

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUN 1, 2021, and ending MAY 31, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

EIN or SSN  
**04-2593591**

Name and title of officer or person subject to tax **JUG CHOKSHI  
CHIEF OPERATING OFFICER**

## Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>19,074,510.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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

### PIN: check one box only

I authorize MARCUM LLP to enter my PIN 93591  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

04826685224

Do not enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ 04/17/23

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

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

Form **8879-TE** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED</b>	Taxpayer identification number (TIN) <b>04-2593591</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1000 WASHINGTON STREET, 2ND FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02118</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

• The books are in the care of ▶ **1000 WASHINGTON STREET, 2ND FLOOR - BOSTON, MA 02118**

Telephone No. ▶ **617-951-0010** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until APRIL 18, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUN 1, 2021, and ending MAY 31, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED</b>		<b>D</b> Employer identification number <b>04-2593591</b>	
	Doing business as		<b>E</b> Telephone number <b>617-951-0010</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1000 WASHINGTON STREET, 2ND FLOOR</b>	<b>G</b> Gross receipts \$ <b>20,625,099.</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02118</b>		<b>H(c)</b> Group exemption number ▶	
	<b>F</b> Name and address of principal officer: <b>JUG CHOKSHI</b> <b>SAME AS C ABOVE</b>			

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527  
**J** Website: ▶ **WWW.NEFA.ORG**  
**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **MA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>NEFA INVESTS IN ARTISTS AND COMMUNITIES AND FOSTERS EQUITABLE ACCESS TO THE ARTS, ENRICHING THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,768,862.	<b>Current Year</b> 18,384,424.
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,438.	106,422.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	466,140.	583,664.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,248,440.	19,074,510.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,471,661.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,765,696.	3,206,419.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>312,405.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,568,718.	2,226,552.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,806,075.	10,991,369.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,557,635.	8,083,141.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 29,668,334.	<b>End of Year</b> 37,132,144.
	<b>21</b> Total liabilities (Part X, line 26)	5,839,419.	6,748,303.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	23,828,915.	30,383,841.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JUG CHOKSHI, CHIEF OPERATING OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MARY ANTONETTI</b> Firm's name ▶ <b>MARCUM LLP</b> Firm's address ▶ <b>53 STATE STREET</b> <b>BOSTON, MA 02109</b>	<b>MARY ANTONETTI</b>	<b>04/17/23</b>	<input type="checkbox"/>	<b>P00431862</b>
			Firm's EIN ▶ <b>11-1986323</b>		Phone no. (617) 807-5000

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**NEFA INVESTS IN ARTISTS AND COMMUNITIES AND FOSTERS EQUITABLE ACCESS TO THE ARTS, ENRICHING THE CULTURAL LANDSCAPE IN NEW ENGLAND AND THE NATION.**

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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 3,000,941. including grants of \$ 2,268,307.) (Revenue \$ \_\_\_\_\_)  
**NATIONAL DANCE PROJECT (NDP) - PROVIDES SUPPORT FOR THE CREATION AND TOURING OF DANCE WORK THROUGH GRANTS TO DANCE ARTISTS AND PRESENTERS; FOSTERS COMMUNITY ENGAGEMENT AND INTERNATIONAL EXCHANGE; AND THROUGH SPECIAL INITIATIVES, CREATES OPPORTUNITIES FOR DANCE ARTISTS AT VARIOUS STAGES IN THEIR CAREERS.**

4b (Code: \_\_\_\_\_) (Expenses \$ 1,845,026. including grants of \$ 1,364,603.) (Revenue \$ \_\_\_\_\_)  
**NATIONAL THEATER PROJECT (NTP) - EXPLORES CREATING A SYSTEM OF SUPPORT FOR PROFESSIONAL ARTIST-LED COLLABORATIVE, DEVISED THEATER. MODELED AFTER NEFA'S NATIONAL DANCE PROJECT, THE PROGRAM SUPPORTS ENSEMBLE THEATER DEVELOPMENT AND TOURING IN THE UNITED STATES.**

4c (Code: \_\_\_\_\_) (Expenses \$ 2,329,204. including grants of \$ 1,446,488.) (Revenue \$ 106,422.)  
**NEW ENGLAND PRESENTING AND TOURING - PROVIDES FINANCIAL AND PROFESSIONAL SUPPORT TO NEW ENGLAND ARTISTS AND ARTS ORGANIZATIONS TO FOSTER THE DEVELOPMENT AND SHARING OF CREATIVE WORK; THE PROGRAM STRIVES TO REACH POPULATIONS FOR WHOM ACCESS IS MORE LIMITED.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 1,939,222. including grants of \$ 479,000.) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **9,114,393.**

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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 "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	269
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 30		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....		
<b>4a</b>	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)? .....		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	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? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	21	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**THE ORGANIZATION - 617-951-0010**  
**1000 WASHINGTON STREET, 2ND FLOOR, BOSTON, MA 02118**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE EDWARDS EXECUTIVE DIRECTOR (LEFT 5/22)	40.00			X				197,642.	0.	11,268.
(2) JUG CHOKSHI CHIEF OPERATNG OFFICER	40.00			X				154,326.	0.	27,080.
(3) JANE PRESTON DEPUTY DIRECTOR; ASST SECR	40.00			X				139,882.	0.	10,814.
(4) ADRIENNE PETRILLO SENIOR PROGRAM DIRECTOR	40.00					X		102,159.	0.	10,641.
(5) EUNICE SULLIVAN SENIOR PROGRAM DIRECTOR	40.00					X		101,936.	0.	10,641.
(6) AMY ZELL ELLSWORTH DIRECTOR	1.50	X						0.	0.	0.
(7) DOUGLAS KEITH DIRECTOR	1.50	X						0.	0.	0.
(8) EDWIGE CHARLOT DIRECTOR	1.00	X						0.	0.	0.
(9) CARRIE ZASLOW VICE CHAIR & TREASURER	1.00	X		X				0.	0.	0.
(10) IVAN ESPINOZA-MADRIGAL SECRETARY	1.00	X		X				0.	0.	0.
(11) MIN JUNG KIM DIRECTOR	1.00	X						0.	0.	0.
(12) ELIZABETH SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL BOBBITT DIRECTOR	1.00	X						0.	0.	0.
(14) ERINN KING DIRECTOR	1.00	X						0.	0.	0.
(15) MADELINE SAYET DIRECTOR	1.00	X						0.	0.	0.
(16) MAGDALENA ABREGO DIRECTOR (JOINED 6/21)	1.00	X						0.	0.	0.
(17) DAVID GREENHAM DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANK MITCHELL DIRECTOR (JOINED 6/21)	1.00	X						0.	0.	0.
(19) LISA WONG DIRECTOR (LEFT 6/21)	1.00	X						0.	0.	0.
(20) RANDALL ROSENBAUM DIRECTOR (LEFT 11/21)	1.00	X						0.	0.	0.
(21) TED WENDELL DIRECTOR	1.00	X						0.	0.	0.
(22) ANGIE LANE DIRECTOR (JOINED 6/21)	1.00	X						0.	0.	0.
(23) TAYLOR HO BYNUM DIRECTOR (LEFT 6/21)	1.00	X						0.	0.	0.
(24) GEOFFREY HARGADON DIRECTOR (LEFT 6/21)	1.00	X						0.	0.	0.
(25) JOHN HENRY CHAIR	1.00	X		X				0.	0.	0.
(26) PAMELA TATGE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								695,945.	0.	70,444.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								695,945.	0.	70,444.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LISA BOOTH MANAGEMENT, INC. 22 MILTIADES AVENUE, RIVERSIDE, CT 06878	MANAGEMENT, RESEARCH & DEVELOPMENT, & PL	260,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,433,761.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,950,663.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,760.				
	<b>h Total.</b> Add lines 1a-1f .....			18,384,424.			
<b>Program Service Revenue</b>	<b>2 a</b> SERVICE FEES	<b>Business Code</b>					
		900099	106,422.	106,422.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			106,422.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		219,189.			219,189.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				1,915,064.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,550,589.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	364,475.				
<b>d</b> Net gain or (loss) .....			364,475.		364,475.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			19,074,510.	106,422.	0.	583,664.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,151,648.	5,151,648.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	406,750.	406,750.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	561,846.	197,500.	303,818.	60,528.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,951,322.	1,142,199.	667,720.	141,403.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	498,435.	315,947.	145,558.	36,930.
<b>10</b> Payroll taxes .....	194,816.	111,189.	69,642.	13,985.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	86,381.	42,305.	44,076.	
<b>c</b> Accounting .....	33,500.		33,500.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	92,898.		92,898.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	590,119.	516,739.	60,790.	12,590.
<b>12</b> Advertising and promotion .....	37,462.	19,619.	17,843.	
<b>13</b> Office expenses .....	68,812.	30,494.	34,479.	3,839.
<b>14</b> Information technology .....	118,027.	99,429.	7,956.	10,642.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	76,921.	45,169.	16,687.	15,065.
<b>17</b> Travel .....	380,084.	370,005.	8,926.	1,153.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	115,435.	96,513.	13,550.	5,372.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	59,441.	34,144.	16,684.	8,613.
<b>23</b> Insurance .....	65,491.	60,798.	4,693.	
<b>24</b> 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 O.)				
<b>a</b> <b>HONORARIA</b> .....	441,404.	440,379.	1,025.	0.
<b>b</b> <b>ADMINISTRATIVE COSTS</b> .....	37,185.	25,392.	10,164.	1,629.
<b>c</b> <b>PROFESSIONAL DEVELOPMEN</b> .....	23,392.	8,174.	14,562.	656.
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,991,369.	9,114,393.	1,564,571.	312,405.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,641,431.	<b>1</b>	11,331,466.		
	<b>2</b> Savings and temporary cash investments .....	47,244.	<b>2</b>	47,248.		
	<b>3</b> Pledges and grants receivable, net .....	8,857,005.	<b>3</b>	8,761,395.		
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	56,223.	<b>9</b>	303,632.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 831,479.				
	<b>b</b> Less: accumulated depreciation .....	10b 96,487.	714,408.	<b>10c</b>	734,992.	
	<b>11</b> Investments - publicly traded securities .....	14,304,792.	<b>11</b>	15,906,180.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	47,231.	<b>15</b>	47,231.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	29,668,334.	<b>16</b>	37,132,144.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	448,882.	<b>17</b>	472,650.		
	<b>18</b> Grants payable .....	5,343,293.	<b>18</b>	6,228,405.		
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	47,244.	<b>21</b>	47,248.		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>			
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,839,419.	<b>26</b>	6,748,303.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	8,371,449.	<b>27</b>	15,617,295.		
	<b>28</b> Net assets with donor restrictions .....	15,457,466.	<b>28</b>	14,766,546.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	23,828,915.	<b>32</b>	30,383,841.		
	<b>33</b> Total liabilities and net assets/fund balances .....	29,668,334.	<b>33</b>	37,132,144.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	19,074,510.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	10,991,369.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	8,083,141.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	23,828,915.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-1,181,292.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-346,923.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	30,383,841.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>	<b>X</b>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6550553.	9488769.	9955347.	7768862.	10384424.	44147955.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6550553.	9488769.	9955347.	7768862.	10384424.	44147955.
<b>5</b> 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) .....						28714999.
<b>6 Public support.</b> Subtract line 5 from line 4.						15432956.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	6550553.	9488769.	9955347.	7768862.	10384424.	44147955.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	199,713.	38,146.	72,631.	5,555.	219,189.	535,234.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						44683189.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	325,158.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	34.54 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	41.65 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

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

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.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED

Schedule A (Form 990) 2021

04-2593591 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021







**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

Employer identification number

**04-2593591**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <b>NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED</b>	Employer identification number <b>04-2593591</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL ENDOWMENT FOR THE ARTS  400 7TH STREET SW  WASHINGTON, DC 20506	\$ 2,109,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARR FOUNDATION  2 ATLANTIC AVENUE  BOSTON, MA 02110	\$ 2,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF STATE  10 CAUSEWAY STREET  BOSTON, MA 02222	\$ 977,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FIDELITY NON-PROFIT MANAGEMENT FOUNDATION  7 WATER STREET  BOSTON, MA 02109	\$ 8,003,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED</b>	Employer identification number <b>04-2593591</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED</b>	Employer identification number <b>04-2593591</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** **NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED** **Employer identification number**  
**04-2593591**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 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, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| 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
- b If "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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,928,342.	4,735,309.	4,644,109.	4,539,674.	4,306,868.
b Contributions	5,028,000.		45,000.	32,813.	
c Net investment earnings, gains, and losses	-471,689.	1,448,568.	541,344.	301,496.	455,511.
d Grants or scholarships					
e Other expenditures for facilities and programs	250,000.	216,741.	458,306.	206,898.	187,822.
f Administrative expenses	67,421.	38,794.	36,838.	22,976.	34,883.
g End of year balance	10,167,232.	5,928,342.	4,735,309.	4,644,109.	4,539,674.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		324,759.	51,278.	273,481.
d Equipment		13,108.	3,933.	9,175.
e Other		493,612.	41,276.	452,336.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				734,992.

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 ...

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	17,454,960.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,181,292.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,563.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,179,729.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	18,634,689.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	92,898.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	346,923.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	439,821.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	19,074,510.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,900,034.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,563.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,563.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,898,471.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	92,898.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	92,898.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,991,369.

**Part 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 IV, LINE 2B:**

NEFA WAS A FISCAL AGENT FOR THE MASSACHUSETTS AND NEW HAMPSHIRE STATE ARTS AGENCIES. IN ACCORDANCE WITH NEFA'S BY-LAWS, SENIOR LEADERS OF THE ABOVE-MENTIONED AGENCIES, AS WELL AS THE CONNECTICUT, MAINE, RHODE ISLAND, AND VERMONT STATE ARTS AGENCIES, ARE ALSO BOARD MEMBERS OF NEFA. EACH OF THESE AGENCIES ALSO FUNDS NEFA.

**PART V, LINE 4:**

THE ORGANIZATION USES THE ENDOWMENT FUNDS TO SUPPORT THE MISSION OF THE ORGANIZATION.

**PART X, LINE 2:**



**Part XIII** Supplemental Information (continued)

THE FOLLOWING IS AN EXCERPT FROM THE NOTES TO THE FINANCIAL STATEMENTS:

NEFA HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION.

NEFA IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, NEFA IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. IN FISCAL YEARS 2022 AND 2021, NEFA WAS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND DID NOT FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP GRANT FUNDS RECEIVED IN FY 2021, NOT FORGIVEN UNTIL

FY22 346,923.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED** Employer identification number  
**04-2593591**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PIONEER VALLEY JAZZ SHARES 340 BRIDGE ST. NORTHAMPTON, MA 01060	82-3760957	501C(3)	5,007.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
REAL ART WAYS, INC. 56 ARBOR STREET HARTFORD, CT 06106	06-0958072	501C(3)	5,394.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOMBYX CENTER FOR ARTS & EQUITY, INC. - 130 PINE STREET - FLORENCE, MA 01062	87-3501029	501C(3)	5,400.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	15-0532200	501C(3)	5,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WHITE BIRD 5620 SOUTHWEST EDGEMONT PLACE PORTLAND, OR 97239	93-1263353	501C(3)	6,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SAINT-GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVENUE OSSINING, NY 10562	02-0223438	501C(3)	6,104.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 206.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 1.**

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

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ODDFELLOWS PLAYHOUSE 128 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0964602	501C(3)	6,365.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE MYRNA LOY 15 NORTH EWING HELENA, MT 59601	51-0185430	501C(3)	6,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
GREEN MUSIC CENTER, SONOMA STATE UNIVERSITY - 1801 E. COTATI AVENUE - ROHNERT PARK, CA 94928	68-0338225	501C(3)	6,624.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEXT STAGE ARTS PROJECT, INC. PO BOX 251 PUTNEY, VT 05346	45-2157212	501C(3)	6,650.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CLEMSON UNIVERSITY 391 COLLEGE AVE SUITE 302 CLEMSON, SC 29634	57-6000254	501C(3)	7,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180-3590	14-1340095	501C(3)	7,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 90049	95-4538371	501C(3)	7,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY OF MASSACHUSETTS, AMHERST - 333 SOUTH ST. STE. 450 - SHREWSBURY, MA 01545-4176	04-3167352	501C(3)	7,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY OF RICHMOND, MODLIN CENTER FOR THE ARTS - 453 WESTHAMPTON WAY - RICHMOND, VA 23173	54-0505965	501C(3)	7,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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FARM ARTS COLLECTIVE 38 HICKORY LANE DAMASCUS, PA 18415	83-1010354	501C(3)	7,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INVERTIGO DANCE THEATRE 11166 LUCERNE AVENUE CULVER CITY, CA 90230	26-2085983	501C(3)	7,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WEXNER CENTER FOUNDATION 1871 NORTH HIGH STREET COLUMBUS, OH 43210	31-1306419	501C(3)	7,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARIZONA STATE UNIVERSITY FOUNDATION FOR A AMERICAN UNIVERSITY - 300 E UNIVERSITY DR. 6TH FL - TEMPE, AZ 85281	86-8051042	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOSTON CHINATOWN NEIGHBORHOOD CENTER INC - 885 WASHINGTON ST. - BOSTON, MA 02111	23-7209691	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PENNSYLVANIA STATE UNIVERSITY 408 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE CELEBRITY SERIES OF BOSTON, INC. - 20 PARK PLAZA, SUITE 1032 - BOSTON, MA 02116-4303	22-2958508	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE COLLEGE OF WILLIAM AND MARY PO BOX 8795 WILLIAMSBURG, VA 23187	54-6001718	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 229 MAIN STREET KEENE, NH 03435	02-6000937	501C(3)	8,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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WEST CLAREMONT CENTER FOR MUSIC AND THE ARTS - P.O. BOX 902 - CLAREMONT, NH 03743	02-6007515	501C(3)	8,216.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
POCUMTUCK VALLEY MEMORIAL ASSOCIATION - 10 MEMORIAL STREET PO BOX 428 - DEERFIELD, MA 01342	04-2147607	501C(3)	8,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UJIMA COMPANY INC. 429 PLYMOUTH AVE. BUFFALO, NY 14213	22-2543797	501C(3)	8,568.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEW YORK CITY MULTICULTURAL DANCE FESTIVAL INC - 284 MAIN STREET - PORT WASHINGTON, NY 11050	84-2867717	501C(3)	8,800.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SOUTH MIAMI-DADE CULTURAL ARTS CENTER - 10950 SW 211TH STREET - CUTLER BAY, FL 33189	59-6000573	501C(3)	9,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
3S CONTEMPORARY ART SPACE, INC. 319 VAUGHAN STREET PORTSMOUTH, NH 03801	27-2227758	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
826 BOSTON, INC. 3035 WASHINGTON ST. ROXBURY, MA 02119	20-8065915	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ABILITIES DANCE INCORPORATED 2 STRATHMORE RD #3 BROOKLINE, MA 02445	82-4468746	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ALONZO KING LINES BALLET 26 7TH STREET SAN FRANCISCO, CA 94104	94-2933309	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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APPALSHOP, INC. 91 MADISON AVE. WHITESBURG, KY 41858	61-0890210	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTISTS FOR HUMANITY INC 100 WEST SECOND STREET BOSTON, MA 02127	04-3138434	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTOGETHER 544 INTERNATIONAL BLVD. SUITE 9 OAKLAND, CA 94606	82-3045350	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTS & BUSINESS COUNCIL OF GREATER BOSTON, INC. - 15 CHANNEL CENTER STREET #103 - BOSTON, MA 02210	22-3217131	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AS220, INC. 95 MATHEWSON STREET, #204 PROVIDENCE, RI 02903	22-2754566	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BLUE13 DANCE COMPANY INC. 3700 HAWLEY AVE. LOS ANGELES, CA 90032	68-0577544	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOSTON DANCE ALLIANCE 19 CLARENDON STREET BOSTON, MA 02116	04-3064755	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOSTON UJIMA PROJECT 69 ROBESON ST. SUITE 6. BOSTON, MA 02130	47-3589804	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOULDER COUNTY ARTS ALLIANCE, INC 2590 WALNUT STREET STE 9 BOULDER, CO 80302	84-0566939	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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BROOKLYN ARTS EXCHANGE 421 FIFTH AVENUE BROOKLYN, NY 11215	11-3071458	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BURLINGTON CITY ARTS FOUNDATION, INC. - 135 CHURCH STREET - BURLINGTON, VT 05401	03-0354963	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CARVING STUDIO & SCULPTURE CENTER 636 MARBLE ST. - BOX #495 WEST RUTLAND, VT 05777	03-0325486	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CATAMOUNT FILM & ARTS COMPANY 115 EASTERN AVE SAINT JOHNSBURY, VT 05819	03-0276780	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF ATTLEBORO 77 PARK ST. ATTLEBORO, MA 02703	04-6001378	ATTLEBORO, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF FITCHBURG 718 MAIN ST FITCHBURG, MA 01420	04-6001388	FITCHBERG, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF LOWELL CITY HALL - 375 MERRIMACK ST. LOWELL, MA 01852	04-6001396	LOWELL, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF LYNN CITY HALL 3 CITY HALL SQUARE - LYNN, MA 01901-1019	04-6001397	LYNN, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF NEW BEDFORD 133 WILLIAM ST. NEW BEDFORD, MA 02740	04-6001402	NEW BEDFORD, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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CITY OF SALEM 93 WASHINGTON STREET SALEM, MA 01970	04-6001141	SALEM, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CITY OF WATERTOWN 149 MAIN STREET WATERTOWN, MA 02472	04-6001340	WATERTOWN, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMUNITY ENGAGEMENT LAB INC. 41 SUMMER ST. MONTPELIER, VT 05602	45-3868526	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMUNITY HALL FOUNDATION DBA AKRON CIVIC THEATRE - 182 SOUTH MAIN ST. - AKRON, OH 44308	34-1015948	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CULTURE PUSH INC. 241 E. SEVENTH ST. #3C NEW YORK, NY 10009	26-3250931	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330-9772	04-2972334	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
EDUCATIONAL CENTER FOR ARTS AND SCIENCES - 57 PARKIS AVENUE - BOX #27124 - PROVIDENCE, RI 02907	05-0503197	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FLUX PROJECTS, INC. 575 BOULEVARD SE #30 ATLANTA, GA 30312	27-0347975	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FLYNN CENTER FOR THE PERFORMING ARTS - 153 MAIN STREET - BURLINGTON, VT 05401	03-0277052	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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GALA HISPANIC THEATRE 2437 15TH STREET, NW WASHINGTON, DC 20009	52-1064097	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
GLOBAL ARTS LIVE 720 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	22-3036665	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
GRUB STREET, INC PO BOX 418 ARLINGTON, MA 02476	80-0005516	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HARTBEAT ENSEMBLE, INC. 360 FARMINGTON AVENUE HARTFORD, CT 06105	06-1633100	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HELEN DAY ART CENTER, INC. 90 POND STREET - BOX 411 STOWE, VT 05672	03-0284825	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HOME FOR CONTEMPORARY THEATRE AND ART LTD - 145 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-3449416	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
HOUSE OF DANCE FOUNDATION 7103 OHMS LANE EDINA, MN 55439	82-5420603	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INSPIRIT, A DANCE COMPANY, INC. 211 COTTAGE LANE MIDDLEBURY, VT 05753	20-4007715	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INTERSECTION FOR THE ARTS 1446 MARKET ST. SAN FRANCISCO, CA 94102	94-1593216	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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INTERSECTION FOR THE ARTS 1446 MARKET ST. SAN FRANCISCO, CA 94102	94-1593216	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JOURNEYS IN EDUCATION INC. 26 MAIN ST PETERBOROUGH, NH 03458	02-0527431	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KO THEATER WORKS INC 498 S. GULF RD. BELCHERTOWN, MA 01007	04-3124727	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KO THEATER WORKS INC 498 S. GULF RD. BELCHERTOWN, MA 01007	04-3124727	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LA ARTS 221 LISBON STREET LEWISTON, ME 04240	01-0391208	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR RD. VERGENNES, VT 05491	22-2570380	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LEBANON OPERA HOUSE IMPROVEMENT CORPORATION - 51 NORTH PARK STREET - LEBANON, NH 03766	02-0448277	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	24-0795445	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION, INC. - 1320 MASS MOCA WAY - NORTH ADAMS, MA 01247	04-3113688	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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MICHELLE TURNER-YOUNG 27 MOUNT BOWDOIN TERRACE DORCHESTER, MA 02121	87-4018908	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MIXED BLOOD THEATRE COMPANY 1501 S 4TH STREET MINNEAPOLIS, MN 55454	41-1377499	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MIXED MAGIC THEATRE & CULTURAL EVENTS - 560 MINERAL SPRING AVE. - BOX 100A - PAWTUCKET, RI 02860	51-0456328	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MULTICULTURAL AIDS COALITION 7 PALMER STREET ROXBURY, MA 02119	04-3042926	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MYTHIC IMAGINATION INSTITUTE 659 AUBURN AVENUE #266 ATLANTA, GA 30312	58-2063415	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NATIONAL INSTITUTE OF FLAMENCO 1771 BELLAMAH AVE NW, STE A ALBUQUERQUE, NM 87104	85-0332879	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY INC - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEW ENGLAND CENTER FOR CIRCUS ARTS 10 TOWN CRIER DRIVE BRATTLEBORO, VT 05301	26-0495118	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEW YORK LIVE ARTS, INC. 219 WEST 19TH STREET NEW YORK, NY 10011	13-6206608	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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NORTHERN STAGE COMPANY 76 GATES STREET WHITE RIVER JUNCTION, VT 05001	04-3387268	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NOTCH THEATRE COMPANY 226 EAST 27TH ST. STE. 5A NEW YORK, NY 10016	82-1888466	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NOW + THERE INC. 186 SOUTH ST. #302 BOSTON, MA 02111	04-2712823	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
OPERA HOUSE ARTS P.O. BOX 56 STONINGTON, ME 04681	01-0526734	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PHILADELPHIA DANCE PROJECTS 9 NORTH PRESTON ST. PHILADELPHIA, PA 19104	23-2997324	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PICK UP PERFORMANCE CO., INC. 440 WEST 34TH STREET #5B NEW YORK, NY 10001-2327	13-2943022	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PORTLAND INSTITUTE FOR CONTEMPORARY ART - 15 NE HANCOCK ST. - PORTLAND, OR 97212	93-1177971	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PUERTO RICAN INSTITUTE FOR ARTS AND ADVOCACY - PO BOX 8168 - WARWICK, RI 02888	05-0481035	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PUPPET SHOWPLACE, INC 32 STATION STREET BROOKLINE, MA 02445-7388	04-2546402	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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RAW ART WORKS INC. 37 CENTRAL SQUARE LYNN, MA 01901	22-2854850	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
REAL ART WAYS, INC. 56 ARBOR STREET HARTFORD, CT 06106	06-0958072	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RHYTHM VISIONS PRODUCTION COMPANY, INC. - 612 M STREET NW, UNIT B - WASHINGTON, DC 20001	04-3321776	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ROYALL HOUSE ASSOCIATION 15 GEORGE STREET MEDFORD, MA 02155	04-6046749	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SAN FRANCISCO INTERNATIONAL ARTS FESTIVAL, INC. - 870 MARKET STREET - SUITE 1258 - SAN FRANCISCO, CA 94102	34-1997392	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SAN JOSE JAPANESE AMERICAN CITIZENS LEAGUE - 565 N 5TH STREET - SAN JOSE, CA 95112	94-6073117	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SANDGLASS CENTER FOR THEATER AND PUPPETRY RESEARCH - 17 KIMBALL HILL - PO BOX 970 - PUTNEY, VT 05346	04-3340533	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE DANCE BRIGADE 3316 24TH ST. SAN FRANCISCO, CA 94110	94-2976216	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE INTERNATIONAL ASSOCIATION OF BLACKS IN DANCE - 8730 GEORGIA AVE. STE. 606 - SILVER SPRING, MD 20910	42-1698454	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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THE PERFORMANCE ZONE, INC DBA THE FIELD - 75 MAIDEN LANE, SUITE 906 - NEW YORK, NY 10038	13-3357408	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE SANDRA FEINSTEIN- GAMM THEATRE 1245 JEFFERSON BLVD. WARWICK, RI 02886	22-2797284	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE TELLING PROJECT 1006 WEST MONROE ST. AUSTIN, TX 78704	27-1385082	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TOWN OF AMHERST 4 BOLTWOOD AVE. AMHERST, MA 01002	04-6001068	AMHERST, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TOWN OF NATICK 13 EAST CENTRAL ST. NATICK, MA 01760	04-6001237	NATICK, MA	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
UBW, INC. 138 SOUTH OXFORD STREET, #4B BROOKLYN, NY 11217	13-3645651	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
URBANO PROJECT, INC. 29 GERMANIA STREET JAMAICA PLAIN, MA 02130	45-5436379	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
VERMONT JAZZ CENTER 72 COTTON MILL HILL STE. 222 BRATTLEBORO, VT 05301	03-0308485	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WATERFIRE PROVIDENCE 475 VALLEY ST. PROVIDENCE, RI 02908	22-2951612	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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WINDHOVER FOUNDATION, INC 257R GRANITE STREET ROCKPORT, MA 01966-1027	04-2708940	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WONDERLUST PRODUCTIONS P.O. BOX 8021 ST. PAUL, MN 55108	47-1894605	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WOONASQUATUCKET VALLEY COMMUNITY BUILD, INC. - 27 SIMS AVE - PROVIDENCE, RI 02909	32-0015513	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
YAA SAMAR! DANCE THEATRE 228 NORMAN AVENUE BROOKLYN, NY 11222	61-1594913	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ZUMIX, INC. 260 SUMMER ST. EAST BOSTON, MA 02128	04-3132674	501C(3)	10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AMERICAN DANCE FESTIVAL, INC. 715 BROAD STREET DURHAM, NC 27705	06-0932294	501C(3)	10,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - OFFICE OF CONTRACT & GRANT ADMINISTRATION 10889 WILSHIRE BLVD SUITE 700 -	95-6006143	501C(3)	10,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ALABAMA DANCE COUNCIL, INC. PO BOX 2126 BIRMINGHAM, AL 35201	63-0815232	501C(3)	11,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CHICAGO LATINO THEATER ALLIANCE 180 N MICHIGAN AVE. #305 CHIACGO, IL 60601	81-4080246	501C(3)	11,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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NEXT STAGE ARTS PROJECT, INC. PO BOX 251 PUTNEY, VT 05346	45-2157212	501C(3)	11,920.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CAPE FEAR COMMUNITY COLLEGE FOUNDATION, INCORPORATED - 411 N. FRONT STREET - WILMINGTON, NC 28401	58-1308578	501C(3)	12,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE COLONIAL THEATRE GROUP, INC. 95 MAIN STREET KEENE, NH 03431	02-0466087	501C(3)	12,725.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BARNARTS CENTER FOR THE ARTS PO BOX 41 BARNARD, VT 05031	45-5447535	501C(3)	13,100.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CAPITOL CENTER FOR THE ARTS 44 SOUTH MAIN STREET CONCORD, NH 03301	22-3151625	501C(3)	13,264.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTS & CULTURAL ALLIANCE OF FREEPORT - 40 MAIN ST. - FREEPORT, ME 04032	47-5194581	501C(3)	13,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
LITCHFIELD PERFORMING ARTS, INC. PO BOX 69 LITCHFIELD, CT 06759	06-1083202	501C(3)	14,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WORLD MUSIC, INC. 720 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	22-3036665	501C(3)	14,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SANDGLASS CENTER FOR THEATER AND PUPPETRY RESEARCH - 17 KIMBALL HILL - PO BOX 970 - PUTNEY, VT 05346	04-3340533	501C(3)	14,383.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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SPACE GALLERY 538 CONGRESS STREET PORTLAND, ME 04101	51-0432635	501C(3)	14,603.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ABBE MUSEUM 26 MOUNT DESERT ST. PO BOX 286 BAR HARBOR, ME 04609	01-0211777	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ANIKAYA/AKHRA, INC. 67 DANE STREET SOMERVILLE, MA 02143	32-0102506	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTICINE, INC. PO BOX 1028 NEWFIELDS, NH 03856	85-0779880	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ARTSPACE, INC 50 ORANGE ST. NEW HAVEN, CT 06510	22-2533535	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BOSTON CHINATOWN NEIGHBORHOOD CENTER INC - 885 WASHINGTON ST. - BOSTON, MA 02111	23-7209691	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMON WEALTH MURAL COLLABORATIVE 59 GRANBY HEIGHTS GRANBY, MA 01033	83-2022617	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMUNITY MUSIC CENTER OF BOSTON, INC - 34 WARREN AVE - BOSTON, MA 02116	04-2437973	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMPANY ONE, INC 539 TREMONT STREET #202 BOSTON, MA 02116	04-3444644	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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DOWNCITY DESIGN 425 WEST FOUNTAIN STREET #110 PROVIDENCE, RI 02903	27-1125644	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ENGINE, INC. PO BOX 1681 BIDDEFORD, ME 04005	27-2463118	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FUSEBOX FESTIVAL 2824 REAL STREET AUSTIN, TX 78722	26-3676365	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JAG PRODUCTIONS PO BOX 354 WHITE RIVER JUNCTION, VT 05001	81-0933084	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NORTH SHORE HEALTH PROJECT 5 CENTER ST. GLOUCESTER, MA 01930	22-2978638	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
QUEEN ANN NZINGA CENTER, INC. 18 NEWTON AVE PLAINVILLE, CT 06062	26-2803114	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
SCAPEGOAT GARDEN, INC. 56 ARBOR STREET HARTFORD, CT 06106	20-1572092	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
STIGGITYSTACKZ WORLDWIDE INC 361 NEWBURY ST. BOSTON, MA 02115	82-0767444		15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE THEATER OFFENSIVE 565 BOYLSTON STREET, 3RD FLOOR BOSTON, MA 02116	04-3039900	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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TOWN OF ARLINGTON 730 MASSACHUSETTS AVENUE ARLINGTON, MA 02476	04-6001070	ARLINGTON, MA	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET, SUITE 302 HANOVER, NH 03755	02-0222111	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TRUSTEES OF THE ELIOT SCHOOL P.O. BOX 300351 - 24 ELIOT STREET BOSTON, MA 02130	04-2173050	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
YARA LICEAGA-ROJAS 75 MAGAZINE ST.Ø APT #104 CAMBRIDGE, MA 02139	85-3894345	501C(3)	15,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MAYO STREET ARTS 10 MAYO STREET PORTLAND, ME 04101	27-1461543	501C(3)	15,213.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, INC. - 195 CHURCH STREET, FL 12 - NEW HAVEN, CT 06510	06-1444222	501C(3)	16,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06320-4196	06-0646587	501C(3)	16,072.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AQUINNAH CULTURAL CENTER, INC 10 BLACK BROOK ROAD AQUINNAH, MA 02535	04-3390765	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CLEMMONS FAMILY FARM, INC. 2213 GREENBUSH ROAD CHARLOTTE, VT 05445	84-2314023	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

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DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330-9772	04-2972334	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FRACTURED ATLAS PRODUCTIONS, INC. 228 PARK AVENUE SOUTH - BOX #56651 NEW YORK, NY 10003	11-3451703	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RHODE ISLAND BLACK STORYTELLERS 393 BROAD STREET, BOX 14 PROVIDENCE, RI 02907	05-0516630	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RHODE ISLAND LATINO ARTS P.O. BOX 25118 PROVIDENCE, RI 02905	26-4062309	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE ARTIST COLLECTIVE, INC. 1200 ALBANY AVENUE HARTFORD, CT 06112	06-0889475	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE FRONT PORCH ARTS COLLECTIVE OF BOSTON - 450 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02139	85-3300505	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE YARD, INC. P.O. BOX 405 CHILMARK, MA 02535	23-7348937	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TOMAQUAG INDIAN MEMORIAL MUSEUM 390 SUMMIT ROAD EXETER, RI 02822	05-0352796	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
VERONICA ROBLES CULTURAL CENTER 282 MERIDIAN ST. EAST BOSTON, MA 02128	81-3595731	501C(3)	20,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED

Schedule I (Form 990)

04-2593591

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE YARD, INC. P.O. BOX 405 CHILMARK, MA 02535	23-7348937	501C(3)	20,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DC WHEEL PRODUCTIONS, INC. 3225 8TH STREET NE WASHINGTON, DC 20017	52-1118504	501C(3)	21,200.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PORTLAND OVATIONS 120 EXCHANGE ST. PORTLAND, ME 04101	01-0350707	501C(3)	22,325.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INDIGO ARTS ALLIANCE 60 COVE ST. PORTLAND, ME 04101	83-1809512	501C(3)	22,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
GREEN MUSIC CENTER, SONOMA STATE UNIVERSITY - 1801 E. COTATI AVENUE - ROHNERT PARK, CA 94928	68-0338225	501C(3)	23,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
EMERSON COLLEGE OFFICE OF THE ARTS 120 BOYLSTON STREET - BOSTON, MA 02116	04-1286950	501C(3)	28,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FIRSTWORKS 275 WESTMINSTER STREET STE. 501 PROVIDENCE, RI 02903	22-2597014	501C(3)	34,020.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PRESIDENT AND TRUSTEES OF BATES COLLEGE - 2 ANDREWS ROAD, 221 LANE HALL - LEWISTON, ME 04240	01-0211781	501C(3)	34,422.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NIKKEI FOR CIVIL RIGHTS & REDRESS (NCRR) - 231 EAST THIRD STREET, STE. G104 - LOS ANGELES, CA 90013	95-4333841	501C(3)	53,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
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HONOLULU THEATRE FOR YOUTH 1164 BISHOP ST. #910 HONOLULU, HI 96813	99-0107563	501C(3)	60,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MIAMI LIGHT PROJECT, INC. PO BOX 531385 MIAMI SHORES, FL 33153	65-0107810	501C(3)	60,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THEATER MITU, INC. 580 SACKETT ST, UNIT A BROOKLYN, NY 11238	03-0539644	501C(3)	60,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MUSICAL THEATRE FACTORY 440 LAFAYETTE ST. NEW YORK, NY 10003	47-1254076	501C(3)	65,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BROWNBODY 434 VADNAIS LAKE DRIVE VADNAIS HEIGHTS, MN 55127	46-2759548	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DANCE THEATRE OF HARLEM, INC. 466 WEST 152ND STREET NEW YORK, NY 10031	13-2642091	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DANCERS' GROUP INC. 44 GOUGH STREET #201 SAN FRANCISCO, CA 94103	94-2879185	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
EVERETT: COMPANY, STAGE & SCHOOL 9 DUNCAN AVENUE PROVIDENCE, RI 02906	05-0451784	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
EVERYBODY DANCE NOW! PO BOX 22960 SANTA BARBARA, CA 93121	45-2107249	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
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FLYAWAY PRODUCTIONS 1068 BOWDOIN STREET SAN FRANCISCO, CA 94134	52-2350570	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
FOUNDATION FOR INDEPENDENT ARTISTS, INC. - 75 BROAD STREET, SUITE 304 - NEW YORK, NY 10004	13-3082845	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INDIGENOUS ENTERPRISE FOUNDATION 2456 E. HARRISON COURT GILBERT, AZ 85043	87-4039711	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KALAPRIYA FOUNDATION, CENTER FOR INDIAN PERFORMING ARTS - 1925 SOUTH MICHIGAN AVE. - CHICAGO, IL 60616	36-3987947	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NATIONAL PERFORMANCE NETWORK 8121 FIG STREET NEW ORLEANS, LA 70118	06-1522546	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PROFESSIONAL FLAIR INC. 3030 EUCLID AVENUE, #100 CLEVELAND, OH 44115	34-1623342	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PROJECT BANDALOOOP 1601 18TH ST. OAKLAND, CA 94607	95-4618614	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RED CLAY DANCE COMPANY INC 808 EAST 63RD ST. CHICAGO, IL 60637	20-8974539	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE PERFORMANCE ZONE, INC DBA THE FIELD - 75 MAIDEN LANE, SUITE 906 - NEW YORK, NY 10038	13-3357408	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

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THE TANK LLC 312 WEST 36TH ST. NEW YORK, NY 10018	01-0798319	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
VERSA-STYLE DANCE COMPANY 7300 CASE AVENUE SUN VALLEY, CA 91352	27-3159848	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WORKS AND PROCESS, INC 708 THIRD AVENUE, SUITE 1005 NEW YORK, NY 10017	13-3592291	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
WORX: WORKS OF RAPHAEL XAVIER 1326 SOUTH 26TH ST. PHILADELPHIA, PA 19146	46-1522564	501C(3)	66,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ROSY SIMAS DANSE 1500 JACKSON STREET NE - STUDIO 331 MINNEAPOLIS, MN 55413	81-2281254	501C(3)	67,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
TWO CHAIRS INC 39 REMSEN ST. #2A BROOKLYN, NY 11201	27-4115161	501C(3)	71,680.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NEW YORK THEATRE WORKSHOP 79 EAST 4TH STREET NEW YORK, NY 10003	13-3131491	501C(3)	75,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PREGONES PUERTO RICAN TRAVELING THEATER INC. - 571-575 WALTON AVENUE - THE BRONX, NY 10451	13-3266893	501C(3)	75,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE TANK LLC 312 WEST 36TH ST. NEW YORK, NY 10018	01-0798319	501C(3)	75,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)



**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRACTURED ATLAS PRODUCTIONS, INC. 228 PARK AVENUE SOUTH - BOX #56651 NEW YORK, NY 10003	11-3451703	501C(3)	77,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NATIONAL PERFORMANCE NETWORK 8121 FIG STREET NEW ORLEANS, LA 70118	06-1522546	501C(3)	129,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JACOB'S PILLOW DANCE FESTIVAL, INC. - 358 GEORGE CARTER ROAD - BECKET, MA 01223	04-6002993	501C(3)	5,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

**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
CREATION OF NEW WORK	37	406,750.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

NEFA MAINTAINS COMMUNICATION WITH GRANTEES AND REQUIRES FINAL AND/OR INTERIM REPORTS TO BE SUBMITTED BY GRANTEES. REPORTS ARE REVIEWED BY APPROPRIATE GRANT STAFF AND DISBURSEMENTS OF GRANT FUNDS ARE MADE UPON APPROVAL OF REPORTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED**

Employer identification number  
**04-2593591**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

Schedule J (Form 990) 2021

04-2593591

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHERINE EDWARDS EXECUTIVE DIRECTOR (LEFT 5/22)	(i)	197,642.	0.	0.	11,044.	224.	208,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUG CHOKSHI CHIEF OPERATING OFFICER	(i)	154,326.	0.	0.	960.	26,120.	181,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANE PRESTON DEPUTY DIRECTOR; ASST SECR	(i)	139,882.	0.	0.	960.	9,854.	150,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED**

Employer identification number

**04-2593591**

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

CULTURAL LANDSCAPE IN NEW ENGLAND AND THE NATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CENTER STAGE - AN INTERNATIONAL EXCHANGE PROGRAM THAT WILL BRING  
PERFORMING ARTISTS FROM AROUND THE GLOBE TO TOUR THROUGHOUT THE U.S.  
THE PROGRAM IS AN EFFORT TO DEMONSTRATE RESPECT AND UNDERSTANDING OF  
CULTURES BY BRINGING INTERNATIONAL PERFORMING ARTISTS TO THE U.S. SO  
THAT AMERICANS CAN GROW IN APPRECIATION AND UNDERSTANDING OF OTHER  
NATIONS, WHILE PROVIDING OPPORTUNITIES TO INTERNATIONAL PERFORMERS.

EXPENSES \$ 1,047,838. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC ART - PROVIDES SUPPORT FOR PUBLIC ART THROUGH PROGRAMS INCLUDING  
FUND FOR THE ARTS AND CREATIVE CITY BY GRANT-MAKING THAT PAIRS ARTISTS  
WITH COMMUNITY ORGANIZATIONS AND INTEGRATES PUBLIC PARTICIPATION INTO  
ARTISTIC PROCESS; PROVIDES PROFESSIONAL DEVELOPMENT TRAINING TO ARTISTS  
WORKING IN THE PUBLIC REALM.

EXPENSES \$ 891,384. INCLUDING GRANTS OF \$ 479,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7B:

PURSUANT TO SECTION 2.2 OF THE ORGANIZATION'S BYLAWS: THE NUMBER OF  
DIRECTORS OF THE CORPORATION SHALL BE TWENTY-FOUR (24), OR SUCH GREATER OR  
LESSER NUMBER AS MAY BE ESTABLISHED BY ACTION OF THE BOARD OF DIRECTORS.  
SIX (6) OF THOSE DIRECTORS SHALL BE THE DIRECTORS OF THE SIX NEW ENGLAND  
STATE ARTS AGENCIES BY VIRTUE OF THEIR POSITIONS AND SO LONG AS THEIR

RESPECTIVE AGENCIES REMAIN MEMBERS OF THE CORPORATION IN ITS CAPACITY AS A

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

Schedule O (Form 990) 2021

Name of the organization	NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED	Employer identification number	04-2593591
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"REGIONAL GROUP."

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER AND WILL BE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE, AS DESIGNATED BY THE BOARD.

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

ANNUAL STATEMENTS ARE REVIEWED BY THE BOARD CHAIR (FOR BOARD MEMBERS) OR EXECUTIVE DIRECTOR (FOR STAFF MEMBERS) AND, IN THE EVENT OF A CONFLICT, ACTION AS DEFINED IN THE CONFLICT OF INTEREST POLICY IS TAKEN.

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

THE EXECUTIVE DIRECTOR'S PERFORMANCE IS EVALUATED ANNUALLY BY THE CHAIR OF THE BOARD OF DIRECTORS WITH INVOLVEMENT OF THE EXECUTIVE COMMITTEE. THE COMPENSATION COMMITTEE REVIEWS AND SETS EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS WITH REFERENCE TO COMPARABLES OF SIMILAR AGENCIES AND NON-PROFIT ORGANIZATIONS. THE COMMITTEES KEEP MINUTES TO DOCUMENT KEY DISCUSSION POINTS AND DECISIONS REACHED. THE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS INCLUDING THE CHAIR AND THE VICE-CHAIR.

THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE DIRECTOR.

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

NEFA'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE, AND DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Name of the organization NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED

Employer identification number  
04-2593591

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP REVENUE RECOGNIZED IN FISCAL 2021 BUT NOT FORGIVEN

UNTIL FISCAL 2022.

-346,923.

FORM 990, PART XII, LINE 2C

THE FINANCE AND AUDIT COMMITTEE OVERSEES THE SELECTION OF THE AUDITORS  
AND MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT PROCESS TO  
REVIEW THE YEAR-END RESULTS.



# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

MAY 31, 2022

---

**PREPARED FOR:**

NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

---

**PREPARED BY:**

MARCUM LLP  
53 STATE STREET  
BOSTON, MA 02109

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$1,000

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

NON-PROFIT ORG/PUBLIC CHARITIES DIV  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MA 02108

---

**RETURN MUST BE MAILED ON OR BEFORE:**

APRIL 18, 2023

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE  
COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

[HTTPS://WWW.PAYBILL.COM/MAAGOCHARITIES](https://www.paybill.com/maagocharities)

ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC  
BEFORE FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 06/01/21 to 05/31/22

AG Account #: 006547 Federal ID #: 04-2593591

Electronic Payment Confirmation #: Attach printout of electronic payment confirmation.

Electronic Payment Date:

When did the organization first engage in charitable work in Massachusetts? 05/06/1976

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application OR date of determination letter: 01/22/1979

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Organization Data

Name: NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED

Mailing Address: 1000 WASHINGTON STREET, 2ND FLOOR

City: BOSTON State: MA ZIP: 02118

Phone Number: 617-951-0010 Fax Number:

Email: JCHOKSHI@NEFA.ORG Website: WWW.NEFA.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 1. Organization Purpose Code 1 has code 60, and Organization Purpose Code 2 is blank.

Please check box if final return prior to dissolution: [ ]

- Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[ ] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[ ] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Office Use Only: Payment Received

NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED

04-2593591

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 05/06/1976
2. Where was the organization created? MASSACHUSETTS
3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No
5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	18,384,424.
B.	Gross support and revenue	19,074,510.
C.	Program services and similar amounts paid out	9,114,393.
D.	Fundraising expenses	312,405.
E.	Management and general expenses	1,564,571.
F.	Payments to affiliates	0.
G.	Total expenses	10,991,369.
H.	Net assets or fund balances at the end of the year	30,383,841.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	CATHERINE EDWARDS EXECUTIVE DIRECTOR	40.00	197,642.	224.	11,044.
2.	JANE PRESTON DEPUTY DIRECTOR	40.00	139,882.	9,854.	960.
3.	JUG CHOKSHI CHIEF OPERATING OFFICER	40.00	154,326.	26,120.	960.
4.	ADRIENNE PETRILLO SR. PROGRAM DIRECTOR	40.00	102,159.	9,681.	960.
5.	EUNICE SULLIVAN SR. PROGRAM DIRECTOR	40.00	101,936.	9,681.	960.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	LISA BOOTH MANAGEMENT, INC.	260,000.	PROGRAM OVERSIGHT & MANAGEMENT
2.	TSNE MISSIONWORKS	56,483.	HR LEADERSHIP & COACHING SERVICES
3.	MICHELE STEINWALD	30,825.	RDDI PROJECT CONSULTANT
4.	THEORY ONE DESIGN	30,025.	WEBSITE SUPPORT SERVICES
5.	SHARI MAJESKI	18,798.	LIVE CAPTIONING SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
EASTERN BANK	256 FRANKLIN ST, BOSTON, MA 02110	617-897-1150

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: JUG CHOKSHI

Street Address: 1000 WASHINGTON STREET, 2ND FLOOR

City: BOSTON State: MA ZIP Code: 02118

Phone Number: 617-951-0010

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

*If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT 1

---

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CATHERINE EDWARDS 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	EXECUTIVE DIRECTOR (LEFT 5/2
JUG CHOKSHI 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	CHIEF OPERATNG OFFICER
JANE PRESTON 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DEPUTY DIRECTOR; ASST SECR
AMY ZELL ELLSWORTH 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR
DOUGLAS KEITH 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR
EDWIGE CHARLOT 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR
CARRIE ZASLOW 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	VICE CHAIR & TREASURER
IVAN ESPINOZA-MADRIGAL 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	SECRETARY
MIN JUNG KIM 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR
ELIZABETH SHAPIRO 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR
MICHAEL BOBBITT 1000 WASHINGTON STREET, 2ND FLOOR BOSTON, MA 02118	DIRECTOR

ERINN KING  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR

MADELINE SAYET  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR

MAGDALENA ABREGO  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (JOINED 6/21)

DAVID GREENHAM  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR

FRANK MITCHELL  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (JOINED 6/21)

LISA WONG  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (LEFT 6/21)

RANDALL ROSENBAUM  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (LEFT 11/21)

TED WENDELL  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR

ANGIE LANE  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (JOINED 6/21)

TAYLOR HO BYNUM  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (LEFT 6/21)

GEOFFREY HARGADON  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

DIRECTOR (LEFT 6/21)

JOHN HENRY  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

CHAIR

PAMELA TATGE  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR

KAREN MITTELMAN  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR

GINNIE LUPI  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR

CHIP NEWELL  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR

KRISTINA NEWMAN-SCOTT  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR (LEFT 6/21)

BARBARA MURPHY  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR

MARCO WERMAN  
 1000 WASHINGTON STREET, 2ND FLOOR  
 BOSTON, MA 02118

DIRECTOR (LEFT 6/21)

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FORM PC

PAGE 4, LINE 18

STATEMENT 2

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NAME AND ADDRESS

AREA OF RESPONSIBILITY

JANE PRESTON  
 1000 WASHINGTON ST FL#2  
 BOSTON, MA 02118

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

JANE PRESTON  
 1000 WASHINGTON ST FL#2  
 BOSTON, MA 02118

RESPONSIBLE FOR FUNDRAISING

JANE PRESTON  
 1000 WASHINGTON ST FL#2  
 BOSTON, MA 02118

AUTHORIZED TO SIGN CHECKS



JANE PRESTON  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR CUSTODY OF FUNDS

JANE PRESTON  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

CUSTODY OF FINANCIAL RECORDS

JUG CHOKSHI  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

CUSTODY OF FINANCIAL RECORDS

JUG CHOKSHI  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR FUNDRAISING

JUG CHOKSHI  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR CUSTODY OF FUNDS

JUG CHOKSHI  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

AUTHORIZED TO SIGN CHECKS

JUG CHOKSHI  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

CATHERINE EDWARDS  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR CUSTODY OF FUNDS

CATHERINE EDWARDS  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

CATHERINE EDWARDS  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR FUNDRAISING

CATHERINE EDWARDS  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

AUTHORIZED TO SIGN CHECKS

CATHERINE EDWARDS  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

CUSTODY OF FINANCIAL RECORDS

NEW ENGLAND FOUNDATION FOR THE ARTS, INC

04-2593591

SHARON TIMMEL  
1000 WASHINGTON ST FL#2  
BOSTON, MA 02118

RESPONSIBLE FOR FUNDRAISING

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**STATEMENT 3**

NAME AND ADDRESS

JACOB'S PILLOW

NATURE OF TRANSACTION

GRANT

AMOUNT INVOLVED

5,500.

PROCEDURE FOLLOWED

GRANTS AWARDED BY AN ADVISORY COUNCIL SEPARATE FROM BOARD. BOARD MEMBERS NOT INCLUDED IN GRANTS AWARD PROCESS.

**Signature Required**

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JUG CHOKSHI

Title: CHIEF OPERATING OFFICER

Name of Preparer: MARCUM LLP

Address 53 STATE STREET

City BOSTON State MA ZIP Code 02109

Phone Number (617) 807-5000

**Schedule A-1**  
**Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**JANE PRESTON**

Name and Title: DEPUTY DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**CATHERINE EDWARDS**

Name and Title: EXECUTIVE DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**JUG CHOKSHI**

Name and Title: CHIEF OPERATING OFFICER

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**JANE PRESTON**

Name and Title: DEPUTY DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**CATHERINE EDWARDS**

Name and Title: EXECUTIVE DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**JUG CHOKSHI**

Name and Title: CHIEF OPERATING OFFICER

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118



**Schedule A-2  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2 ctd.**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**JANE PRESTON**

Name and Title: DEPUTY DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**CATHERINE EDWARDS**

Name and Title: EXECUTIVE DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**JUG CHOKSHI**

Name and Title: CHIEF OPERATING OFFICER

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**JANE PRESTON**

Name and Title: DEPUTY DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

**CATHERINE EDWARDS**

Name and Title: EXECUTIVE DIRECTOR

Address 1000 WASHINGTON ST 2ND FL

City BOSTON State MA ZIP Code 02118

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Certification by Organization**

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JUG CHOKSHI

Title: CHIEF OPERATING OFFICER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: CARRIE ZASLOW

Title: TREASURER

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. ( If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( *see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

MAY 31, 2022

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**PREPARED FOR:**

NEW ENGLAND FOUNDATION FOR THE ARTS,  
INCORPORATED  
1000 WASHINGTON STREET, 2ND FLOOR  
BOSTON, MA 02118

---

**PREPARED BY:**

MARCUM LLP  
53 STATE STREET  
BOSTON, MA 02109

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$775

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:  
[HTTPS://CHARITIESNYS.COM/ONLINE\\_ANNUAL\\_FILING\\_22.HTML](https://charitiesnys.com/online_annual_filing_22.html)

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**RETURN MUST BE MAILED ON OR BEFORE:**

APRIL 18, 2023

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**SPECIAL INSTRUCTIONS:**



# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.  
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2021

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED	20-56-04

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. DEPARTMENT OF STATE	1. 977,514.
2. NATIONAL ENDOWMENT FOR THE ARTS	2. 2,109,324.
3. U.S. SMALL BUSINESS ADMINISTRATION	3. 346,923.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 3,433,761.