			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
Forr	_	90 uary 2020)	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	0040
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat	est information.	Inspection
				JUN 30, 2020	
B C a	heck if pplicab	le:	f organization	D Employer identificat	tion number
	Addre chang Name	ge ARTS	PLUS		_
	_chang	ge Doing b	usiness as	59-1356847	1
	returr Final returr	Number	nd street (or P.0. box if mail is not delivered to street address) Room/si N COLLEGE STREET 211		-4187
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,893,783.
	Amer returr	nded CUAD	LOTTE, NC 28202	H(a) Is this a group retu	rn
	Appli tion	^{ca-} F Name a	nd address of principal officer: DEVLIN MCNEIL	for subordinates?	
	pendi		AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No
IT	ax-ex	empt status: [X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	527 If "No," attach a list	
JV	Vebsi	ite: 🕨 WWW .	ARTSPLUS.ORG	H(c) Group exemption r	number 🕨
κF	orm o	f organization: [X Corporation	'ear of formation: 1969 M s	State of legal domicile: NC
Pa	nrt I	Summary			
	1	Briefly describ	be the organization's mission or most significant activities: TRANSFOR	MING LIVES AND	INSPIRING
Governance		COMMMUN	ITY THROUGH OUTSTANDING AND ACCESSIBLE	ARTS EDUCATION	N.
rnai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net assets	S.
INC	3	Number of vo	ting members of the governing body (Part VI, line 1a)		28
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)	4	28
\$ 8	5		of individuals employed in calendar year 2019 (Part V, line 2a)		20
Activities &	6		of volunteers (estimate if necessary)		151
cti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
◄			business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	1,601,786.	1,230,951.
nue	9	Program serv	ice revenue (Part VIII, line 2g)	841,413.	632,927.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	74,629.	29,061.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	844.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,517,828.	1,893,783.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	117,416.	100,876.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ç	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,133,891.	1,144,393.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
ę	b	Total fundrais	ing expenses (Part IX, column (D), line 25)		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	630,038.	552,335.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,881,345.	1,797,604.
	19	Revenue less	expenses. Subtract line 18 from line 12	636,483.	96,179.
t Assets or d Balances				Beginning of Current Year	End of Year
sets alan	20	Total assets (I	Part X, line 16)	1,733,525.	1,994,143.
dBig	21	Total liabilities	e (Part X, line 26)	142,187.	306,626.
Fun	22		fund balances. Subtract line 21 from line 20	1,591,338.	1,687,517.
	irt II	Signatur			
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Siar	n	Signatur	e of officer	Date	

Sign	Signature of officer Date									
Here	LESLIE GILLOCK, BOARD	CHAIR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JOHN NORMAN	JOHN NORMAN	11/10/20 self-employed P01506766							
Preparer	Firm's name CLIFTONLARSONAL	LEN LLP	Firm's EIN ▶ 41-0746749							
Use Only	Firm's address 227 WEST TRADE	STREET, SUITE 800								
	CHARLOTTE, NC 2	8202	Phone no. $704 - 998 - 5200$							
May the I	RS discuss this return with the preparer shown al	bove? (see instructions)	X Yes No							
			000							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

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Pa	rt 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:		
	ARTS+ TEACHES MUSIC AND ART TO STUDENTS OF ALL SOCIOECON		
	BACKGROUNDS, OFFERING FINANCIAL ASSISTANCE, SCHOLARSHIP		
	OUTREACH PROGRAMS TO HONOR ITS FOUNDING MISSION TO MAKE	HIGH-QUALITY	
	ARTS INSTRUCTION AVAILABLE TO ALL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	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?	Yes	XN
	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	s measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
	revenue, if any, for each program service reported.	sie, the total expenses, a	i i di
4a	(Code:) (Expenses \$1,097,541. including grants of \$96,312.) (Reve	551	840.
та	MUSIC AND ART INSTRUCTION: MUSIC OFFERINGS FOR STUDENTS		0100
	INCLUDE PRIVATE LESSONS, ENSEMBLES, GROUP SUZUKI, GROUP		
		CATION PROGRA	
	•		мо
	ARE FOCUSED ON ARTISTIC EXCELLENCE IN ORDER TO FOSTER TH		
		<u>F OFFERINGS F</u>	
	STUDENTS OF ALL AGES INCLUDE PRIVATE LESSONS, WORKSHOPS		TN
	A VARIETY OF MEDIUM INCLUDING DRAWING, PAINTING, AND COM		
	DRAWING. INSTRUCTORS FOR MUSIC AND ART TEACH AT MORE TH		
	LOCATIONS THROUGHOUT MECKLENBURG COUNTY, INCLUDING THE H		
	ARTS+ SITE FOCUSED ON INNOVATION. NEED-BASED FINANCIAL		
	AVAILABLE TO STUDENTS WHO QUALIFY, IN ADDITION TO MERIT-	-BASED	
	SCHOLARSHIPS.		
4b	(Code:) (Expenses \$168 , 666 . including grants of \$) (Reve	enue \$ <u>18,</u>	850.
	OUTREACH PROGRAMS: ART+'S OUTREACH PROGRAMS CONSIST OF A	A VARIETY OF	
	MUSIC, CHOIR AND ART EDUCATION PROGRAMS IN AT-RISK COMMU	JNITIES AND	
	SCHOOLS, AT NO COST TO THE PARTICIPANTS. PROGRAMS INCLU	JDE PROJECT	
	HARMONY, WHICH IS AN EL SISTEMA BASED AFTER SCHOOL ORCH	<u>ISTRA PROGRAM</u>	,
	ARTSREACH, WHICH PARTNERS WITH COMMUNITY ORGANIZATIONS	CO PROVIDE	
	VISUAL ART PROGRAMS IN NEIGHBORHOODS OF NEED, AND PRESCH	HOOL OUTREACH	
	PROGRAMS, WHICH PROVIDED LITERACY EDUCATION TO PRESCHOOL	LERS AND THEI	R
	CAREGIVERS THROUGH VISUAL ART EDUCATION.		
4c	(Code:) (Expenses \$ 62,224. including grants of \$ 4,564.) (Reve	enue \$ 62,	237.
	SUMMER CAMPS: SUMMER CAMPS/FEE FOR SERVICE. ARTS+ OFFEF		TY
	SUMMER CAMP PROGRAMMING FROM PRESCHOOL TO HIGH SCHOOL ST	FUDENTS,	
	INCLUDING BAND, STRING/ORCHESTRA, SUZUKI VIOLIN, AND VIS		s.
	ARTS+ PARTNERS WITH OTHER ORGANIZATIONS FOR A BROADER RE		
		ORGANIZATION	
	SEEK THEIR OWN FUNDING TO HAVE ARTS+ COME IN AND DELIVER		
	EDUCATION TO THEIR CONSTITUENTS.		10
	EDUCATION TO THEIR CONDITIONATE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,328,431.		000
0000		Form	990 (201
52002	2 01-20-20 2		
11	10 131839 074-077989-00 2019.05000 ARTSPLUS		074-

Par	TIV 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)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			v
_	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	-		x
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>^</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </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?	9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10	- 23	
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		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	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		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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ARTSPLUS

Pai	The 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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa				
	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 76	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
с				
	(gambling) winnings to prize winners?	1c		L
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and for a "I	No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See instruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>		Σ
Sec	tion A. Governing Body and Management					
		1.1	201		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	28			
	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.		20			
-	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
~	officer, director, trustee, or key employee?			2		Σ
3	Did the organization delegate control over management duties customarily performed by or under the	•		•		
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		2
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		2
6 7	Did the organization have members or stockholders?		·····	6		1 -
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7.		X
	more members of the governing body?		·····	7a		
α	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			ᇩ		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		
8				0.0	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	+
-			····· -	uo	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real propriation's mailing address? If IV/as II arguid, the propriate and addresses an Ocharkula O			9		2
ec.	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>	9		4
		venue Code.)			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			iou		
		ap 1010, annia 100	·	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		Г	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?		F	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>y</i>				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?			16a		Z
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
ec.	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section	n 501(c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Schedule O))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict 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 boo	oks and records	▶			
	CFSC SHARED SERVICES - 704-943-9525					
	601 E. 5TH STREET, CHARLOTTE, NC 28202					
\$2006	01-20-20			Form	990	(20
	6					
11	10 131839 074-077989-00 2019.05000 ARTSPLUS				07	4-

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Form 990 (2	2019) ARTSPLUS	59-1356847	Page 1						
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 Comple	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 a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of compens	ation.						

4

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Average box, unless person is both and box, unless person is both and week Image: Compensation from (list any hours for related organizations below line) Average week Compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations Estimated amount of other compensation from the organizations (1) MORGAN ROGERS 1.00 X 0 0. 0. 0. (1) MORGAN ROGERS 1.00 X 0 0. 0. 0. (2) MELISSA ABERNATHY 1.00 X X 0. 0. 0. (3) VIVIANE BECHTLER-SMITH 1.00 X 0 0. 0. 0. DIRECTOR X 0 0. 0. 0. 0.	(A)	(B)		(C)		(D) (E)		(F)				
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee)compensation from from the organizations (W-2/1099-MISC)amount of other compensation from related organizations (W-2/1099-MISC)amount of other compensation from related organizations (W-2/1099-MISC)amount of other compensation from related organizations (W-2/1099-MISC)amount of other compensation from the organizations organization (W-2/1099-MISC)amount of other compensation from the organizations and related organizations(1) MORGAN ROGERS1.00X00.0.ULISSA ABERNATHY1.00X00.0.TREASURERXX00.0.0.(3) VIVIANE BECHTLER-SMITH1.00X00.0.0.DIRECTORX00.0.0.0.	Name and title	Average	Position						Reportable	Reportable	Estimated	
Week (list any hours for related organizations below line)Image of the second s		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation		
(1) MORGAN ROGERS1.00X0.0.0.DIRECTORXX0.0.0.0.(2) MELISSA ABERNATHY1.00XX0.0.0.TREASURERXX0.0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORXX0.0.0.0.				cer an	a a a	Irecto	r/trus	ee)				
(1) MORGAN ROGERS1.00X0.0.0.DIRECTORXX0.0.0.0.(2) MELISSA ABERNATHY1.00XX0.0.0.TREASURERXX0.0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORXX0.0.0.0.		. ,	recto							U U		
(1) MORGAN ROGERS1.00X0.0.0.DIRECTORXX0.0.0.0.(2) MELISSA ABERNATHY1.00XX0.0.0.TREASURERXX0.0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORXX0.0.0.0.			or di	ee			ated			(W-2/1099-MISC)		
(1) MORGAN ROGERS1.00X0.0.0.DIRECTORXX0.0.0.0.(2) MELISSA ABERNATHY1.00XX0.0.0.TREASURERXX0.0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORXX0.0.0.0.			ustee	trust		ee	upens		(00-2/1099-0015C)		, e	
(1) MORGAN ROGERS1.00X0.0.0.DIRECTORXX0.0.0.0.(2) MELISSA ABERNATHY1.00XX0.0.0.TREASURERXX0.0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORXX0.0.0.0.	Y	•	lual tr	tional		nploy	st con yee	L				
(1) MORGAN ROGERS1.0000.DIRECTORXX0.0.(2) MELISSA ABERNATHY1.00XXTREASURERXX0.0.(3) VIVIANE BECHTLER-SMITH1.000.0.DIRECTORXX0.0.			Individ	Institu	Officer	Key er	Highe	Forme			organizationo	
(2) MELISSA ABERNATHY1.00TREASURERXX(3) VIVIANE BECHTLER-SMITH1.00DIRECTORX0.	(1) MORGAN ROGERS	1.00										
TREASURERXX0.0.0.(3) VIVIANE BECHTLER-SMITH1.00X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.	
(3) VIVIANE BECHTLER-SMITH1.00X0.0.DIRECTORX0.0.0.	(2) MELISSA ABERNATHY	1.00										
DIRECTOR X 0. 0. 0.	TREASURER		Х		Х				0.	0.	0.	
	(3) VIVIANE BECHTLER-SMITH	1.00										
	DIRECTOR		Х						0.	0.	0.	
	(4) ARIELLE BROWN	1.00										
DIRECTOR X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.	
(5) CHRIS BUTLAK <u>1.00</u>	,	1.00										
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.	
(6) SARAH FLOYD <u>1.00</u>		1.00										
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.	
(7) ROB CRANE 1.00	· · ·	1.00										
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.	
(8) ROB COX 1.00	· · ·	1.00										
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.	
(9) AMY FISTNER 1.00	· · ·	1.00										
DIRECTOR X 0. 0. 0.		1 0 0	Х						0.	0.	0.	
(10) ANGELA FREDERICK 1.00	· · ·	1.00								0		
DIRECTOR X 0. 0. 0.		1 0 0	х						0.	0.	0.	
		1.00			37					0		
CHAIR X X 0. 0. 0.		1 0 0	X		Χ				0.	0.	0.	
(12) CAROL HAMRICK <u>1.00</u> DIRECTOR X 0. 0. 0.		1.00	77							0		
DIRECTOR X 0. </td <td></td> <td>1 00</td> <td>Λ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td><u> </u></td>		1 00	Λ						0.	0.	<u> </u>	
DIRECTOR X 0. 0.	H	1.00	v						0	0	0	
STREETOR X 0. </td <td></td> <td>1 00</td> <td>Δ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td><u> </u></td>		1 00	Δ							0.	<u> </u>	
$\frac{1000}{\text{DIRECTOR}} X 0. 0. 0.$		1.00	x						0.	0.	0.	
(15) JON LINDVALL 1.00		1.00									<u>.</u>	
DIRECTOR X 0. 0. 0.	F		x						0.	0.	0.	
(16) ANNE MCPHAIL 1.00		1.00										
DIRECTOR X 0. 0. 0.	4		х						0.	0.	0.	
(17) MICHELLE R MENDOZA 1.00		1.00										
DIRECTOR X 0. 0. 0.			х						0.	0.	0.	
932007 01-20-20 Form 990 (2019)	932007 01-20-20		-	·		-	-				Form 990 (2019)	

Form 990 (2019) ARTSPLUS									59-1356	847	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(do not check mo box, unless perso officer and a dire				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) timated nount 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)	organizations (W-2/1099-MISC)	fr org and	pensation om the anization d related unizations
(18) MARK H MILLER	1.00				-						
DIRECTOR	1 00	Х						0.	0.		0.
(19) ANNA MILLS DIRECTOR	1.00	x						0.	0.		0.
(20) DAVID PAGE	1.00							.			
DIRECTOR		х						0.	0.		0.
(21) SUSAN PARKER SHIMP	1.00	.,,							0		0
DIRECTOR (22) RICHARD STARLING	1.00	Х						0.	0.		0.
DIRECTOR	1.00	x						0.	0.		0.
(23) SCOTT STEVENS	1.00										
DIRECTOR	1 00	X						0.	0.		0.
(24) ERIKA TEMPLETON DIRECTOR	1.00	x						0.	0.		0.
(25) LYNNE WALTERS	1.00										
DIRECTOR		х						0.	0.		0.
(26) ANNA WHEELER	1.00								0		0
DIRECTOR 1b Subtotal		Х						0.	0.		0.
1b Subtotal c Total from continuation sheets to Part VII								137,117.	0.		4,114.
d Total (add lines 1b and 1c)								137,117.	0.		4,114.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		-
compensation from the organization											1 Yes No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	empla	ove	e. or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for su			•	•	•					3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		
and related organizations greater than \$150	,		•							4	<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	-				-					5	x
Section B. Independent Contractors		- 0 10	51 31		10/30	011 .					
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ntra	actor	rs th	nat received more than \$	100,000 of compensa	ation fro	m
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	th o	or wi	thin T		ear.	10	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C Comper	
							_				
							_				
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	d to t	hos	e lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz		1737	TT 7	<u>m -</u> - /	0						000
SEE PART VII, SECTION 932008 01-20-20	A CONT	ти	υA	ΤT(Ъ.	n E	1619		Form 3	990 (2019)

Form 990 ARTSPLUS									59-135	6847
Part VII Section A. Officers, Directors, 1		nplo	yee			ligh	est (
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	u.				loyee		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	e or c	stee			sated		(00-2/1099-00000)		and related
	organizations	truste	al trus		yee	m per				organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest com pen sated em ployee	er			
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) EVE WHITE	1.00									
DIRECTOR		х						0.	0.	0.
(28) LINDA WEISBRUCH	1.00									
DIRECTOR		X						0.	Ο.	0.
(29) JOSHUA BONNEY	1.00									
DIRECTOR		х						0.	Ο.	0.
(30) BERNADETTE DONOVAN-MERKERT	1.00									
DIRECTOR		х						0.	0.	0.
(31) SCOTT SHAIL	1.00									
DIRECTOR		x						0.	0.	0.
(32) BURNET TUCKER	1.00									
DIRECTOR		x						0.	0.	0.
(33) DEVLIN MCNEIL	40.00									
PRESIDENT & CEO		1		x				137,117.	0.	4,114.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
-										
Total to Part VII, Section A, line 1c								137,117.		4,114.

932201 04-01-19

Part Vull Statement of Revenue (a) (b) (c) (c) </th <th>Forn</th> <th>n 990</th> <th>0 (2</th> <th>ARTSPLUS</th> <th></th> <th></th> <th></th> <th>59-1356</th> <th>847 Page 9</th>	Forn	n 990	0 (2	ARTSPLUS				59-1356	847 Page 9
Sector Control (Control (Contro) (Control (Control (Control (C	Pa	rt V	/111	Statement of Revenue					
Total revenue Pleased or exempt function evenue Difference address for exempt function evenue Difference address for exempt function evenue Please description Total revenue Difference address for exempt of exempt and indications with a difference of exempt and exempt and with a difference of exempt and exempt a				Check if Schedule O contains a response	or note to any lin				
By Membership dues Ib C Periodical gewith Id H Second mean (grants) (Related or exempt	Unrelated	Revenue excluded from tax under
Box Membership dues 10 C Pointraing owns 10 Box For Anticipan generic 10 C Seminar amounts for include above 11 B Norment grants (contributions, gifts, parts, and smithar amounts on include above 11 B Norment grants (contributions, gifts, parts, and smithar amounts on include above 1, 230, 951. B Total. Add lines 1a H L 1, 230, 951. C Seminar amounts on include above 1, 230, 951. C Seminar amounts (control motion above) Seminar accode 9000399 632, 927. 632, 927. C Seminar amounts) 633, 927. G All other program service revenue 633, 927. G All other program service revenue 633, 927. G Income from investment force finduing dividends, interest, and other similar mounts) 29, 061. G Gross enth Go Go G Gross enth Go Go G Gross anount transates Go Go G Gross income from fundaling events (not incloss) from fundaling events (not including dividends,	s s	1	а	Federated campaigns 1a	168,368.				
Business Code Dusiness Code 000099 632,927. 632,927. 1 Mutstic & ART PROGRAMS 900099 632,927. 632,927. 1 Mutstic & ART PROGRAMS 632,927. 632,927. 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 Total. Add lines 2a-2f 632,927. 0 0 2 9,061. 29,061. 29,061. 29,061. 2 9,061. 29,061. 29,061. 29,061. 2 7 6 ross anoun from slass of asses of reverses. 0 0 0 3 Area service of ross. 7 0 0 0 0 4 Heigain or floass. 7 0 0 0 0 <	ran								
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Business Code Dusiness Code 000099 632,927. 632,927. 1 Mutstic & ART PROGRAMS 900099 632,927. 632,927. 1 Mutstic & ART PROGRAMS 632,927. 632,927. 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 All other program service revenue 632,927. 0 0 1 Total. Add lines 2a-2f 632,927. 0 0 2 9,061. 29,061. 29,061. 29,061. 2 9,061. 29,061. 29,061. 29,061. 2 7 6 ross anoun from slass of asses of reverses. 0 0 0 3 Area service of ross. 7 0 0 0 0 4 Heigain or floass. 7 0 0 0 0 <	but								
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2 a MUSIC & ART PROGRAMS 900099 632,927. 632,927. a	a Co		h	Total. Add lines 1a-1f	>	<u>1,230,951.</u>			
a b									
a Total. Add lines 2a21 632,927. a Investment income (including dividends, interest, and other similar amounts) 29,061. 4 Income from investment of tax exempt bond proceeds 29,061. 5 Royatties 0) Real 0) Personal 6a Gross rents 6a 29,061. b Less: rental expenses 6a 0 7a Gross amount from sales of rases other than inventory fast and sales expenses 0 0 7a Gross income from fundraising events (not including \$ of (oss) 7a 7a 8a Gross income from fundraising events (not including \$ of (oss) 7a 7a 9a Gross income from fundraising events (not including \$ of (oss) 7a 7a 9a Gross income from fundraising events (not including \$ of (oss) 8a 9a 9a Gross income from gaming activities 9a 9a 9a 9a Gross income from gaming activities 9a 9a 9a 9a Gross income from fundraising events 9a 9a 9a 9a 9a Gross income from gaming activities 10a	e	2	а	MUSIC & ART PROGRAMS	900099	632,927.	632,927.		
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12 Total revenue. See instructions	Ϊ					811			
							632 927	0	29 905
	93200					_,			

	Check if Schedule O contains a respons	e or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	100,876.	100,876.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	154 601	100 040	10 444	
_	trustees, and key employees	154,621.	109,940.	19,444.	25,237
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	896,539.	627 467	110 740	146 220
7	Other salaries and wages	. 252,020	637,467.	112,742.	146,330
8	Pension plan accruals and contributions (include	0 006	6,388.	1 450	2 056
~	section 401(k) and 403(b) employer contributions)	9,896. 23,881.	15,416.	<u>1,452.</u> 3,504.	<u>2,056</u> 4,961
9	Other employee benefits	59,456.	38,381.	8,724.	12,351
0	Payroll taxes	59,450.	30,301.	0,724.	12,331
1	Fees for services (nonemployees):				
a	Management	61,432.	41,538.	11,230.	8,664
b		01,452.	41,550.	11,230.	0,004
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	102,699.	69,442.	18 774	14 483
2	Advertising and promotion	22,486.	1,044.	<u>18,774.</u> 21,409.	<u>14,483</u> 33
12 3	Office expenses	22,1001		21,1050	
13 4	Information technology				
15	Royalties				
16	Occupancy	65,241.	62,659.	1,274.	1,308
7	Traval	21,118.	11,926.	3,052.	6,140
8	Payments of travel or entertainment expenses			.,	• , = = •
Ū	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	478.	478.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,848.	14,650.	98.	100
3	Insurance	13,888.	9,268.	2,938.	1,682
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				,
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	186.000	4 2 4 4 4 4	1	4 44=
а	SUPPLIES & EQUIPMENT	176,383.	173,903.	1,273.	1,207
b	PRINTING, GRAPHIC DEISG	43,064.	10,478.	24,561.	8,025
С	BANK & MERCHANT PROCESS	14,091.	12,099.	10.	1,982
d			10 100	C1.0	○
е	All other expenses	16,607.	12,478.	619.	3,510
25	Total functional expenses. Add lines 1 through 24e	1,797,604.	1,328,431.	231,104.	238,069
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

932010 01-20-20

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Form **990** (2019)

Form 990 (2019)

ARTSPLUS

Part IX Statement of Functional Expenses

Form 99		2019) ARTSPLUS				59-	1356847 Page 1
Part	^						
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash pop interest bearing			670,331.	1	836,549
	2	Cash - non-interest-bearing Savings and temporary cash investments			070,551.	2	050,545
	23					2	108,991
		Pledges and grants receivable, net			28,517.	4	23,772
	4	Accounts receivable, net			20,317.	4	25,112
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				-	
	~	controlled entity or family member of any of thes	•	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualit	•				
	_	under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use		·····	24 410	8	27 200
	9			·····	24,410.	9	27,209
1	0a	Land, buildings, and equipment: cost or other		222 522			
	_	basis. Complete Part VI of Schedule D	10a	333,533.	20 002		16 055
		Less: accumulated depreciation		,	30,903.	10c	16,055
	1	Investments - publicly traded securities			070 264	11	
	2	Investments - other securities. See Part IV, line 1		······ -	979,364.	12	981,567
	3	Investments - program-related. See Part IV, line		······ -		13	
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11			1 822 505	15	1 004 140
	6	Total assets. Add lines 1 through 15 (must equa			1,733,525.	16	1,994,143 74,056
	7	Accounts payable and accrued expenses			79,929.	17	/4,056
	8	Grants payable			<u> </u>	18	04 770
	9	Deferred revenue			62,258.	19	24,770
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
se 2	2	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
de		controlled entity or family member of any of thes				22	
2	3	Secured mortgages and notes payable to unrela				23	0.07 0.00
	24	Unsecured notes and loans payable to unrelated				24	207,800
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			140 100	25	
2	6	Total liabilities. Add lines 17 through 25			142,187.	26	306,626
<u>ه</u>		Organizations that follow FASB ASC 958, che	ck here				
č		and complete lines 27, 28, 32, and 33.			040 445		0.4.1 0.4.5
	27		······ -	240,445.	27	241,945	
<u>m</u> 2	28	Net assets with donor restrictions			1,350,893.	28	1,445,572
ŭ		Organizations that do not follow FASB ASC 9	58, cheo	k here 🕨 🛄			
ш́		and complete lines 29 through 33.					
<u>د</u> ا	9	Capital stock or trust principal, or current funds				29	
SS 3	0	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	1	Retained earnings, endowment, accumulated in			1 504 000	31	
a 3	2	Total net assets or fund balances			1,591,338.	32	1,687,517
3	3	Total liabilities and net assets/fund balances			1,733,525.	33	1,994,143

<u>, 994</u>, 143. Form **990** (2019)

Form	990 (2019) ARTSPLUS	59-1	356847	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,893		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,797		
3	Revenue less expenses. Subtract line 2 from line 1	3			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,591	L,3:	<u>38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	1,687	7,5:	<u>17.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE	Α
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Department of the Treasury Internal Revenue Service

(Form 9	990 or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

ARTSPLUS 59-1356847 Part I Reson for Public Charley Status (Mi organizations must complete this part). See instructions. The organization in not a private foundation because it is: (For line 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)4(ii). 2 A school described in section 170(b)(1)4(iii). A church, convention of thurches described in section 170(b)(1)4(iii). 3 A hospital or a cooperative hospital service or conjunction with a hospital described in section 170(b)(1)4(iii). Enter the hospital's name, city, and state: (b) and galaxitation operation or operation that in described in section 170(b)(1)4(i). A feedpatiation operation or operation that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)4(i). 8 A community trust described in section 170(b)(1)4(i) operated in conjunction with a land grant college or university or a non-individinal section 170(b)(1)4(i) operated in conjunction with a land grant college or university or a non-individinal section 170(b)(1)4(i) operated in conjunction with a land grant college or university or a non-individinal section 170(b)(1)4(i) operated in the college or university or a non-individinal section 170(b)(1)4(i) operated in conjunction with a land grant college or university or a non-individinal section 170(b)(1)4(i)4(i) operated in conjunction with a land grant college or approximation advocable section 170(b)(1)4(i)4(i) operated in conjunction with a land grant college or approximation advocable or thore the ansol 1/3 or thore than 33 1/3% or its suppo	Name of	the organization						Employer	identification number
The organization is not a private foundation because it is: (For Ines 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 church, convention of churches, or association described in section 170(b) (1/A)(ii). A church convention of churches, or association described in section 170(b) (1/A)(iii). A church, convention of churches, or association described in section 170(b) (1/A)(iii). A church, convention convention the nonpiniciton with a longital described in section 170(b) (1/A)(iii). C churches described in convention with a longital described in section 170(b) (1/A)(ii). A church, convention devices a substantial part of its support from a governmental unit described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research organization described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research organization described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research organization described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research organization described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research organization described in section 170(b) (1/A)(iv). C complete Part II) A an agricultural research and agriculture (se lention sceptions, and (2) no more than 33 1/3% of its support from contributions, membership foes, and gross receipts from activities related to its exempt functions. subject to cretain exceptions, and (2) no more than 33 1/3% of its support from granization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 500(a)(2). Complete Part II) A norganization 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 organization described in section 500(a)(2). See section 500(a)(3). Co									9-1356847
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Altich Schedule E (Form 1900 or 909 EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, clt), and state: 5 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)(v). 7 An organization that normally receives a subtanialig part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). 8 A community transit described in section 170(b)(1)(A)(v). 9 An agnization that normally receives a subtanialig part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). 9 An agnization that normally receives a subtanialig part of its support from contributions, membershi pees, and gross receipts from achitexite set instructions). Enter the name, city, and state of the college or university. 10 An organization degranization degranization degranization described in section 170(b)(1)(A)(v). Complete Part II.) 11 An organization organization degranization described in section 509(a)(A). Section 509(a)(A). 12 An organization organization degranization described in section 509(a)(A). Complete Part II.) 12 An organization organization des	Part I	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 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)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit of more the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). 9 A community trust described in section 170(b)(1)(A)(v). 10 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 form gores investment income and unrelated business taxable income (less section 506(a)(1) 11 An organization organization described in section 506(a)(1) or section 506(a)(2). 12 An organization described and operated exclusively for the beart it, bearton the functions of, or to carry out the purposes of one or more publicly supported organization ongenization (2) organization	1 2	A church, convention of ch A school described in sect	urches, or associatio ion 170(b)(1)(A)(ii). (on of churches described Attach Schedule E (Forn	l in sectio n 990 or 99	on 170(b)(1 90-EZ).)			
section 170(b)(1)(A)(N). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 8 A community tract described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization discribed in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization discribed in section 170(b)(1)(A)(v). Complete Part II.) 9 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 carlian exceptions, and (2) no more than 33 1/3% of its support from goss incesting from againzation and paratel exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(5). See section 509(a)(5). Check the box in innes 12a through 12d that describes the type of supporting organization and complete lines 12a, 12, and 12a. 11 An organization organized and operated exclusively for the benefit or, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12a, 12a, and 12a. 12 Type I. A supporting organization aperated, supporting organization and complete lines 12a, 12a, and 12a. 14 Type I. A supporting organization operated, supervised, or controlled by its supported organizatin(A medical research organiz	· •)(iii). Enter	the hospital's name,
7 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)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). operated in conjunction with a land-grant college or university: 10 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 (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Complete Part III.) 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 describes the supporting organization accordinate (2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12(a), typically by giving the supported organization(s) the provents regularly appoint or elect a majority of the directors or trustees of the supporting organization apprecised and control or manage the supported organization(s) (see instructions). You must complete Part IV. S	5			llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 for granization after June 30, 1975. See section 509(a)(2). (Complete Part III). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Concepted organization of agriced and operated exclusively to the store body (2). See section 509(a)(3). Check the box in lines 12 at through 120 that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(3). Otherk the box in lines 12 at through 120 that describes the type of supporting organization organization (3), by daving the supported organization (3) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and G. c Type II. A supporting organization system in the same persons that control or manage the supported organization(6). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(6) that is not functionally integrated. A supporting organization operated in connection with its supported orga		An organization that norma	Illy receives a substa					ne general (public described in
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organized and operated exclusively for the benefit of, to perform the functions 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization spervised, or controlled by its supported organization(s), typically by giving the supporting organization spervised or controlled by its supported organization(s), by having organization weeks of the supporting organization(s), by our must complete Part IV, Sections A and B. b Type III supporting organization spervised. or controlled in connection with its supported organization(s) the grated. A supporting organization operated in connection with its supported organization(s) to make the supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its support devian attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. <t< td=""><td></td><td>An agricultural research org</td><td>ganization described</td><td>in section 170(b)(1)(A)(</td><td>ix) operate</td><td>-</td><td></td><td>-</td><td>-</td></t<>		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	-		-	-
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled by 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), four must complete Part IV, Sections A and C. c Type II 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 and C. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated or organization(s). f Enter the number of supported organizations (ii) Type organization (ii) Type or gani	10	An organization that norma activities related to its exen income and unrelated busin	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
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. 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f Enter the number of supported organizations f (i) Name of supported (ii) EIN functionally integrated on lines 1:10		An organization organized a An organization organized a more publicly supported or	and operated exclusi and operated exclusi ganizations describe	ively for the benefit of, to d in section 509(a)(1) o	perform t or section	he functior 509(a)(2).	ns of, or to ca See section	509(a)(3).	
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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization(s). (i) Name of supported (iii) EIN (iii) Type of organization(s). (i) Name of supported (iii) EIN (iii) Type of organization(s). (i) Name of supported (iii) EIN (iii) Type of organization (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instr		the supported organization organization. You must c	on(s) the power to rec complete Part IV, Se	gularly appoint or elect a ections A and B.	majority c	of the direc	tors or truste	es of the su	upporting
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (iv) Steported (iv) EIN (iv) Steported (iv)		control or management o organization(s). You mus	of the supporting organist complete Part IV,	anization vested in the sa Sections A and C.	ame perso	ns that co	ntrol or manag	ge the supp	ported
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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization generally must satisfy a distribution requirement and an attentiveness g Provide the following information about the supported organization(). if involves the following information about the supported organization (described on lines 1-10 above (see instructions)) if its the organization is above (see instructions) if your governing document? Yes No	c	its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of other supp		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	-	
g Provide the following information about the supported organization (s). (i) Name of supported organization (ii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary support (see instructions) (v) Amount of other support (see instructions) Yes No Image: support (see instructions) Image: support (see instructions) <td< td=""><td></td><td>functionally integrated, or</td><td>r Type III non-function</td><td></td><td></td><td></td><td>Туре I, Туре</td><td>II, Type III</td><td></td></td<>		functionally integrated, or	r Type III non-function				Туре I, Туре	II, Type III	
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1.10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other Image: See instruction is the organization is the org			•						
Image: Second		(i) Name of supported		(iii) Type of organization (described on lines 1-10	in your governi	ng document?		-	
Image: Second									
Image: Constraint of the second se									
Total									
Total									
	Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 ARTSPLUS

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

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

 Section A. Public Support

 Calendar year (or fiscal year beginning in) ▶
 (a) 2015
 (b) 2016
 (c) 2017
 (d) 2018
 (e) 2019
 (f) Total

 1
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
 (b) 2016
 (c) 2017
 (d) 2018
 (e) 2019
 (f) Total

- 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. Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
	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						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Public					1 1	
	Public support percentage for 2019 (li						%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2019. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organizatio	۱			
ł	33 1/3% support test - 2018. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check t	nis box and stop	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	d organization		
ł	0 10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization		•	•	<i>,</i> •		s >

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

15 2019.05000 ARTSPLUS

Schedule A (Form 990 or 990-EZ) 2019 ARTSPLUS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2019 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018		1			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the	-					ne 17 is not
	more than 33 1/3%, check this box an	-	•	•	•••		▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			····· >
93202	23 09-25-19				Sch	nedule A (Forn	n 990 or 990-EZ) 2019

16 2019.05000 ARTSPLUS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Na
4	Ware a majority of the argenization's directors of the stage during the tay year also a majority of the directors		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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	aon D. An Type in Supporting Organizations		X	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
Sec	supported organizations played in this regard. tion 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. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr			
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	
u	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	<u>z</u> u		
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
u		3b		
932024	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 99		0-F7	2010
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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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ARTSPLUS

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

Schedule A	(Form 990	or 990-EZ) 2019	ARTSPLUS
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	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ARTSPLUS

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line	12:
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, S	Section C,
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lines 1c, 2a, 2b, 3a, and 3b; Part V. line 1: Part V. Section B. line	1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	
	(See instructions.)	
932028 09-25-1	-25-19 Schedule A (Form 990 o	r 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

	ARTSPLUS	59-1356847
Organization type	e (check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed to the parts unless the form and the year form

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

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

Name of o	rganization		Emplo	oyer identification number
ARTSPI	LUS		59	9-1356847
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is neede	ed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
1		- \$\$	186,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
2		- \$\$	63,189.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
3		- _ \$	60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
4		- _ \$	52,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
5		- _ \$	41,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
6_		- \$	33,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Employer identification number

ARTSPLUS

59-1356847

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u>		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2019)
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Employer identification number

ARTSPLUS

59-1356847

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 15</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$18,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Employer identification number

ARTSPLUS

59-1356847

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$15,626.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$15,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$11,913.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,276.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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(d)

Type of contribution

X

Person

59-1356847

ARTSPLUS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 25

		Payroll \$ 10,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27_		\$ 10,000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28_		\$ 8,750. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		\$8,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		* 8,500. * 8,500. Person X Payroll (Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 99), 990-EZ,	or 990-PF)	(2019)
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Employer identification number

ARTSPLUS

59-1356847

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	, , , , , , , , , , , , , , , , ,	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$7,841.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$7,822.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 923452 11-06-		\$\$,779.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2019)
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Employer identification number

ARTSPLUS

59-1356847

37	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
a s 6,468. Payroll Noncash (a) (b) (c) (d) (d) 38 (e) (e) (f) (f) 38 (f) (f) (f) (f) (f) (a) Name, address, and ZIP + 4 Total contributions Person X (a) (b) (f) (f) (f) (f) (a) No. Name, address, and ZIP + 4 Total contributions Type of contributions (a) No. Name, address, and ZIP + 4 Total contributions Person X (a) No. Name, address, and ZIP + 4 Total contributions Person X (a) (b) (c) (c) (d) Noceash (Complete Part II for nonceash contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions Person X (a) Name, address, and ZIP + 4 Total contributions Type of contributions Complete Part II for nonceash contributions (a) No. Name, address, and ZIP + 4 Total contributions Type of contribut				(d) Type of contribution		
No. Name, address, and ZIP + 4 Total contributions Type of contributions 38	37		\$6,468.	Payroll Noncash		
(a) (b) (c) (d) 39				(d) Type of contribution		
No. Name, address, and ZIP + 4 Total contributions Type of contributions 39	38_		\$6,373.	Payroll Noncash		
Image: second				(d) Type of contribution		
No. Name, address, and ZIP + 4 Total contributions Type of contribution 40	<u> 39</u>		\$6,303.	Payroll Noncash		
(a) (b) (c) (d) Mon. Name, address, and ZIP + 4 Total contributions Type of contributions 41				(d) Type of contribution		
No. Name, address, and ZIP + 4 Total contributions Type of contribution 41	<u>40</u>		\$6,100.	Payroll Noncash		
\$				(d) Type of contribution		
			\$5,000.	Payroll Noncash		
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions				(d) Type of contribution		
42 \$ 5,000. Person X \$ 5,000. Payroll Noncash 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2				Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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(d) Type of contribution

59-1356847

ARTSPLUS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 43

<u>43</u> -		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>44</u> _		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> -		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u> -		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-19	9	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

074 - 0771

Name of or	ganization	Employer identification number	
ARTSPI	JUS		59-1356847
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization				Employer identification number		
ARTSPI	LUS			59-1356847		
Part III		tions to organizations described in a) through (e) and the following line	section 501	(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the	e year. (Enter this info. once.) \$		
(a) No.	Use duplicate copies of Part III if additiona					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of g	gift			
	Transferee's name, address, a	and ZIP + 4	Re	lationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer of g				
			,			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.		<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4			lationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(a)	(-)		()		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Re	lationship of transferor to transferee		
	·					
923454 11-06	5-10			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		

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SCHEDULE [)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

lann	ARTSPLUS		59-1356847
Par		ed Funds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV,		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		unds
	are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
		· · · · ·	
Par			
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recre		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
	year 🕨		
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo		
_			
9	In Part XIII, describe how the organization reports conserva		
	balance sheet, and include, if applicable, the text of the foc	othote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections	of Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on For		
10	If the organization elected, as permitted under FASB ASC 9		alanco shoot works
Ia	of art, historical treasures, or other similar assets held for p		
	service, provide in Part XIII the text of the footnote to its fin	, ,	
h	If the organization elected, as permitted under FASB ASC 9		ace sheet works of
U	art, historical treasures, or other similar assets held for pub		
	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 t		
-	the following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1	C C	▶ \$
	Assets included in Form 990 Part X		····· • • <u>·</u>

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

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2019.05000	ARTSPLUS

Schedule D (Form 990) 2019

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accusation, and other records, check any of the following that make significant use of its contrue of the collection terms (check all that apply): d Loan or exchange program a Provide accipation in four organization's collections and explain how they further the organization's exempt purpose in Part XII. During the vear, did the organization's collection? Yes No Particle accipation in the organization's collections and explain how they further the organization's description of the second term of the maintain asset if the organization's description of the second term of the maintain asset if the organization's collection? Yes No Part is the organization and provide in them to be maintain asset in the organization and collection? Yes No Is the organization and outro of the maintain a spart in the organization and collection? Yes No Is the organization and outro of the maintain asset in the organization and collection? Yes No Is the organization include an amount on Form 980, Part X, line 21, for accors or outstodial account hability? Yes No Is the organization include an amount on Form 980, Part X, line 21, for accors or outstodial account hability? Yes No Is the organization include an amount on Form 980, Part X, line 21, for accors or outstodial acco	Sche	dule D (Form 990) 2019 ARTSPLU						59-13			_{age} 2	
collection toms (phock all that apply): a Policie exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other	r Simila	r Assets	contii	<u>nued)</u>		
a Public exhibition d Clean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that i	make si	gnificant ι	use of its		,		
b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or responded an anound to norm 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? No b If Yes, "explain the arrangement in Part XIII and complete the tollowing table: Amount To c Beginning balance It It Amount It 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the estimated part of Yes" on Form 980, Part X, line 21, for secrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanatin has been provided on P		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization is collections and explain how they turbler the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they turbler the organization's exempt purpose in Part XIII. 6 Dering the year, did the organization is collection? Yes 7 reported an amount on Form 1990. Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 1990. Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 1990. Part X, line 21. 1a Is the organization include an amount on Form 1990. Part X, line 21. for escrow or custodial account liability? 2b Define organization include an amount on Form 1990. Part X, line 21. for escrow or custodial account liability? 2b Define organization include an amount on Form 1990. Part X, line 21. for escrow or custodial account liability? 2b Prives' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2b Contributions Impart Y in Forder Contribution for 1990. Part X, line 10. 1a Beginning of year balance (a) Current year (b) Privexere (b) (Foru years bala.	а	Public exhibition	d	Loan or exc	hange program	m						
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 add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9. reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is defined as a mount on Form 990, Part X, line 21. Is defined balance Is defined bala	b	b Scholarly research e Other										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization is collection? No. Part IV Escrow and Outstodial Arrangements. Complete if the organization answered "Ves" on Form 190, Part IV, line 9, or reported an amount on Form 190, Part X. Ine 21. If a lis the organization angement in Part XIII and complete the following table: Image: Complete the organization and the organization answered "Ves" on Form 190, Part X. 6 Beginning balance Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: 7 Image: Complete the following table: Image: Complete the part Complete the following table: Image: Complete the part Complete the following table: Image: Complete the following table: Image: Complete the part Complete the following table: Image: Complete the part Complete th	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization accelerations collection? Yes No. Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9. or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Include the organization and the part of the organization and the part of the organization and the part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Include the part of the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Include the organization answered 'Yes' on Form 990, Part IV, line 10. Ia Beginning of year balance 10 Current year (D) Provemats that (D) for the years that (E) four years that (D) and the organization answered 'Yes' on Form 990, Part IV, line 10. Include the year (D) Provemats that (D) and (D	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatior	n's exen	npt purpo	se in Part	XIII.			
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. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X/ Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
reported an amount on Form 930, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1e c Beginning balance 11d 1e 1e d Additions during the year 1e 1e 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. (e) Four years back	_										No	
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 b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1c Amount 1d 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fodowment Funds. Complete if the organization answerd 'Yes' or Form 900, Part IX, line 10. Part V Endownent Funds. (b) Fror year (c) Two years back. (e) Four years back. 1a Beginning of year balance 97, 354, 540, 479, 515, 164, 422, 220, 454, 223, 20, 454, 223, 20, 454, 223, 20, 155, 164, 422, 220, 454, 223, 20, 156, 565, 429, 292, 27, 350, 58, 700, 3, 560, 20, 23, 560, 20, 23, 560, 23, 560, 23, 560, 247, 23, 551, 164, 422, 220, 454, 221, 154, 164, 422, 220, 454, 221, 154, 164, 422, 220, 154, 540, 479, 515, 164, 422, 220, 154, 424, 222, 20, 154, 164, 164, 222, 220, 154, 164, 164, 222, 220, 164, 154, 172, 23, 21, 154, 154, 164, 164, 222, 220, 164, 154, 164, 222, 220, 164, 154, 164, 164, 222, 220, 164, 154, 164, 164, 222, 220, 164, 154, 164, 164, 222, 220, 164, 154, 164, 164, 164, 164, 164, 164, 164, 16	Par			te if the organizatio	on answered "	Yes" on	Form 990	, Part IV, I	ine 9, or			
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part X, line 10. 10 Three years back (e) Four years back (e) Three years back (e) Four yea												
b If "Yes," explain the arrangement in Part XII and complete the following table:	1 a							_	_		-	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form '990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V End Ownment Funds. Complete if the organization answered 'Yes' on Form '990, Part IV, line 10. f Beginning of year balance (a) Current year (b) Pror year (c) Two years back. (d) Three years back. f Contributions .5, 665. 429, 292. 7, 350. 58, 700. 3, 600. f Contributions .5, 665. 429, 292. 7, 350. 16, 532. 21, 154. d Contributions .5, 655. 20, 011. 982. 961. 1, 426. g End of year balance .981, 557. 979, 364. 540, 479. 515, 164. 422, 220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a bard designated or quasiratowowent b								L	Yes		No	
c Beginning balance 1c 1d d Additions during the year 1c 1d Distributions during the year 1c 1d 2a Distributions during the year 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 1d 1d Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1d 2d. 2d. 4d.5d.221. b Contributions 5, 665. 429.292. 7, 350. 58, 700. 3, 600. c Hit westment earnings, gains, and losses 2, 575. 2, 011. 982. 961. 1, 426. g End of year balance 9.10.0.0 % 540. 479. 515. 164. 422.220. 2 Provide the estinated percentage on lines	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:								
d Additions during the year 1d e Distributions during the year 1e 1 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement In Part XIII. Check here if the explanation has been provided on Part XII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Fure years back fure years									Amoun	<u>t</u>		
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (f) Three years back (f) Four years back (f) Three years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Four years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Four years back (f) Three years back (f) Four y												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 579, 364. 540, 479. 515, 164. 422, 220. 454, 221. 1a Contributions 5, 665. 429, 229. 7, 330. 58, 700. 3, 600. c Net investment earnings, gains, and losses 29, 073. 30, 803. 40, 447. 51, 737. -13, 021. d Grants or scholarships 2, 535. 2, 011. 982. 961. 1, 426. g End of year balance 981. 567. 979, 364. 540, 479. 515. 164. 422.220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e											
b fr Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Tirree years back (e) Four years back 1a Beginning of year balance 979, 264. \$40, 479. \$515, 164. 422, 220. 454, 221. b Contributions 5, 665. 429, 292. 7, 350. 58, 700. 3, 600. c Net investment earnings, gains, and losses 29, 073. 30, 803. 40, 447. 51, 737. -13, 021. e Other expenditures for facilities 30, 000. 19, 199. 21, 500. 16, 532. 21, 154. f Administrative expenses 2, 535. 2, 011. 982. 961. 1, 426. g End of year balance	T Or											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance 979,364. 540,479. 515,164. 422,220. 454,221. 1a Contributions 5,665. 429,292. 7,350. 58,700. 3,600. c Net investment earnings, gains, and losses 29,073. 30,803. 40,447. 51,737. -13,021. and programs 30,000. 19,199. 21,500. 16,532. 21,154. 4 Administrative expenses 2,535. 2,011. 982. 961. 1,426. 9 Bit j.667. 979,364. 540,479. 515,164. 422,220. 22. 22. 2 Porvice the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶							ity?	L	_ res		_ INO _	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 979, 364. 540, 479. 515, 164. 422, 220. 4454, 221. b Contributions 5, 665. 429, 292. 7, 350. 58, 700. 3, 600. c Other expenditures for facilities 30, 803. 40, 447. 517, 737. -13, 021. d Grants or scholarships 2, 535. 2, 011. 982. 961. 1, 426. g End of year balance 991, 567. 979, 364. 540, 479. 515, 164. 422, 220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 80ard designated or quasi-endowment ▶	_											
1a Beginning of year balance 979, 364. 540, 479. 515, 164. 422, 220. 454, 221. b Contributions 5, 665. 429, 292. 7, 350. 58, 700. 3, 600. c Net investment earnings, gains, and losses 29, 073. 30, 803. 40, 447. 51, 737. -13, 021. e Other expenditures for facilities 30, 000. 19, 199. 21, 500. 16, 532. 21, 154. f Administrative expenses 2, 535. 2, 011. 982. 961. 1, 426. g End of year balance 981, 567. 979, 364. 540, 479. 515, 164. 422, 220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶								ware hack		r veare	hack	
bContributions5,665.429,292.7,350.58,700.3,600.cNet investment earnings, gains, and losses29,073.30,803.40,447.51,73713,021.dGrants or scholarships	19	Beginning of year balance										
c Net investment earnings, gains, and losses 29,073. 30,803. 40,447. 51,737. -13,021. d Grants or scholarships 0 19,199. 21,500. 16,532. 21,154. and programs 2,535. 2,011. 982. 961. 1,426. g End of year balance 981,567. 979,364. 540,479. 515,164. 422,220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a baard designated or quasi-endowment ▶ % b Permanent endowment ▶ % % term endowment ▶ % (i) Unrelated organizations %			,									
Grants or scholarships	c c							,	· · · · ·			
e Other expenditures for facilities and programs 30,000. 19,199. 21,500. 16,532. 21,154. f Administrative expenses 2,535. 2,011. 982. 961. 1,426. g End of year balance 981,567. 979,364. 540,479. 515,164. 422,220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % b Permanent endowment % % % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations % % ii) Related organizations % % % 4 Describe in Part XIII the intended uses of the organization's endowment funds.	d d					, · · ·				/		
and programs 30,000. 19,199. 21,500. 16,532. 21,154. f Administrative expenses 2,535. 2,011. 982. 961. 1,426. g End of year balance 981,567. 979,364. 540,479. 515,164. 422,220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % % % c Term endowment ▶ % % % % ii) Permanent endowment ▶ % % % % c Term endowment ▶ % % % % iii) 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 organization by:		-										
f Administrative expenses 2,535. 2,011. 982. 961. 1,426. g End of year balance 981,567. 979,364. 540,479. 515,164. 422,220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % c Term endowment ▶ % main endowment ▶ % % a Beard designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations	Ū		30,000.	19,199.	21	.500.		16,532.		21,	154.	
g End of year balance 981,567.979,364.540,479.515,164.422,220. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% c Term endowment ▶% % c Term endowment ▶% % c Term endowment ▶% % (i) Unrelated organizations(ii) Related organizations % (ii) Related organizations(iii) Related organizations listed as required on Schedule R? % 4 Describe in Part XIII the intended uses of the organization's endowment funds.	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ħ the possession of the organization that are held and administered for the organization b: Unrelated organizations Sa(i) X sa(ii) X Sa(ii) X sa(ii) Ret elated organizations listed as required on Schedule R? Sb it Sb it 4 Describe in Part XIII the intended uses of the organization's endowment funds. Eq			· · · ·			,479.	5	15,164.				
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d 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 organization by: (i) Unrelated organizations (ii) Related organizations 3a(i) X 3a(ii) Related organizations 3a(ii) Related organizations 3a(iii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (other) b Buildings			ent vear end balance	(line 1g. column (a)) held as:							
b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? (ii) 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 b asis (investment) b Buildings	а		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
c Term endowment ▶ 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization as set of the organization's endowment funds. (iii) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Equipment (i) Cost or other (i) Cost or other	b	c	%	-								
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 organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization is sendowment 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. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Leasehold improvements (c) (a) (a) (a) (a) (a) (b) (c) (a) (c) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	с		%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 16 (c) 293, 290. (c) 26, 817. (c) 293, 290. (c) 26, 817. (c) 293, 290. (c) 26, 817. (c) 293, 290. (c) 26, 817. (c) 293, 290. (c) 293, 293. (c) 293, 293. (c) 293, 293. (c) 293. (c) 293, 293. (c) 293. (c) 293. (c) 293. (c) 293. (c) 293.			uld equal 100%.									
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 5 5 c Leasehold improvements 26,817. 24,188. 2,629. d Equipment 306,716. 293,290. 13,426.	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held a	nd administere	ed for th	e organiza	ation				
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 26,817. 24,188. 2,629. c Leasehold improvements 306,716. 293,290. 13,426. e Other Other 0 0 0		by:									No	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land		(i) Unrelated organizations							3a(i)	Х		
4 Describe in Part XII 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 1a Land									3a(ii)		Х	
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 1a Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b			
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	4			/ment funds.								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	ent.									
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990,							
b Buildings 26,817. 24,188. 2,629. c Leasehold improvements 306,716. 293,290. 13,426. e Other		Description of property		· · · ·		• •		ed	(d) Boo	k valu	e	
c Leasehold improvements 26,817. 24,188. 2,629. d Equipment 306,716. 293,290. 13,426. e Other	1a	Land										
d Equipment 306,716. 293,290. 13,426. e Other												
e Other	с	Leasehold improvements					24,1	88.		<u>2,6</u>	29.	
	d	Equipment		30	6,716.	2	293,2	90.	1	<u>3,4</u>	26.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>(, column (B), line 1</u>	0c.)		<u></u>		1	6,0	55.	

Schedule D (Form 990) 2019

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INVESTMENT FUNDS	981,567.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	981,567.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

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

Schedule D (Form 990) 2019

932053 10-02-19

X

Sche	dule D (Form 990) 2019 ARTSPLUS			59-2	1356847	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,873,	,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	80,822.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	80,	,822.
3	Subtract line 2e from line 1			3	1,792	<u>,907.</u>
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				
b	Other (Describe in Part XIII.)	4b	100,876.			
С	Add lines 4a and 4b			4c		,876.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,893,	,783.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		· · · ·		
1	Total expenses and losses per audited financial statements			1	1,777,	,550.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	80,822.			
b	Prior year adjustments	2 b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,822.
3	Subtract line 2e from line 1			3	1,696,	<u>,728.</u>
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				
b	Other (Describe in Part XIII.)	4b	100,876.			
С	Add lines 4a and 4b			4c		,876.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,797,	,604.
Pa	rt XIII Supplemental Information.					

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

PART V, LINE 4:

PROGRAM SUPPORT

PART X, LINE 2:

ARTS+, A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES, AND THEREFORE

NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL

STATEMENTS. ARTS+ HAS REVIEWED POTENTIAL TAX UNCERTAINTIES IN ACCORDANCE

WITH APPLICABLE FINANCIAL ACCOUNTING STANDARDS AND MANAGEMENT BELIEVES

THERE ARE NO UNCERTAINTIES THAT WOULD HAVE A MATERIAL IMPACT ON ARTS+'S

FINANCIAL POSITION OR RESULTS OF OPERATIONS FOR THE YEAR ENDED JUNE 30,

2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION ASSISTANCE AND OTHER DISCOUNTS - THE AUDITED FINANCIAL STATEMENTS

LIST THE TUITION ASSISTANCE EXPENSE OF \$100,876 AS A REDUCTION OF INCOME.

THIS AMOUNT IS CONSIDERED A PROGRAM EXPENSE FOR THE PURPOSE OF CONTINUING

THE NON-PROFIT'S FUNCTION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION ASSISTANCE AND OTHER DISCOUNTS - THE AUDITED FINANCIAL STATEMENTS

LIST THE TUITION ASSISTANCE EXPENSE OF \$100,876 AS A REDUCTION OF INCOME.

THIS AMOUNT IS CONSIDERED A PROGRAM EXPENSE FOR THE PURPOSE OF CONTINUING

THE NON-PROFIT'S FUNCTION.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" on Form 99	0,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.	

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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



Name of the organization	Employer
ARTSPLUS	5
Part I	

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	ARTS+ PUBLICIZES AN ACCESSIBILITY POLICY ON THEIR WEBSITE,			
	WHICH STATES THAT ARTS+ MAKES AN ARTS EDUCATION ACCESSIBLE TO			
	ALL STUDENTS REGARDLESS OF RACE, AGE, DISABILITY, FAITH, SEX,			
	SEXUAL ORIENTATION, SOCIAL CLASS, ETHNICITY, AND GENDER			
	IDENTITY.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	x	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
~				
5	Does the organization discriminate by race in any way with respect to:	5-		Х
a ⊾	Students' rights or privileges?	5a		X
D	Admissions policies?	5b		X
		5c		X
d	Scholarships or other financial assistance?	5d 5e		X
e f	Educational policies?	5e 5f		X
י ר		5g		X
y h	Athletic programs?	5g 5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
	Has the organization's right to such aid ever been revoked or suspended?	6b	_	X
~	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5.0		_
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
-	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or) 2019

Schedule E	(Form 990	or 990-EZ	2019	ARTSPLUS
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Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

ARTS+ RECEIVED A GRANT FROM THE NORTH CAROLINA ARTS COUNCIL, WHICH IS A

STATE GOVERNMENT ORGANIZATION, TO PAY FOR GENERAL OPERATING COSTS.

932062 10-09-19

SCHEDU		G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047	
(Form 99	0)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of	of the Treasury	Comp	ete il the organizatio	Attach to For		111 4 , inte 21 01 22.		2019 Open to Public	
Internal Reve	enue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection	
Name of t	the organization ARTSPLUS							Employer identification number 59-1356847	
Part I	General Information on Grants a								
	es the organization maintain records								
crite 2 Des	eria used to award the grants or assi scribe in Part IV the organization's pr	stance?	oring the use of grant	funda in tha Unitar	l Stataa			X Yes No	
Part II	Grants and Other Assistance to					anization answered "Y	es" on Form 990 Par	t IV line 21 for any	
	recipient that received more than	-							
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3 Ent	er total number of section 501(c)(3) a er total number of other organization	is listed in the line ⁻	I table					Sabadula I (Earm 000) (2010)	

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

Schedule I (Form 990) (2019)

ARTSPLUS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					TUITION ASSISTANCE VALUED AT
IITION ASSISTANCE	143	٥.	100,876.	FMV	COST OF CLASSES.
Part IV Supplemental Information. Provide the information re		o 2: Part III. column	(b): and any other ac	 	1
artiv Supplemental mormation. Provide the mormation re	quileu in Fart I, iii	e 2, Fait III, column	(b), and any other ad		

PART I, LINE 2:

STUDENTS RECEIVING FINANCIAL AID AND MERIT SCHOLARSHIPS ARE MONITORED

CAREFULLY TO ENSURE THAT SUPPORT FUNDS ARE EFFECTIVELY SPENT. ALL FAMILIES

SIGN A CONTRACT OUTLINING EXPECTATIONS UPON RECEIVING THE AWARD. STUDENTS'

SKILLS ARE EVALUATED IN WRITING AT THE END OF EVERY SEMESTER. DETAILED

COMMENTS AND A DEVELOPMENT PLAN ARE PROVIDED TO THE STUDENTS AND THEIR

PARENTS AND REVIEWED BY THE SCHOOL'S PROGRAM DIRECTOR. THEIR PROGRESS

REPORT IS A FORM THAT MEASURES COMMITMENT, WORK ETHIC, AND TECHNICAL

IMPROVEMENT. THE PROGRAM DIRECTOR TRACKS ATTENDANCE OF THE FINANCIAL AID

AND SCHOLARSHIP STUDENTS AT LESSONS. SCHOLARSHIP STUDENTS ENJOY MANY OTHER OPPORTUNITIES TO BE HEARD AND EVALUATED THROUGHOUT THE YEAR, INCLUDING PRIVATE PERFORMANCES AND FUNDRAISING EVENTS. WHEN THE ARTS+ SEES EVIDENCE THAT STUDENTS ARE NOT ATTENDING THEIR LESSONS OR PRACTICING REGULARLY, IT DECLINES TO RENEW STUDENTS' FINANCIAL AID FOR THE FOLLOWING YEAR.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2019 Open to Public Inspection

Name of the	organization
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Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information	۱.

Employer	identification number
5	9-1356847

►

Par	TI I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	-
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion an	ounts	2
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>STUDIO EQUIP.</u>)	Х	1	127,997.	RETAIL VALU	E		
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				I
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19

Part II	Supplemental	Information.	Pro
Schedule M	(Form 990) 2019	ARTSPLUS	

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

932142 09-27-19	Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection Employer identification number

59-1356847

OMB No. 1545-0047

ARTSPLUS

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

THE DRAFT 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE IN DETAIL BY THE EXTERNAL AUDITORS. THE FINANCE COMMITTEE WILL VOTE TO APPROVE THE DRAFT. THE DRAFT 990 WILL THEN BE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS VIA EMAIL. DIRECTORS WILL BE ASKED TO SUBMIT QUESTIONS OR CONCERNS TO THE TREASURER OR EXECUTIVE DIRECTOR WITHIN A WEEK. ANY QUESTIONS OR CONCERNS WILL BE ADDRRESSED AND THE 990 WILL BE FILED THE FOLLOWING WEEK.

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

EACH SUMMER, ARTS+'S GOVERNANCE COMMITTEE REVIEWS THE CONFLICT OF INTEREST POLICY BEFORE SENDING IT TO THE BOARD MEMBERS AT THE START OF THE NEW FISCAL YEAR. THE BOARD MEMBERS ARE REQUIRED TO SIGN FORMS CONFIRMING THEIR UNDERSTANDING OF ARTS+ AND DISCLOSING ALL AFFILIATIONS THAT COULD BE POTENTIAL CONFLICTS OF INTERESTS. THEY THEN MUST RETURN THE FORMS TO ARTS+'S OFFICE BY EARLY FALL. IN THE EVENT OF A BOARD CONFLICT SURROUNDING A DECISION POINT, IF THERE IS A BOARD MEMBER WHO HAS AN INTEREST OR STAKE IN THE DECISION POINT CONFLICT, HE OR SHE MUST EXCUSE HIMSELF/HERSELF FROM ANY VOTE OR CONSENSUS DISCUSSION ON THE MATTER.

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

THE EXECUTIVE DIRECTOR IS GIVEN A COMPREHENSIVE ANNUAL PERFORMANCE REVIEW. AS PART OF THIS PROCESS, HER COMPENSATION MAY BE REVIEWED BY THE BOARD CHAIR, THE GOVERNANCE COMMITTEE CHAIR, AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE IN LIGHT OF THE BUDGET REALITIES IN A GIVEN YEAR. ANY INCREASE OR REDUCTION TO EXECUTIVE COMPENSATION, INCLUDING ALL BENEFITS AND BONUSES, MUST BE APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD AS PART OF THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Pag		
Name of the organization	Employer identification number		
ARTSPLUS	59-1356847		

ANNUAL BUDGETING PROCESS. TO DETERMINE APPROPRIATE COMPENSATION, ARTS+ USES

COMPARABLE DATA FROM OTHER NONPROFIT ORGANIZATIONS IN THE AREA OF SIMILAR

SIZE AND FOR SIMILAR LEVEL OF RESPONSIBILITY OF THE OFFICER POSITION.

ARTS+ ALSO CONSIDERS THE EXPERIENCE LEVEL AND PRIOR SALARY HISTORY OF THE

INDIVIDUAL.

COMPENSATION OF ALL OTHER EMPLOYEES IS DELEGATED TO THE EXECUTIVE DIRECTOR.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

OVERSIGHT AND SELECTION PROCESS IS UNCHANGED FROM PRIOR YEAR.

932212 09-06-19