total. Add amounts in											44				

Caution: Forms printed from within Adobe Acrobat products 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 2023

California Exempt Organization Annual Information Return

328941 12-26-23 **FORM**

199

Ca	lendar Year	2023 or fiscal year beginning (mm/dd/yyyy) $07/01/2023$, and ending (m	nm/dd/yyy	y)	06	730/2024	
		anization name		ornia corp	oration r	number	
	.S. A			<u> 1219</u>	027		
Add	ditional inform	ation. See instructions.	FE		001	1.40	
				95-3 PMB no.	931	147	
	eet address (s			PIVIB NO.			
Cit		EST TEMPLE ST.	State	ZIP code			
	os and			9002			
_	eign country r		<u> </u>	Foreign p		ode	
A	First retu	n Yes X No I Did the organization have	any chanç	jes to its	guideli	ines	
В	Amended						X No
C	IRC Secti	on 4947(a)(1) trust Yes X No J If exempt under R&TC Sec	ction 2370	1d, has	the org		
D	Final info	rmation return? engaged in political activit	ies? See i	nstructio	ns		
	• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt				•	X No
_		(mm/dd/yyyy) ● If "Yes," enter the gross re					
E		counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limite	-			•	X No
F		tturn filed? (1) ● 990T (2) ● 990PF (3) ● sch H (990)				• Yes Z	y No
G		Other 990 series report taxable income? roup filing? See instructions Yes X No N Is the organization under a					<u>:Z</u> NU
Н		panization in a group exemption Yes X No IRS audited in a prior year					X No
		what is the parent's name? O Is federal Form 1023/1024				Yes 2	
	,	Date filed with IRS					
<u>_</u> F	Part I c	omplete Part I unless not required to file this form. See General Information B and C.					
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		······ •	1	5,086,53	<u>34 00</u>
		2 Gross dues and assessments from members and affiliates			2	1 702 5	00
		3 Gross contributions, gifts, grants, and similar amounts received	P.T.W.T.	1•	3	1,793,54	10 00
	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			4	6,880,07	7.41.00
	and	This line must be completed. If the result is less than \$50,000, see General Information B 5 Cost of goods sold		00		0,000,01	/ = 00
F	Revenues	5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 2 , 2	79.5				
		7 Total costs. Add line 5 and line 6		•	7	2,279,54	47 oo
		8 Total gross income. Subtract line 7 from line 4			8	4,600,52	
_	_	9 Total expenses and disbursements. From Side 2, Part II, line 18		_	9	5,198,51	14 00
	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	-597,98	37 00
		11 Total payments			11		00
		12 Use tax. See General Information K			12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		······ •	13		00
F	ayments	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 16 Pelance due. Add line 12 and line 15. Then subtreet line 11 from the result.			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 statements it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	s, and to the	best of m	y knowl	edge and belief,	00
Si		It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer nas any Date	knowleage).	I ● Telephone	
He	re	Signature of officer CEO	1	1/13/24	4	310-586-1017	7
_		Date	Check	if		PTIN	
		Preparer's ► NANAZ BENYAMINI 11/12/24		nployed	•	₽00666808	
Рa	id	Firm's name				Firm's FEIN	
Pr	eparer's	(or yours, if self-				95-2302617	
Us	e Only	employed) 10960 WILSHIRE BLVD. SUITE 1100 and address				Telephone Telephone	
_		LOS ANGELES, CA 90024				(310) 477-3	3924
_		May the FTB discuss this return with the preparer shown above? See instructions	<u></u>	• X	Yes	No	

UZZ		
Date Accepted		

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM **8453-EC**

20	123		Exe	mpt Orga	ıniza	tions									845	3-EU
Exempt Or	ganizat	ion name											Identifyir	ng number	r	
P.S.	AR	TS											95-	3931	147	
Part I				formation (who		• • • • • • • • • • • • • • • • • • • •										
1 To	tal gro	oss receip	ts or uni	related business	taxable	income (Form 1	99, line 4	or Form	n 109, li	ine 5)			1		6,880	,074
2 To	tal gro	oss incom	e or tota	ıl tax (Form 199,	line 8 or	Form 109, line	14)						2		4,600	,527
3 To	tal ex	penses ar	nd disbu	rsements (Form	199, line	9)							3		5,198	,514
		(Form 10	,	,												
				ine 24)									5			
Part II	_			t Electronically		ible Year 2023										
6 _	_	•		ınd (Form 109 or	• •				7 15 \A/3		-l-4- /		3			
7 Part III		ctronic fu		Tax Payments for	Amount Taxable		e are NOT	installm		thdrawal of				emnt ord	ranization o	wes)
- artin		Cuulo oi L	Jimaica	First Payment	TUNUDIO	Second F			ont payin	Third Pa		unioun	I tilo oxi		:h Payment	
8 Amo	ount			Thist i ayment		Second I	ayınıcııı			Пшига	ymem			1 Ourt	.iii ayiiicii	
		al Date														
Part IV			ormation	ı (Have you verif	fied the e	exempt organiza	ition's ba	nking ir	formation	on?)			I.			
10 Rou	ıting r	number		•						•						
11 Acc	•							12 Ty	pe of ac	count:	Cł	necking		Savin	ngs	
Part V	De	claration	of Offic	er												
transmitt California a balance organizat statemen	ter, or a electre e due r tion wi hts be t , I auth	intermedia ronic retur eturn, I un Il remain li transmitted norize the	te service n. To the l derstand able for th t to the FT FTB to dis	e that I am an office provider and the a best of my knowled that if the Franchis he tax liability and a B by the ERO, tran glose to the ERO of	amounts i dge and b e Tax Boa all applica nsmitter, o	n Part I above agr elief, the exempt of ard (FTB) does not able interest and popr intermediate ser ediate service pro 11/13/24	ee with the organization treceive free enalties. I rvice provovider the	e amoun on's retui ull and tii authoriz ider. If ti reason(CEO	ts on the rn is true mely pay e the exe ne proces	correspon , correct, a ment of the mpt organi ssing of the	ding line nd comp e exempt zation re	es of the olete. If tl t organiz eturn and ot organi	exempt he exem ation's f I accom zation's	organiza npt organ tax liabili panying s return (ation's 2023 nization is fil ity, the exen schedules a or refund is	3 '' ling npt and
am only a accuratel provided 1345, 20 the exem I declare	an inte ly refle the or 123 Ha npt org that I	rmediate s cts the dat ganization ndbook fo anization r have exam	ervice pro a on the r officer wi Authoriz eturn is fi ined the a	pove exempt organ ovider, I understan eturn.) I have obta th a copy of all for ed e-file Providers. led, whichever is la bove exempt organ this declaration ba	d that I ar ined the o ms and ir . I will kee ater, and I nization's	m not responsible organization office	for review r's signatu vill file wit -EO on file available f apanying s	ving the e ure on fo h the FTE e for four to the FT schedules	exempt o rm FTB 8 3, and I h years fro B upon ro s and sta	rganization 3453-EO be ave followe om the due equest. If I	's returr fore trar ed all oth date of am also	n. I decla nsmitting ner requi the retui o the paid	re, howe this ret rements rn or fo prepare	ever, tha turn to th describ ur years er, unde	at form FTB a he FTB. I had bed in FTB P from the da r penalties o	8453-EO ve ub. ite of perjury,
ERO	ERO's		SING	ERLEWAK,				Date		Check if also paid preparer	X	Check if self- employe] P00	s PTIN) 66680	
Must		s name (or yo -employed)	urs -	SINGERLE									Firm's	FEIN 9 5	5-2302	617
Sign		ddress		10960 WI		RE BLVD. CA	. SUI	TE 1	.100				ZIP cod	de 90 0	24	
				e that I have exami								itements.	, and to	the best	t of my knov	vledge
Paid Prepa	rer	Paid preparer's signature							Date		Check if self- employ	/ed	7 P	aid prepar	rer's PTIN	
Must		Firm's nam		N									Firm's	FEIN		
Sign		if self-empl and addres														
													ZIP cod	de		
		<u></u>														

FTB 8453-EO 2023

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

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 301-307, and 310

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.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

P.S. ARTS Name of Organization List all DBAs and names the organization uses or has used 2121 WEST TEMPLE ST. Address (Number and Street)		Check if: X Change of address Amended report Organization requests email notifications State Charity Registration Number 56451						
LOS ANGELES, CA 90026		Corporati	ion or Organization No.					
City or Town, State, and ZIP Code (310) 586-1017		Federal E	Employer ID No. 95-3931147					
Telephone Number E-mail Address			· · · · · · · · · · · · · · · · · · ·					
ANNUAL REGISTRATION	N RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm							
Total Revenue Fee Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million		Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million					
PART A - ACTIVITIES								
For your most recent full accounting p	period (beginning $\frac{07/01/202}{2}$	23 enc	ding <u>06/30/2024</u>) list:					
Total Revenue 4,338,952 Noncash Contributions \$ 0 Total Assets \$ 9,008,765 Program Expenses \$ 3,640,995 Total Expenses \$ 4,936,939								
PART B - STATEMENTS REGARDING ORGA	ANIZATION DURING THE PERIOD O	F THIS RE	EPORT					
Note: All questions must be answered. If y			w, you must attach a separate page -1 instructions for information required.	.,				
During this reporting period, were there a and any officer, director or trustee thereo any financial interest?	any contracts, loans, leases or other fir	nancial tran	nsactions between the organization	Yes X	No			
2. During this reporting period, was there as or funds?	ny theft, embezzlement, diversion or m	nisuse of th	e organization's charitable property		х			
3. During this reporting period, were any or	ganization funds used to pay any pena	alty, fine or	judgment?		х			
4. During this reporting period, were the secommercial coventurer used?	rvices of a commercial fundraiser, func	draising cou	unsel for charitable purposes, or		х			
5. During this reporting period, did the orga	anization receive any governmental fun	ding?	SEE STATEMENT 3	Х				
6. During this reporting period, did the orga	nization hold a raffle for charitable pur	poses?			х			
7. Does the organization conduct a vehicle	donation program?				х			
Did the organization conduct an indepen generally accepted accounting principles	• •	ial stateme	ents in accordance with	Х				
9. At the end of this reporting period, did th	ne organization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?		х			
I declare under penalty of perjury that I hav and belief, the content is true, correct and o			ng documents, and to the best of my know	vledg	е			
	IN LAWLER ted Name		CEO 11/13/24 ittle Date					

P.S. ARTS 95-3931147

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT 2

CARLEEN CAPPELLETTI IS A PS ARTS BOARD MEMBER AS WELL AS THE PRESIDENT OF AN UNRELATED COMPANY NAMED ANCHOR STREET COLLECTIVE. ANCHOR STREET COLLECTIVE PROVIDED PRODUCTION SRVICES TO THE ORGANIZATION DURING THE FISCAL YEAR IN THE AMOUNT OF \$61,957 FOR ONE OF THE ORGANIZATION'S EVENTS IN 2024.

P.S. ARTS 95-3931147

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 3
PART B, LINE 5

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

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning JUI	L 1, 2023 and	ending J	UN 30, 2024					
B c	heck if pplicable	C Name of organization			D Employer identific	cation number				
X	Addres	P.S. ARTS								
	Name change	Doing business as			95-3931147					
	Initial return	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite	E Telephone numbe					
	Final return/	2121 WEST TEMPLE ST.	Tou to our our dual coo,	Troom, oute	(310) 58					
	termin- ated		or foreign postal code		G Gross receipts \$	6,880,074.				
	Ameno		H(a) Is this a group re							
	Application	F Name and address of principal officer: O O III	LAWLER		for subordinates					
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in					
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. See instructions					
	Vebsit				H(c) Group exemptio					
K F	orm of	organization: X Corporation Trust Associated	ciation Other	L Year	of formation: 1991 N	M State of legal domicile: CA				
Pa	ırt I	Summary								
σ.		Briefly describe the organization's mission or most sig								
ũ	,	ADVANCING EQUITY AND OPPORT	UNITY FOR CHIL	DREN A	ND YOUTH BY	PROVIDING				
Governance	2	Check this box if the organization disconting	nued its operations or dispos	sed of more	ı					
8		Number of voting members of the governing body (Pa			3	20				
ص ھ		Number of independent voting members of the gover				19				
es		Total number of individuals employed in calendar yea				122				
Activities &		Total number of volunteers (estimate if necessary)				60				
Act		Total unrelated business revenue from Part VIII, colun				0.				
	b	Net unrelated business taxable income from Form 990	0-1, Part I, line 11	·····	7b	Current Year				
		Operational and a second of the second of th			4,823,764.	1,793,540.				
ne	ı	Contributions and grants (Part VIII, line 1h)			2,089,411.	2,320,046.				
Revenue	l				154,085.	225,366.				
Re		Investment income (Part VIII, column (A), lines 3, 4, ar			154,005.	0.				
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			7,067,260.	4,338,952.				
		Total revenue - add lines 8 through 11 (must equal Pa			0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), I	d similar amounts paid (Part IX, column (A), lines 1-3)							
	45	Salaries, other compensation, employee benefits (Par	,		0. 3,973,392.	0. 4,430,979.				
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.				
ben	h h	Total fundraising expenses (Part IX, column (D), line 2	600 01	11.	<u> </u>					
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	•		774,293.	505,960.				
		Total expenses. Add lines 13-17 (must equal Part IX, o			4,747,685.	4,936,939.				
		Revenue less expenses. Subtract line 18 from line 12			2,319,575.					
or		•		Ве	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			9,256,581.	9,008,765.				
ASS	21	Total liabilities (Part X, line 26)			238,810.	272,642.				
E.E.	22	Net assets or fund balances. Subtract line 21 from line	e 20		9,017,771.	8,736,123.				
Pa	ırt II	Signature Block								
		lties of perjury, I declare that I have examined this return, inc				knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of wh	nich preparer	has any knowledge.					
					D-1-					
Sign		Signature of officer			Date 11/13	3/24				
Her	е	JOHN LAWLER, CEO Type or print name and title								
				Τr	Date Check C	TI PTIN				
Da!			reparer's signature	l l	:r L					
Paid			ANAZ BENYAMINI	1	1/12/24 self-employ	ed <u>P00666808</u> 5-2302617				
Prep		Firm's name SINGERLEWAK, LLP Firm's address 10960 WILSHIRE BLVD	ר פוודיים 1100		Firm's EIN 9	J-73070T1				
Use	Ulliy	LOS ANGELES, CA 900			Dhono no / 3	10) 477-3924				
May	the IC	S discuss this return with the preparer shown above?			[Pilotie IIo. (3	X Yes No				

Form 990 (2023) P.S. ARTS 95-3931147 Page 2
Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: P.S. ARTS IS DEDICATED TO ADVANCING EQUITY AND OPPORTUNITY FOR	
	CHILDREN AND YOUTH BY PROVIDING ARTS EDUCATION IN SYSTEMICALLY	
	UNDER-RESOURCED SCHOOLS AND COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,640,995. including grants of \$) (Revenue \$2,320,04)	
	THE ORGANIZATION PROVIDES HIGH-QUALITY CALIFORNIA VISUAL AND PERFORMIN	NG
	ARTS (VAPA) STANDARDS-BASED ARTS EDUCATION PROGRAMS IN MUSIC, DANCE,	
	DRAMA, AND VISUAL ARTS, BOTH VIRTUALLY AND IN-PERSON. PROGRAMS INCLUDI	<u> </u>
	IN-SCHOOL CLASSES, AFTER-SCHOOL INSTRUCTION, PROFESSIONAL DEVELOPMENT	
	COACHING AND WORKSHOPS FOR CLASSROOM TEACHERS, AND COMMUNITY ARTS	
	EVENTS. CURRENTLY, P.S. ARTS SERVES MORE THAN 33,000 STUDENTS AND	
	COMMUNITY MEMBERS. PARTNER DISTRICTS INCLUDE: LOS ANGELES UNIFIED,	
	LAWNDALE ELEMENTARY, LYNWOOD, REEF-SUNSET, COMPTON, EL SEGUNDO,	
	ALHAMBRA, PARAMOUNT, TORRANCE AND SANTA MONICA/MALIBU UNIFIED.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(0)	
4c	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)	
1 u		
 4е	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,640,995.	
ru	Form 990	0 (2023)

332002 12-21-23

Form 990 (2023) P.S. ARTS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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		<u> X</u>
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form **990** (2023)

Form 990 (2023) 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		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
		-		
С			v	
	(gambling) winnings to prize winners?	1c	990	(2023)

Form 990 (2023) P.S. ARTS
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 95-3931147 Page 5

28 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, ga 122 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 29 Sa X 50 If Wess, Task If filed a form 980°F for this year? W6. to line 3b, provide an explanation on Streebule 0 30 If wess, Task If filed a form 980°F for this year? W6. to line 3b, provide an explanation on Streebule 0 30 If Wess, Task If filed a form 980°F for this year? W6. to line 3b, provide an explanation on Streebule 0 31 If Yes, Task If filed a form 980°F for this year? W6. to line 3b, provide an explanation on Streebule 0 32 If Wess, Task If filed a form 980°F for this year? W6. to line 3b, provide an explanation on Streebule 0 33 If Yes, Task If filed a form 980°F for this year of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35 If Yes, Task the organization apply to a porhibited tax shalter transaction at any time during the tax year? 36 Sa X B Did any taxable party notify the organization file Form 8861°F. 37 If Yes, Task the organization and provide tax so is a party to a prohibited tax shelter transaction? 38 Sa X B Did any taxable party notify the organization file Form 8861°F. 39 If Yes, Task the organization receive and tax of explanation the application selection any contributions that the were not tax deductible as charitable contributions? 49 If Yes, Task the organization receive a form that such contributions under section 170(c). 40 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 40 If Yes, Indicate the number of Forms 8828 filed during the year 41 If Yes, Indicate the number of Forms 8828 filed during the year 42 If Yes, Indicate the number of tax years and years are promised or reviewes provided? 43 If Yes, Indicate the number of tax years and years are promised or services						Yes	No	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X X 5 If Yes, "has it filed a Form 990-T for this year? "Yes" to line 3b, provide an explanation on Schedule 0 3c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', 1 has finded a form 800 or for this year? If 'No' to line 80, provide an explanation on Schedule 0 4c At any time during the catendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a floreign country (such as a bank account, securities account, or other financial accountry? 5c a line of the financial accountry of the provided as a bank account, securities account, or other financial accountry? 5c a line of the financial accountry of the provided as a bank account, securities account, or other financial accountry? 5c a line of the financial accountry of the provided as a bank account, securities accountry or the provided and a security of the provided accountry. 5c a line of the provided and a security of the provided accountry of the provided and a security or a prohibited tax sheller transaction? 5c a line of the organization bank organization that it was or is a party to a prohibited tax sheller transaction? 5c a line of the organization shall be a provided any contributions that were not tax tax deductibles a charitable contributions? 6c b line organization shall be a provided any contributions that were not tax deductibles and arbitrable contributions or gitts were not tax deductibles and arbitrable or the property or which a was required to file Form 8282? 6c b lith the organization necessary and the second of the value of the goods or sentess provided? 7c organizations that may receive deductible contributions under section 170(c). 8c b lith the organization necessary and the second of the value of the goods or sentess provided? 9c b lith the organization receive a contribution of underly, to pey premiums on a personal brenefit conteat? 9c b lith the organization received a contribution of underly, to pey premiums on a personal benefit conteat? 9c b lith the organization received a contribution of ordanization second pro		filed for the calendar year ending with or within the year covered by this return	2a	122				
b If Yes, "Italia filled a Form 890.T for this year? If No.1 to file 3b, provide an explanation on Schedule O A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a tank account, securities account, or other financial accountry? 4a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," either 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 apparty to a prohibited tax shefter transaction at any time during the tax year? 5b Was the organization in the Bank of the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" in the Sar of Bt, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contributions? 5c If "Yes," in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charitable contribution and express statement that such contributions or gifts were not tax deductables a charitable contribution and party for goods and services provided to the payor? 5c If If "Yes," indicate the number of Forms 8282 filed during the year 6c If the organization receive a payment in excess of \$75 made party as a contribution of quanty for goods and services provided to the payor? 7c If If If the organization received a contribution of underly, to paymenums on a personal benefit contract? 7c If If If the organization received a contribution of underly, to paymenums on a personal benefit contract? 7d If	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
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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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1.		Х
	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU	21	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertie Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA	orl. A	0.42:1-1	alc.
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 for public inspection. Indicate how you made these available. Check all that apply.	orliy)	availal	JIE
10	Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
19	statements available to the public during the tax year.	man	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	GUILLAUME WATEAU - (310) 586-1017			
	2121 WEST TEMPLE ST., LOS ANGELES, CA 90026			

Form **990** (2023)

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position Report		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss pe	rson is	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		9.	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN LAWLER	40.00	 -	_		_	1				
CHIEF EXECUTIVE OFFICER				Х				203,310.	0.	10,691.
(2) ELDA PINEDA	40.00									-
DEPUTY DIRECTOR						Х		146,577.	0.	2,044.
(3) GUILLAUME WATEAU	40.00									
FINANCE DIRECTOR						Х		131,052.	0.	5,962.
(4) TIFFANY OWENS	40.00									
PROGRAM DIRECTOR						X		124,334.	0.	8,270.
(5) LOUIS SANCHEZ	40.00]								
PROGRAM DIRECTOR						Х		102,007.	0.	12,660.
(6) AMANDA SCHUON	1.00]						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) CARLEEN CAPPELLETTI	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(8) CAROLYN GIANGIACOMO	1.00	1							_	_
CHAIR		Х		Х				0.	0.	0.
(9) CHI-CHIEN HOU	1.00	1								_
CO-VICE CHAIR		Х		Х				0.	0.	0.
(10) DAVID KAHN	1.00	1								_
TREASURER		Х		X				0.	0.	0.
(11) DEBORAH GRIBBON	1.00	ļ								
CO-VICE CHAIR		Х		X				0.	0.	0.
(12) ERIC HALL	1.00	ļ								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) JOSE VITELA	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) RONA SEBASTIAN	1.00	ļ							•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) STEPHEN MCCRAY	1.00	∤							•	•
DEI REPRESENTATIVE	1 00	Х						0.	0.	0.
(16) BRIELLE BLOCK	1.00	٠,							_	•
BOARD MEMBER	1 00	Х			_	_		0.	0.	0.
(17) LAURA FOX	1.00	. ,		37					_	^
BOARD CHAIR		X		Х	<u> </u>		<u> </u>	0.	0.	0 • Form 990 (2023)
332007 12-21-23										Form 330 (2023)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(((D)	(E)		(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son is	than o	n an	Reportable compensation from	Reportable compensation from related	am	timated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	pensation om the anization I related nizations
(18) SHAREEF FARAG	1.00										
SECRETARY		Х		Х				0.	0.		0.
(19) MARINA FILIPPELLI	1.00										
BOARD MEMBER		Х						0.	0.		0.
(20) GRACE KANGDANI	1.00										
BOARD MEMBER		Х						0.	0.		0.
(21) SUZANNE RODE	1.00										
BOARD MEMBER		Х						0.	0.		0.
(22) SHARI ROSENBLUM	1.00										
BOARD MEMBER		Х						0.	0.		0.
(23) MARY-ELIZABETH MICHAELS	1.00										
BOARD MEMBER		Х						0.	0.		0.
(24) LACEY ROSE	1.00										
BOARD MEMBER		Х						0.	0.		0.
(25) TAWNY KRINTZMAN	1.00										
BOARD MEMBER		Х						0.	0.		0.
(26) SHELTON WILDER	1.00										
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal	•						•	707,280.	0.	39	9,627.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								707,280.	0.	39	9,627.
Total number of individuals (including but n									000 of reportable		
compensation from the organization						,			,		5
											Yes No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on		
line 1a? If "Yes." complete Schedule J for s										3	Х
4 For any individual listed on line 1a, is the su											

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A)		(B)	(C)		
Name and business address	NONE	Description of services	Compensation		
Total number of independent contractors (including but	not limited to those	listed above) who received more than			

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) P.S. ARTS
Part VIII Statement of Revenue

		Check if Schedule O c	ontains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. 1b					
Ω, Ħ	С	Fundraising events		1c	143,748.				
ar A		Related organizations							
s, G		Government grants (contri			181,040.				
Sign	f	All other contributions, gifts, g	grants, ar	nd					
but		similar amounts not included	above	1f	1,468,752.				
ÖĘ	g	Noncash contributions included in li	ines 1a-1f	1g \$					
Col	h	Total. Add lines 1a-1f				1,793,540.			
					Business Code				
ø	2 a	SCHOOL PROGRAMS			611600	2,320,046.	2,320,046.		
ξ	b								
Se	С								
an eve	d								
Program Service Revenue	е								
Ŗ.	f	All other program service r	evenue						
	g	-				2,320,046.			
	3	Investment income (includ	ing divid	dends, inter	est, and				
		other similar amounts)			225,366.			225,366.	
	4	Income from investment of	f tax-exe	empt bond ¡	oroceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a 2	,279,547	,				
	b	Less: cost or other basis							
ne		and sales expenses	7b 2	,279,547	,				
Revenue	С	Gain or (loss)	7c	0	,				
Be	d	Net gain or (loss)		<u></u>					
ther		Gross income from fundraisin							
₹		including \$1	43,748	B. of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a	261,575.				
	b	Less: direct expenses		8k	261,575.				
	С	Net income or (loss) from f	undraisi	ing events		0.			
	9 a	Gross income from gaming	g activiti	ies. See					
		Part IV, line 19		9 <u>8</u>	1				
	b	Less: direct expenses		9k)				
	С	Net income or (loss) from (gaming a	activities					
	10 a	Gross sales of inventory, le	ess retui	rns					
		and allowances		<u>10</u>	a				
	b	Less: cost of goods sold		10	b				
	С	Net income or (loss) from s	sales of	inventory .					
S					Business Code				
Miscellaneous Revenue	11 a								
lan(b								
Sel Se	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				4 222 255	0.300.01=		205 255
	12	Total revenue. See instructio	ns			4,338,952.	2,320,046.	0.	225,366.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 580,632. 908,201. 151,795. 175,774. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,082,375. 2,479,774. 219,417. 383,184. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 146,070. 115,733. 11,134. 19,203. Other employee benefits 9 294,333. 225,990. 27,205. 41,138. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 23,786. 23,786. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 40,917. 39,593. 6,300. 86,810. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 107,576. 26,511. 47,127. 33,938. Office expenses 13 Information technology 14 15 Royalties 73,574. 35,422. 20,345. 17,807. 16 Occupancy 33,848. 8,894. 24,128. 826. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,936. 4,211. 1,192. 533. Depreciation, depletion, and amortization 22 41,085. 237. 40,848. 23 Other expenses. Itemize expenses not covered 24 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.) 86,053. 86,053. SUPPLIES RECRUITING AND HIRING 22,442. 22,442. 10,762. 10,762. COMMUNITY OUTREACH С d 14,088. 4.741. 5,739. 3,608. All other expenses 4,936,939. 3,640,995. 613,633. 682,311. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

P.S. ARTS

Form 990 (2023) Part X Balance Sheet

Par	נא	Dalance Sneet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	783,680.	1	582,700.		
	2	Savings and temporary cash investments			10,468.	2	0.
	3	Pledges and grants receivable, net	2,441,191.	3	1,553,075.		
	4	Accounts receivable, net			7,571.	4	5,667.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			15,875.	8	13,650.
₹	9	Prepaid expenses and deferred charges			11,259.	9	38,302.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	225,141.			
	b	Less: accumulated depreciation	10b	192,834.	38,243.	10c	32,307.
	11	Investments - publicly traded securities			5,920,605.	11	6,740,272.
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		27,689.	15	42,792.	
	16	Total assets. Add lines 1 through 15 (must e		1	9,256,581.	16	9,008,765.
	17	Accounts payable and accrued expenses			238,810.	17	272,642.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV c	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or fo	rmer office	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial co	ontributor, or 35%			
abi		controlled entity or family member of any of the	nese perso	ns		22	
=	23	Secured mortgages and notes payable to unr	elated third	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			238,810.	26	272,642.
.		Organizations that follow FASB ASC 958, or	heck here	· X			
Se		and complete lines 27, 28, 32, and 33.					
lan	27				3,728,877.	27	4,104,049.
Ba	28	Net assets with donor restrictions			5,288,894.	28	4,632,074.
밀		Organizations that do not follow FASB ASC	958, che	ck here			
프		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-			29		
sse	30	Paid-in or capital surplus, or land, building, or				30	
ţ	31	Retained earnings, endowment, accumulated			0 045 551	31	0 806 400
Se	32	Total net assets or fund balances		L	9,017,771.	32	8,736,123.
	33	Total liabilities and net assets/fund balances			9,256,581.	33	9,008,765.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,33			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,93			
3	Revenue less expenses. Subtract line 2 from line 1	3	-59'			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,01			
5	Net unrealized gains (losses) on investments	5	31	6,3	39.	
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	8,73	6,1	23.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

ZUZ3

OMB No. 1545-0047

Open to Public

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

Employer identification number Name of the organization P.S. ARTS 95-3931147 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I c	or if the organizatio			-
Sec	ction A. Public Support	, noted below, piec	ioc complete r art	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2013	(6) 2020	(6) 2021	(u) 2022	(6) 2020	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		,				<u> </u>
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	•		·	•	. , . ,	
Sec	organization, check this box and stopection C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022						/ 6
	33 1/3% support test - 2023. If the						
.50	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the		-				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=		viriow the organiz	
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023 P.S. ARTS

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.)

Sed	ction A. Public Support		•						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2321881.	2031514.	3459352.	4823764.	1808539.	14445050.		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1459941.	735,729.	1669311.	2089411.	2320046.	8274438.		
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	3781822.	2767243.	5128663.	6913175.	4128585.	22719488.		
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	185,834.	63,974.	131,275.	174,271.	379,650.	935,004.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b	185,834.	63,974.	131,275.	174,271.	379,650.	935,004.		
8	Public support. (Subtract line 7c from line 6.)						21784484.		
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6	3781822.	2767243.	5128663.	6913175.	4128585.	22719488.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135,082.	105,460.	57,020.	154,085.	225,367.	677,014.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	135,082.	105,460.	57,020.	154,085.	225,367.	677,014.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	3916904.	2872703.	5185683.	7067260.	4353952.	23396502.		
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,		
	check this box and stop here								
	ction C. Computation of Publi				Т	[02 11		
	Public support percentage for 2023 (li		•	.,,		15	93.11 %		
	Public support percentage from 2022					16	94.29 %		
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 2 89 %								
	Investment income percentage from 20			ie 13, column (1))		18	2.89 %		
						•			
.56	19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support tests - 2022. If the								
	line 18 is not more than 33 1/3%, chec								
20	Private foundation If the organization	n did not obook a k	ooy on line 14, 10c	or 10h abaak thi	ic hav and acc inct	ruotiono			

Schedule A (Form 990) 2023

P.S. ARTS

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	4.		
	4c		
	5a		
	rı.		
	5b 5c		
	- 50		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
عادد	A (Form	n aan)	2022

Schedule A (Form 990) 2023

Fai	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		
	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	44-		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	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		
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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	3		
Sec	supported organizations played in this regard. 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 year (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	struction	s).	
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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

P.S. ARTS

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

P.S. ARTS

	dule A (Form 990) 2023 P.S. ARTS † V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	-	5-3931147 Page 7
	ion D - Distributions		(OOTHITIC	1007	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		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 organizations		3	
4	Amounts paid to acquire exempt-use assets	.,		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				hadula A /Farm 000) 2022

Schedule A (Form 990) 2023

Schedule A		ARTS	95-393114 / Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sed d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, tV, Section E, lines 2, 5, and 6. Also complete this part f	t II, line 17a or 17b; Part III, line 12; ttion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	(Constitution of the Constitution of the Const		

332028 12-21-23 Schedule A (Form 990) 2023

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 Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds .
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any o	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) 🔲 F	Preservation of a histo	orically important land area
	Protection of natural habitat	F	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	d not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of	section 170(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fin	nancial statements tha	at describes the
_	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descril	bes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue st	tatement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			^
2	If the organization received or held works of art, historical trea-	sures, or other similar asse	ets for financial gain, ¡	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these ite	ms:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

P.S. ARTS 95-3931147 Schedule D (Form 990) 2023 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (d) Three years back (a) Current year (c) Two years back (e) Four years back 2,983,591. 2,712,839 3,281,323 2,555,914 2,590,805. **1a** Beginning of year balance 59 Contributions 368,311. 270,752. -448,543. 725,409 25,109. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 120,000. 60,000. and programs Administrative expenses 3,351,903. 2,712,839, End of year balance 3,281,323. 2,555,914. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 60.7380 a Board designated or quasi-endowment 39.2620 Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		225,141.	192,834.	32,307.		
e Other						
tal Add lines 13 through 16 (Calumn (d) must sould Form 000 Part V line 100, palumn (R))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 P.S. ARTS		9!	5-39311 4 7 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of sec	urity) (b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Relate	d.		
Complete if the organization answered "	Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets	,,		
Complete if the organization answered "	Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 1	5 col (P))		
Part X Other Liabilities	5, COI. (B))		1
Complete if the organization answered "	Yes" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
(a) Description of liability			(b) Book value
<u>"</u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			1
(7)			
(8)			-
(9)			+
Total. (Column (b) must equal Form 990, Part X, line 2	, ,,		1
2. Liability for uncertain tax positions. In Part XIII, pr	ovide the text of the footnote to	the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Part 2	XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1 T	otal revenue, gains, and other support per audited financial statements			1	4,646,505.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
	et unrealized gains (losses) on investments		316,339.		
	onated services and use of facilities		15,000.		
	ecoveries of prior year grants				
d C	ther (Describe in Part XIII.)	2d			224 222
	dd lines 2a through 2d			2e	331,339. 4,315,166.
	ubtract line 2e from line 1			3	4,315,166.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	02 506		
	vestment expenses not included on Form 990, Part VIII, line 7b		23,786.	-	
	ther (Describe in Part XIII.)	4b			00 706
	dd lines 4a and 4b			4c	23,786. 4,338,952.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 XII Reconciliation of Expenses per Audited Financial St	atomonte With	Evnences per E	5 Poturr	4,338,952.
Part.			Expenses per r	returi	•
	Complete if the organization answered "Yes" on Form 990, Part IV, li			г. г	/ 020 1E2
				1	4,928,153.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	15 000		
	onated services and use of facilities		15,000.	-	
	rior year adjustments			-	
	ther losses			-	
	ther (Describe in Part XIII.)	•		00	15 000
	dd lines 2a through 2d			2e 3	15,000. 4,913,153.
	ubtract line 2e from line 1 mounts included on Form 990, Part IX, line 25, but not on line 1:			3	4 ,713,133•
	ivestment expenses not included on Form 990, Part VIII, line 7b	40	23 786		
			23,700.	-	
	ther (Describe in Part XIII.) dd lines 4a and 4b			4c	23 786.
	dd lines 4a and 4b otal expenses. Add lines 3 and 4c.			5	23,786. 4,936,939.
Part	XIII Supplemental Information	0.)			1/300/3031
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4· Part IV lines 1b a	and 2b: Part V line 4	· Part X	line 2: Part XI
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, , , , ,	, 1110 2, 1 411 711,
		,	4		
PART	V, LINE 4:				
THE	ORGANIZATION HAS ADOPTED INVESTMENT A	ND SPENDIN	G POLICIES	FOF	}
ENDC	WMENT ASSETS THAT ATTEMPT TO PROVIDE	A PREDICTA	BLE STREAM	OF	FUNDING
TO P	ROGRAMS SUPPORTED BY ITS ENDOWMENT WH	ILE SEEKIN	G TO MAINT	AIN	THE
PURC	HASING POWER OF THE ENDOWMENT ASSETS.				
PART	X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL A	ND STATE I	NCOME TAXE	S UN	IDER
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE	CODE (IRC) AND SECT	ION	23701(D)
OF I	HE CALIFORNIA REVENUE AND TAXATION CO	DE. MANAGE	MENT HAS A	NAL	ZED THE
TAX	POSITIONS TAKEN BY THE ORGANIZATION,	AND HAS CO	NCLUDED TH	AT,	AS OF
JUNE	30, 2024 AND 2023, THERE ARE NO UNCE	KTAIN POSI	TIONS TAKE	N OF	R EXPECTED

332054 09-28-23

Schedule D (Form 990) 2023

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

2023

Open to Public Inspection

vame of the organization P.S. AR	TS					95-3931	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par							
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	tion of	non-g gover	overnment grants nment grants			
 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

95-3931147 Page 2 P.S. ARTS Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-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) (total number) (event type) 405,323. 405,323. 1 Gross receipts 143,748. 143,748. 2 Less: Contributions 261,575. **3** Gross income (line 1 minus line 2) 261,575. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 261,575. 261,575 9 Other direct expenses 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 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?

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

09481113 701224 5546

b If "No," explain:

b If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	P.S.	ARTS 9	5-39311 47 Pag	je 3
11	Does the organization conduct gar	ning activi	ies with nonmembers?		No
12	Is the organization a grantor, benef	ficiary or tr	ustee of a trust, or a member of a partnership or other entity formed		No
13	Indicate the percentage of gaming			163	110
				13a	%
					%
			no prepares the organization's gaming/special events books and records:		
	Name				
	Address				
15	Does the organization have a contr	ract with a	third party from whom the organization receives gaming revenue?	Yes	No
	o If "Yes," enter the amount of gamin of gaming revenue retained by the c If "Yes," enter name and address of	third party	\$	t	
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Empl	byee Independent contractor		
	retain the state gaming license?	equired un	o make charitable distributions from the gaming proceeds to der state law to be distributed to other exempt organizations or spent in the tax year \$		No
Pa	rt IV Supplemental Inforn	nation.	Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Also provide any additional information. See instructions.	d Part III, lines 9, 9b, 10	b,
	, , , , , , , , , , , , , , , , , , , ,				

Schedule 6	G (Form 990) P.S. ARTS	95-3931147 _F	Page 4
Part IV	G (Form 990) P.S. ARTS Supplemental Information (continued)		
	(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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

P.S. ARTS

 $Employer\ identification\ number \\ 95-3931147$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 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		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	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:			
а	The organization?	5a		X
b	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		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 P.S. ARTS 95-3931147 Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN LAWLER (i)		200,970.	240.	2,100.	0.	10,691.	214,001.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)							

Schedule J (Form 990) 2023 P.S. ARTS	95-3931147	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and 6b, 6b, 7b, 6b, 7b, 6b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7	t II. Also complete this part for any additional information.	

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

2023

Open to Public Inspection

Name of the organization

Employer identification number 95-3931147

	P.S. A		95-3931147												
Part I Exces	s Benefit Trans	sactio	ons (section 50	01(c)(3	3), secti	ion 501(c)(4), and sec	ctior	n 501(c)(29) orga	nizatio	ns on	ly)				
Complet	e if the organizatio	n answ	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disqualified person			Relationship beto person and or			ified (d	(c) Description of transactio				n \square		l) Corrected? Yes No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
	•		· ·	•		qualified persons dur	•	•		\$					
						ganization									
Dort II Loone	to and/ou Fuer	IL-	avented Dave												
	to and/or Froi														
=	-					, Part V, line 38a, or	Forn	n 990, Part IV, Iir	ne 26;	or if th	ne orga	ınizatio	on		
	an amount on For						_		ı	_	(b) An	nroved	ovod		
			b) Relationship (c) Purpose of loan		oan to or m the ization?	(e) Original principal amount	(f) Balance due		(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
					From				Yes	No	Yes	No	Yes	No	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total						\$									
Part III Grants	or Assistance	e Ben	efiting Inter	este	d Per	sons									
Complet	e if the organizatio	n answ	vered "Yes" on F	orm 9	990, Pa	art IV, line 27.		T							
(a) Name of interested person			(b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance				
(1)															
(2)															
(3)															
(4)															
(5)															
(6)										\perp					
(7)															
(8)										\perp					
(9)										\perp					
(10)															

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

Schedule L (Form 990) 2023

	Comp	olete if the organization answe	red "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
	(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
wC.	ADI DEM	CAPPELLETTI	BOARD MEMBER	61 057	CARLEEN CAP	Yes	No X
(1) C ₂ (2)	AKLEEN	CAPPELLETII	BOARD MEMBER	01,957.	CARLEEN CAP		
(3)							
(4)							
(5)							
(6)							
(7) (8)							
(9)							
(10)	17 0						
Part		plemental Information					
	Provid	de additional information for re	esponses to questions on Schedule L. See i	nstructions.			
SCH	L, PAF	RT IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A)	NAME (OF PERSON: CARLI	EEN CAPPELLETTI				
(B)			INTERESTED PERSON AND	ODCANTZAMI	ON		
			INIERESIED PERSON AND	ORGANIZATI	OIV		
BOA	RD MEMI	BER					
(C)	AMOUNT	OF TRANSACTION	N \$ 61,957.				
(D)	DESCRI	IPTION OF TRANS	ACTION: CARLEEN CAPPEL	LETTI IS A	PS ARTS BOA	RD	
MEM	BER AS	WELL AS THE PRI	ESIDENT OF AN UNRELATE	D COMPANY N	ANCHOR		
STR	EET COI	LLECTIVE. ANCHOR	R STREET COLLECTIVE PR	OVIDED PROD	UCTION SERV	ICES	
TO '	THE ORG	GANIZATION DURI	NG THE FISCAL YEAR IN	THE AMOUNT	OF \$61,957	FOR	
ONE	OF THE	E ORGANIZATION'S	S EVENTS IN 2024.				
			ION REVENUES? = NO				
(1)	DIMICII	VO OI OROMVIZMI	ION KHVHNOHS NO				

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 THE FORM IS MADE AVAILABLE TO THE ENTIRE BOARD OF BY THESE INDIVIDUALS, THE RETURN IS THEN ELECTRONICALLY FILED. DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REOUIRED 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 ROUEST OR THROUGH WWW.GUIDESTAR.ORG. FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE

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

Schedule O (Form 990) 2023

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

332212 11-14-23 Schedule O (Form 990) 2023

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

95-3931147 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense

	24b, columns ((a) through (c) of Section A	, all of Se	ection B,	and Se	ction C	if appli	cable.							
			on and Other			$\overline{}$			1						— —	
24a	Do you have evidence to s	1		ent use cla	ımed?	<u> </u>	es	_ No	24b lf "Y			nce writt T	ten?	_ Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	: 01	(d) Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ /ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost	
	Special depreciation alloused more than 50% in	owance for q	ualified listed	property	•		•		•		25				551	
	Property used more tha										1 20					
	, ,			%												
		: :		%												
		: :		%												
27	Property used 50% or le	ess in a qualit														
	, ,			%						S/L -						
				%						S/L -						
		: :	(%						S/L -						
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on	line 21,	page 1		•		28					
	Add amounts in column										'		29			
	nplete this section for ve our employees, first ans		•								-			vehicles		
				(a)		(b)			(c)		(d)		(e)		·)	
	Total business/investment miles drive		•	Vehi	cle 1	Veh	icle 2	Ve	ehicle 3	Veh	icle 4	Vehicle 5		Vehicle 6		
		ar (don't include commuting miles)														
	Total commuting miles															
	Total other personal (no	-	-													
	driven															
	Total miles driven during															
	Add lines 30 through 32				l		T		T				T			
	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?															
	Was the vehicle used pr		more													
	than 5% owner or relate	•							-				-			
	Is another vehicle availa	ble for perso	nal													
	use?				1						<u>. </u>					
	wer these questions to o	determine if y			-				-				ren't			
37	Do you maintain a writte	en policy stat	ement that pr	ohibits a	II person	al use c	of vehicle	s, incl	uding com	muting,	by your			Yes	No	
	employees?															
	Do you maintain a writte															
	employees? See the ins															
39	Do you treat all use of v	ehicles by en	nployees as p	ersonal ι	ıse?											
10	Do you provide more th	an five vehicl	es to your em	ployees,	obtain i	nformat	ion from	your e	mployees	about						
	the use of the vehicles,	and retain th	e information	received	?											
	Do you meet the require															
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don't	comple	te Secti	on B for	the co	vered veh	icles.						
Pa	art VI Amortization															
	(a) Description of	f costs	Date	(b) amortization begins		(c) Amortizable amount			(d) Code section		(e) Amortiza period or per		ization Ar			
12	Amortization of costs th	at begins du	ring your 2023	3 tax yea	r:											
				1 1												
				1 1												
13	Amortization of costs th	at began bef	ore your 2023	tax yea	r							43				
14	Total. Add amounts in o	column (f). Se	ee the instruct	ions for v	where to	report						44				