	0	an	EXTENDED TO APRIL 15, 2 Return of Organization Exempt Free	om l		OMB No. 1545-0047
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	-		^{ns)} 201/
		of the Treasury	Do not enter social security numbers on this form as	-		Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection
				aing M	AY 31, 2018	
B	Check if applicat		f organization ENGLAND FOUNDATION FOR THE ARTS,		D Employer identifie	cation number
	Addr	and the first of the second	PRODATED			
	Nam		usiness as		04-2	593591
	Initia	the state of the second s		om/suite	E Telephone number	
	Final	1/5		H FL		951-0010
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,221,937.
X	Amer	BOSI	ON, MA 02111-0010		H(a) Is this a group re	turn
	Appli tion pend		nd address of principal officer: CATHY EDWARDS		for subordinates	? 🛄 Yes 🔟 No
_		SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:		527		list. (see instructions)
			NEFA.ORG		H(c) Group exemption	
100 million (100 million)	orm o	and the second	X Corporation Trust Association Other ▶	L Year of	of formation: 1976 N	State of legal domicile: MA
Provide Party	1		be the organization's mission or most significant activities: ${f NEFA}$ [].	NUFC		
Activities & Governance	1		TIES AND FOSTERS EQUITABLE ACCESS T			
nar	2	- Charles and the second se	$x \triangleright$ if the organization discontinued its operations or disposed	STREET, A		the set of
Ver	3		ting members of the governing body (Part VI, line 1a)	Sec. 1		22
ğ	4		lependent voting members of the governing body (Part VI, line 1b)			22
ŝ	5		of individuals employed in calendar year 2017 (Part V, line 2a)			26
vitie	6		of volunteers (estimate if necessary)			72
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
_			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
an	8		and grants (Part VIII, line 1h)		11,406,089.	6,550,553.
Revenue	9		ce revenue (Part VIII, line 2g)		265,354.	35,254.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	and the second sec	598,657. 0.	618,751.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,270,100.	0.
			 add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) 		3,364,586.	3,644,091.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	25 1.051		r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,787,948.	1,876,924.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
cpei			ing expenses (Part IX, column (D), line 25)	•		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,681,253.	2,047,714.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,833,787.	7,568,729.
	19	Revenue less	expenses. Subtract line 18 from line 12		4,436,313.	-364,171.
Net Assets or Fund Balances					inning of Current Year	End of Year
Sset Bala		Total assets (F			24,413,733.	24,665,801.
let A			(Part X, line 26)		2,378,568. 22,035,165.	2,656,812. 22,008,989.
	22 Irt II	Signature	fund balances. Subtract line 21 from line 20		44,035,105.	22,000,909.
ALC: NOT THE			declare that I have examined this return, including accompanying schedules and	d stateme	nts and to the best of my	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which p			
			ill Cluar	propulsi	9/30	12019
Sigr	1	Signature	e of officer		Date	
Here		CATH	Y EDWARDS, EXECUTIVE DIRECTOR			
		Type or p	rint name and title			
		Print/Type prep	parer's name Preparer's signature		ate Check	PTIN
Paid		THOMAS	F. MULDOON, CPA THOMAS F. MULDOON	, C09		
Prep		Firm's name	ALEXANDER, ARONSON, FINNING & CO.	, P.(C . Firm's EIN 🕨	04-2571780
Use	Only	Firm's address				
			WESTBOROUGH, MA 01581		Phone no. 5 0 8	8-366-9100
			s return with the preparer shown above? (see instructions)			
73200	1 11-2 S		or Paperwork Reduction Act Notice, see the separate instructions. DULE O FOR ORGANIZATION MISSION STAT			Form 990 (2017) אסדי
	5		POLL O TOW ONORMITANITON WIDDION DIA	10101	AT CONTINUAL	. 1.011

	NEW ENGLAND FOUNDATION FOR THE ARTS,
	1 990 (2017) INCORPORATED 04-2593591 Page 2 rt III Statement of Program Service Accomplishments
га	
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
	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?
	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	
	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.
	STAGES IN THEIR CAREERS.
4b	(Code:) (Expenses \$ 1,273,636. including grants of \$ 862,611.) (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.
	264 E11 2 000
4c	(Code:) (Expenses \$ 364,511. including grants of \$) (Revenue \$ 3,000.)
	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.
	MATIONS, WHILE INOVIDING OFFORTONTILED TO INTERNATIONAL TERFORMERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,019,320. including grants of \$ 832,242.) (Revenue \$ 32,254.)
4e	Total program service expenses ► 6,199,827.
	Form 990 (2017)

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,
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Form	1990 (2017) INCORPORATED 04-2593	3591	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

Form **990** (2017)

	04	-259	3591	Page 4
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Form	1990 (2017) INCORPORATED 04-259	3591	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_		
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2017)

NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS,
INCO	DRPORATEI)			

Form	990 (2017) INCORPORATED 04-2593	<u>591</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-04		
, D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualified intellectual piperty, and the organization file of gualization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
٥	Sponsoring organizations maintaining donor advised funds.			
3		9a		
		9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		128		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	ıəd		
F	Note. See the instructions for additional information the organization must report on Schedule O.			
U	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
		140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
p	II TES, HAS IL HEY A FUTH / 20 LUTEDUL LIESE DAVITERIS (IL IVO. DI UVUE ALI EXDIANALIUT ILI SCHEUUE U	140		1

Form **990** (2017)

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Form	990 (2017) INCORPORATED		04-2593	591	Pa	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 1	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		100	
iu	If there are material differences in voting rights among members of the governing body, or if the governing	-14				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2				2		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		- 23
3				2		Х
4	of officers, directors, or trustees, or key employees to a management company or other person?			3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			-		X
6	Did the organization have members or stockholders?			6		л
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		х
	more members of the governing body?			7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			v
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	_	v	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Δ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
				12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA , NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	f interest policy, and	l finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records:			
	CATHY EDWARDS, EXECUTIVE DIRECTOR - 617-951-0010					
	145 TREMONT STREET, BOSTON, MA 02111					

Part VII	Compensation of Off	icers, Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Inde	pendent Contra	ctors		

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

INCORPORATED

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a	recto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	id ual	nstitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) BYRON CHAMPLIN (RESIGNED JUNE 2	1.00									
SECRETARY		Х		X				0.	0.	0.
(2) ANDREW CORNELL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) AMY ZELL ELLSWORTH	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GEOFF HARGADON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JANE JAMES (RESIGNED JUNE 2017)	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DOUGLAS KEITH	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) JULIE RICHARDS	1.00									
DIRECTOR		X						0.	0.	0.
(8) ELIZABETH THEOBALD RICHARDS	1.00									
DIRECTOR		X						0.	0.	0.
(9) RANDALL ROSENBAUM	1.00									•
DIRECTOR	1	X						0.	0.	0.
(10) LAWRENCE SIMPSON	1.00									0
CHAIR	1	X		Х				0.	0.	0.
(11) ANN SMITH	1.00									0
SECRETARY	1 00	X		X				0.	0.	0.
(12) PAM TATGE	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) TED WENDELL	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) MARCO WERMAN	1.00	.,						0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) VIRGINIA LUPI	1.00							0.	0.	<u>م</u>
DIRECTOR	1.00	X						0.	0.	0.
(16) CARRIE ZASLOW	1.00	v						0.	0.	<u>م</u>
DIRECTOR	1 00	X						0.	0.	0.
(17) KRISTINA NEWMAN-SCOTT	1.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	U •

NEW ENGLAND FOUNDATION FOR THE ART:	NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS
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INCORPORATED

Form 990 (2017)

04-2593591 Page 8

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	F not ch		itior more		one	Reportable	Reportable		E	stimat	ed
		hours per	box	, unles	s pe	rson	is bot	h an		compensation		ar	mount	
		week (list any						,	from the	from related organizations		con	other npensa	
		hours for	Individual trustee or director				g		organization	(W-2/1099-MISC	2)		from th	
		related	tee or	istee			Highest compensated employee		(W-2/1099-MISC)	(· /		ganiza	
		organizations	l trus	nal tru		oyee	ompe						nd rela	
		below	ividua	Institutional trustee	Officer	Key employee	hest c ployee	Former				org	janizat	ions
		line)	lnd	lnst	Offi	Key	Hig	For			$ \rightarrow$			
	TAYLOR HO BYNUM	1.00	37						0					0
	CTOR	1 00	Х						0.		0. 0.			0.
	BARBARA MURPHY	1.00	v						0					0
	CTOR	1.00	X						0.		0.			0.
	CHIP NUWELL	1.00	x						0.		ο.			0.
	CTOR	1.00	^						0.		<u>••</u>			0.
	LISA WONG CTOR	1.00	x						0.		ο.			0.
	JANE PRESTON	40.00	^						0.		<u>.</u>			0.
	TY DIRECTOR; ASST SECRETARY	40.00			х				121,597.		ο.	2	5 0	26.
	CATHERINE EDWARDS	40.00			Λ				121,397.		<u>••</u>		5,0	20.
	UTIVE DIRECTOR, CEO	40.00			х				163,414.		ο.	2	01 1	50.
	JUG CHOKSHI	40.00			21				105,414.				<u> </u>	
	CTOR OF FINANCE & ADMIN, ASST TR	40.00			х				43,743.		ο.	2	26.1	.35.
									10 / / 10 /		<u> </u>		• / ±	
1b	Sub-total								328,754.		0.	7	2,3	311.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								328,754.		0.	7	2,3	
2	Total number of individuals (including but n						e) wł	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization						-			· -				2
													Yes	No
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y er	nplo	yee	or	highest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual			4	Х	
5	Did any person listed on line 1a receive or a								•					
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch į	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-								ensa	ation	from	
	the organization. Report compensation for	the calendar y	ear e	endir	ng v	vith	or w	ithi		/ear.				
	(A) Name and business	addross							(B) Description of s	onvicos	C		C) ensatio	n
	FTONLARSONALLEN LLP,		TAT	00	<u>)T (</u>	ידאר	~	_	Description of s	ervices		Jube		
	IVE #310, QUINCY, MA 02		VIN	CU			T		ACCOUNTING			25	52,8	71
	SA BOOTH MANAGEMENT, II							_	ACCOUNTING			<u> </u>	2,0)/ ⊥ •
	1 BROADWAY, NEW YORK,		36						MANAGEMENT S	FRVICES		1 3	32,6	:27
<u>15(</u>	T BROADWAT, NEW TORK,	NI 100.						_	MANAGEMENT D.			<u> </u>	2,0	27.
2	Total number of independent contractors (i	including but n	ot lii	mited	d to	tho	se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi						2							

\$100,000 of compensation from the organization

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,
INCO	DRPORATEI)			

	t VII						
		Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 2 a c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f SERVICE FEES	Business Code 900099	6,550,553. 35,254.	35,254.	revenue	sections 512 - 514
		Total. Add lines 2a-2f		35,254.			
	3 4 5	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	199,713.			199,713.
	6a b	(i) Real (i)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory 3,436,417 Less: cost or other basis and action outproperty 3,017,379	(ii) Other				
	d	and sales expenses 3,017,379 Gain or (loss) 419,038 Net gain or (loss)		419,038.			419,038.
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
0	с	Net income or (loss) from fundraising events Gross income from gaming activities. See	····· •				
		Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities b	b				
		Gross sales of inventory, less returns and allowances Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
ļ		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	с С	All other revenue					
		All other revenue					
	12	Total revenue. See instructions.		7,204,558.	35,254.	0.	618,751.

Form 990 (2017)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Sect			-							
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations	3,511,561.	3,511,561.							
	and domestic governments. See Part IV, line 21	5,511,501.	5,511,501.							
2	Grants and other assistance to domestic	122 520	122 520							
	individuals. See Part IV, line 22	132,530.	132,530.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	450 500	051 010	000 010						
	trustees, and key employees	459,520.	251,210.	208,310.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,099,872.	641,726.	305,015.	153,131.					
8	Pension plan accruals and contributions (include				_					
	section 401(k) and 403(b) employer contributions)	43,182.	24,278.	13,341.	<u>5,563.</u> 22,539.					
9	Other employee benefits	157,409.	98,372.	36,498.	22,539.					
10	Payroll taxes	116,941.	67,480.	37,419.	12,042.					
11	Fees for services (non-employees):									
а										
b	Legal	11,190.		11,190.						
	Accounting	269,307.		269,307.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	74,708.		74,708.						
q										
5	column (A) amount, list line 11g expenses on Sch 0.)	439,126.	439,126.							
12	Advertising and promotion	73,145.	63,192.	9,953.						
13	Office expenses	44,992.	27,503.	13,476.	4,013.					
14	Information technology	82,546.	17,170.	65,376.	,					
15	Royalties	. ,								
16	Occupancy	212,319.	161,346.	29,450.	21,523.					
17	Trevel	316,001.	311,068.		4,933.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
40	Conferences, conventions, and meetings	253,094.	252,676.		418.					
19 20			252,070•							
20	Interest									
21	Payments to affiliates	106,803.	61,630.	34,175.	10,998.					
22	Depreciation, depletion, and amortization	8,615.	36.	8,579.	10,000					
23	Insurance	0,013.		0,513.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	81,706.	64,942.		16,764.					
a	HONORARIA	65,600.	64,942.		10,/04.					
b	STAFF BUILDING	8,562.	8,381.		181.					
С	SIALL DUITDING	0,302.	0,301.		T0T•					
d										
е	·		C 100 00F							
25	Total functional expenses. Add lines 1 through 24e	7,568,729.	6,199,827.	1,116,797.	252,105.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here E if following SOP 98-2 (ASC 958-720)									

Form 990 (2017)

Part IX Statement of Functional Expenses

	n 990 (i				Mild,	04-	2593591 Page 11
Ра	rt X	Balance Sheet					X
		Check if Schedule O contains a response or no	te to ai	ny line in this Part X			1
					(A) Beginning of year		(B) End of year
	1	Cash pan interact bearing			4,605,746.	1	8,192,069.
	2	Cash - non-interest-bearing Savings and temporary cash investments			59,794.		61,820.
	3	Pledges and grants receivable, net			7,567,541.	3	6,442,829.
	4	Accounts receivable, net				4	• • • • • • • • • • • • • • • •
	5	Loans and other receivables from current and f				· ·	
	ľ	trustees, key employees, and highest compens		, ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ş		employees' beneficiary organizations (see instr)		• • •		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	247,074.	9	102,391.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			146,896.		
	11	Investments - publicly traded securities	11,667,152.	11	9,707,069.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		10 707	14	10 707	
	15	Other assets. See Part IV, line 11	12,727.		12,727.		
	16	Total assets. Add lines 1 through 15 (must equ			24,413,733. 225,576.		24,665,801. 278,128.
	17	Accounts payable and accrued expenses			2,093,183.		2,316,849.
	18 19	Grants payable			2,055,105.	18 19	2,510,045.
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilitiesEscrow or custodial account liability. Complete			59,809.		61,835.
s	22	Loans and other payables to current and forme				21	
Liabilities		key employees, highest compensated employe					
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D				25	
	26				2,378,568.	26	2,656,812.
		Organizations that follow SFAS 117 (ASC 95		ck here ▶ 🔯 and			
Ses		complete lines 27 through 29, and lines 33 a					F 064 220
and	27	Unrestricted net assets			5,362,314.		5,964,339.
Bal	28	Temporarily restricted net assets			16,672,851.	28	16,044,650.
pur	29					29	
ц		Organizations that do not follow SFAS 117 (A	ISC 95	8), check here 🕨 📖			
s S	20	and complete lines 30 through 34.				20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or en				30 31	
t As	31 32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			22,035,165.		22,008,989.
	34	Total liabilities and net assets/fund balances			24,413,733.		24,665,801.
	1 0 7	rotal addition and not association baidfibes			,,,,		

Form **990** (2017)

INCORPORATED

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,			
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Form	1990 (2017) INCORPORATED	04	-2593	591	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,204	1,5	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,568	3,7	29.
3	Revenue less expenses. Subtract line 2 from line 1	3		-364		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	,03!		
5	Net unrealized gains (losses) on investments	5		33'	7,9	95.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	22	1,008	<u>3,9</u>	89.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	З,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		·		37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit		37	
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				37	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	L

Form **990** (2017)

SCHEDULE A	Dublic (Sharity Status or			un n a rt		OMB No. 1545-0047
(Form 990 or 990-EZ)		Charity Status ar					2017
	Complete if the	organization is a section 50 4947(a)(1) nonexempt cha			or a section		2017
Department of the Treasury		Attach to Form 990 or					Open to Public
Internal Revenue Service	Go to www.	irs.gov/Form990 for instruct	ons and the	latest in	nformation.		Inspection
Name of the organizati		FOUNDATION FOF	THE A	RTS,		• •	identification number
	INCORPORATE						4-2593591
Part I Reason	for Public Charity Sta	atus (All organizations must c	omplete this p	part.) Se	e instruction	s.	
The organization is not a	private foundation because	e it is: (For lines 1 through 12,	check only or	ne box.)			
1 A church, co	nvention of churches, or ass	sociation of churches describe	d in section .	170(b)(1)(A)(i).		
2 A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (For	n 990 or 990-	-EZ).)			
3 A hospital or	a cooperative hospital servi	ce organization described in s	ection 170(b))(1)(A)(ii	i).		
4 A medical res	earch organization operated	d in conjunction with a hospita	l described ir	n sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat							
-		of a college or university owne	d or operated	d by a go	overnmental u	unit descrik	ped in
	b)(1)(A)(iv). (Complete Part	-					
37		overnmental unit described in	-				
-	•	substantial part of its support	from a goverr	nmental	unit or from t	he general	public described in
·	b)(1)(A)(vi). (Complete Part I						
		170(b)(1)(A)(vi). (Complete Par	-				
-	-	cribed in section 170(b)(1)(A)		-		-	-
	or a non-land-grant college c	of agriculture (see instructions)	. Enter the na	ame, city	, and state o	f the colleg	e or
university:							
		I) more than 33 1/3% of its su					
		- subject to certain exceptions					
	509(a)(2). (Complete Part III	ncome (less section 511 tax) fi	om business	es acqu	ired by the or	gamzation	alter Julie 30, 1975.
		.) exclusively to test for public s	afety See se	ction 50	0(2)(4)		
	-	exclusively for the benefit of, t				arry out the	purposes of one or
		escribed in section 509(a)(1)					
		type of supporting organization					
	-	ated, supervised, or controlled				-	aivina
		er to regularly appoint or elect					
	n. You must complete Parl						
b Type II. As	upporting organization supe	ervised or controlled in connec	tion with its s	supporte	ed organizatio	on(s), by ha	ving
control or r	nanagement of the supporti	ng organization vested in the	ame persons	s that co	ntrol or mana	age the sup	ported
organizatio	n(s). You must complete P a	art IV, Sections A and C.					
c 🔲 Type III fui	ctionally integrated. A sup	porting organization operated	in connectio	n with, a	and functiona	lly integrate	ed with,
its support	ed organization(s) (see instru	uctions). You must complete	Part IV, Sect	tions A,	D, and E.		
d 🔄 Type III no	n-functionally integrated.	A supporting organization ope	rated in conn	ection w	ith its suppo/	rted organi	zation(s)
that is not	unctionally integrated. The	organization generally must sa	tisfy a distrib	ution rea	quirement an	d an attent	iveness
requiremer	t (see instructions). You mu	ist complete Part IV, Section	s A and D, ar	nd Part	V .		
e Check this	box if the organization recei	ived a written determination fro	om the IRS th	nat it is a	Туре I, Туре	II, Type III	
		functionally integrated suppor					
	ng information about the su		(iv) is the organization	ation listed	(u) Amount of		(ui) Amount of other
(i) Name of supp organizatior		(iii) Type of organization (described on lines 1-10	(iv) Is the organiza in your governing d		(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No		,	
Total							

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Schedule A (Form 990 or 990-EZ) 2017 INCORPORATED Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

<u>Sec</u>	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	10,375,598.	6,501,174.	2,349,384.	11,406,089.	6,550,553.	37,182,798.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	10,375,598.	6,501,174.	2,349,384.	11,406,089.	6,550,553.	37,182,798.			
	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)						20,665,528.			
6	Public support. Subtract line 5 from line 4.						16,517,270.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 4	10,375,598.	6,501,174.	2,349,384.	11,406,089.	6,550,553.	37,182,798.			
	Gross income from interest,	, ,	, ,		, ,	, ,	, ,			
Ũ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	190,381.	202,242.	220,160.	123.445.	199,713.	935,941.			
٩	Net income from unrelated business									
3	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	Ŭ									
	or loss from the sale of capital									
44	assets (Explain in Part VI.)						38,118,739.			
	Total support. Add lines 7 through 10	ata (aca inatruati	202)			12	659,987.			
	Gross receipts from related activities,		,	d fourth or fifth to			000,007.			
13	First five years. If the Form 990 is for organization, check this box and stor	-			-					
Sec	ction C. Computation of Publ		rcentage			<u></u>				
	Public support percentage for 2017 (••	•	column (f))		14	43.33 %			
	Public support percentage from 2016					15	48.51 %			
	33 1/3% support test - 2017. If the c									
100	stop here. The organization qualifies	-								
h	33 1/3% support test - 2016. If the c									
	and stop here. The organization qual									
170										
178	10% -facts-and-circumstances tes									
	and if the organization meets the "fac			-	-	-				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
40										
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17t	, check this box a	ina see instruction:	s 🏲 📖			

Schedule A (Form 990 or 990 EZ) 2017 INCORPORATED

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			1			
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6							
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)				1		
	First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth t	ax vear as a section	n 501(c)(3) or	ganization
•••	check this box and stop here	the erganzation (-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest						70
	· · · · · · · · · · · · · · · · · · ·		-	10 column (f))		47	0/
	Investment income percentage for 20					17	%
	Investment income percentage from			an line 14 and lin		18	%
198	33 1/3% support tests - 2017. If the	-					
_	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2016. If the						
_	line 18 is not more than 33 1/3%, che		•	-		-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Vee N-

Schedule A (Form 990 or 990 EZ) 2017 INCORPORATED

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
30		
3c		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
6		
7		
8		
9a		
<i>.</i>		
9b		
9c		
30		
10a		
10b		

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Sche	edule A (Form 990 or 990-EZ) 2017 INCORPORATED 0	4-259359	1 _{Pa}	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	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</i> 's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	, otiono, i		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruction	s).	
2	Activities Test. Answer (a) and (b) below.	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

NEW ENGLAND FOUNDATION FOR THE ARTS, Schedule A (Form 990 or 990-EZ) 2017 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Sche	dule A (Form 990 or 990-EZ) 2017 INCORPORATED			4-2593591 Page 7
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	~		
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 980 or 980 E2 2017 ENCORPORATED 04-253351 Page 4 Part VI) Septemental Information. Frovide the explanations required by Part II, line 10; Part IV, Bert 770; Part III, line 172, Part IV, Section D, lines 1, 28, 35, 35, 45, 46, 58, 69, 90, 90, 111, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 115, and 11c; Part IV, Section D, lines 21, 68, 21, 21, 21, 21, 21, 21, 21, 21, 21, 21	Schodulo A	(Earm 990 ar 990 EZ) 2017		ENGLAND BPORATEI		TION	FOR	THE	ARTS,	04-2593591 _{Page} 8
	Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	nation 2, 3b, 30 nes 2 an	• Provide the ex c, 4b, 4c, 5a, 6, d 3; Part IV, Se	xplanations re 9a, 9b, 9c, 1 ⁻ ction E, lines	1a, 11b, a 1c, 2a, 2	and 11c; b, 3a, ar	Part IV, 1d 3b; Pa	Section B, lir art V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
								4		

SC	HEDULE D	Suppleme	ntal Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the	organization answered "Yes" on Form 990.	2017
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9	9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.	Open to Public
	Revenue Service		rm990 for instructions and the latest information	
Nam	e of the organizati	ion NEW ENGLAND FOUN INCORPORATED	DATION FOR THE ARTS,	Employer identification number 04-2593591
Pa	rt I Organiza	ations Maintaining Donor Adv	vised Funds or Other Similar Funds or	Accounts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part I		
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4 5		t end of year	rs in writing that the assets held in donor advised fu	inde
5	-		ion's exclusive legal control?	
6			nor advisors in writing that grant funds can be used	
•			nor or donor advisor, or for any other purpose conf	
	impermissible priv			° n n
Pa	rt II Conserv		e organization answered "Yes" on Form 990, Part I	
1	Purpose(s) of cons	servation easements held by the orgar	nization (check all that apply).	
	Preservation	n of land for public use (e.g., recreation	n or education)	lly important land area
	Protection o	of natural habitat	Preservation of a certified	historic structure
		n of open space		
2	-		qualified conservation contribution in the form of a	
	day of the tax year			Held at the End of the Tax Year
	•		ic structure included in (a)	
c d			ired after 7/25/06, and not on a historic structure	20
u				2d
3			d, released, extinguished, or terminated by the org	
-	year ►	,	-,	
4	· ·	where property subject to conservation	n easement is located ►	
5	Does the organiza	tion have a written policy regarding the	e periodic monitoring, inspection, handling of	
	,	forcement of the conservation easeme		
6	Staff and voluntee	r hours devoted to monitoring, inspec	ting, handling of violations, and enforcing conserva	tion easements during the year
	►	_		
7		ses incurred in monitoring, inspecting, l	handling of violations, and enforcing conservation	easements during the year
•	►\$			
8			above satisfy the requirements of section 170(h)(4)	
9			ervation easements in its revenue and expense stat	
5			inization's financial statements that describes the c	
	conservation ease			
Pa	rt III Organiza	ations Maintaining Collection	is of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if	f the organization answered "Yes" on F	Form 990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures	s, or other similar assets held for public	c exhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
		tnote to its financial statements that de		
b	-		6 (ASC 958), to report in its revenue statement and	
			on, education, or research in furtherance of public s	service, provide the following amounts
	relating to these it			
				. .
2	.,		al treasures, or other similar assets for financial gair	
2	-		AS 116 (ASC 958) relating to these items:	
а	-		AS TTO (ASC 356) relating to these items.	▶ \$
b				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	I 10-09-17

		LAND FOUND	ATION FOR	THE ARTS	5,				
	dule D (Form 990) 2017 INCORPO						259359		-
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Other	Similar As	sets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that a	ire a sign	ificant use of	its collectio	n iter	ns
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange program	s				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization	's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other	similar as	ssets			
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran							r	
	reported an amount on Form 990, Pa						,,		
1a	Is the organization an agent, trustee, custod		iary for contribution	s or other asse	ts not in	cluded			
	on Form 990, Part X?						Yes	X	
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
D.		and complete the for	iowing table.				Amoun	+	
-	Decision belonce					10	Amoun		
	Beginning balance								
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f	37		
	Did the organization include an amount on F					?	X Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years ba	.ck (e) Fou	r years	s back
	Beginning of year balance	4,306,868.	4,053,500.						
b	Contributions			4,110,	918.				
С	Net investment earnings, gains, and losses	455,511.	461,430.	-30,	003.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	187,822.	181,586.						
f	Administrative expenses	34,883.	26,476.	27,	415.				
	End of year balance	4,539,674.	4,306,868.	4,053,	500.				
2	Provide the estimated percentage of the cur		e (line 1a. column (a	a)) held as:					
а	Board designated or quasi-endowment	100.00	%						
b	Permanent endowment	%	_^						
ç	Temporarily restricted endowment	%							
v	The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse		tion that are hold a	nd administoro	d for tho	organization			
Ja		ession of the organiza	alion that are new a			organization		Yes	No
	by:						3a(i)	163	X
	(i) unrelated organizations								X
	(ii) related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm					10			
	Complete if the organization answere								
	Description of property	(a) Cost or of	• •	or other		umulated	(d) Boo	ok valu	le
		basis (investr	nent) basis	(other)	depre	ciation			
	Land								
	Buildings								
с	Leasehold improvements			9,352.		32,820.			32.
d	Equipment			8,973.		51,262.			11.
	Other		50	4,534.	46	51,881.			53.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			14	6,8	96.

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,	
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Schedule D (Form 990) 2017 INCORPORA	FED		04-2593591 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye		11b. See Form 990, Pa	rt X, line 12.
(a) Description of security or category (including name of security	ty) (b) Book value	(c) Method of value	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11c. See Form 990, Par	t X, line 13.
(a) Description of investment	(b) Book value	(c) Method of value	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Pa	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye			90, Part X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.) ►		
2. Liability for uncertain tax positions. In Part XIII, prov	vide the text of the footnote t	o the organization's fina	ncial statements that reports the
organization's liability for uncertain tax positions un			

Schedule D (Form 990) 2017

NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS,
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Sche	edule D (Form 990) 2017 INCORPORATED	04-	2593591 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	7,476,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 337,995	•	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d		337,995.
3	Subtract line 2e from line 1	. 3	7,138,774.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 65, 784	•	
b	Other (Describe in Part XIII.) 4b		65 504
С	Add lines 4a and 4b		65,784.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,204,558.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	7,502,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b	_	
c	Other losses 2c	_	
d	Other (Describe in Part XIII.) 2d	_	0
е	Add lines 2a through 2d		0. 7,502,945.
3	Subtract line 2e from line 1	. 3	7,502,945.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 65, 784	-	
b	Other (Describe in Part XIII.) 4b	-	65 701
с _	Add lines 4a and 4b		65,784.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	7,568,729.
гd			

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	. WA	SA	A FIS	SCAL	AGENT	. FOE	THI	E MAS	SSAC	CHUS	SETTS	AND	NEW	HAMPS	HIRE	STA	TE	ARTS
AGEN	CIE	s.	IN	ACC	ORDANC	CE WI	тн і	NEFA	'S E	3Y-I	LAWS,	THE	EXEC	CUTIVE	DIR	ЕСТС	RS	OF
THE	ABO	VE-	-MEN'	FION	ED AGE	ENCIE	s, i	AS WI	ELL	AS	THE	CONNE	ECTIC	CUT, M	IAINE	, RH	IODE	
ISLA	ND,	AN	ID VI	ERMOI	NT STA	ATE A	ARTS	AGEI	NCIE	ES,	ARE	ALSO	BOAF	ND MEM	IBERS	OF	NEF	Ά.
EACH	OF	TH	IESE	AGEI	NCIES	ALSC) FU	NDS 1	NEFA	.								

PART X, LINE 2:

NEFA ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC

TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

Schedule D (Form 990) 2017NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED04-2593591 Page 5
Schedule D (Form 990) 2017 INCORPORATED 04-2593591 Page 5 Part XIII Supplemental Information (continued) 04-2593591 Page 5
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NEFA HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT MAY 31,
2018.

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an	d Individua	ls in the Ŭni	ted States		омв №. 1545-0047 2017
Department of the Treasury	Compl	ete if the organization	n answered "Yes' Attach to For		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization NEW ENGLA INCORPORA		TION FOR TH	E ARTS,				Employer identification number $04 - 2593591$
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records criteria used to award the grants or ass	istance?		· · · · · · · · · · · · · · · · · · ·	· · · · ·		sistance, and the sele	
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Pa	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
ALABAMA DANCE COUNCIL, INC. PO BOX 2126							GENERAL OPERATING, CREATION AND/OR
BIRMINGHAM, AL 35201	63-0815232		5,000.	0.			PRESENTING SUPPORT
,			-,				
ALONZO KING LINES BALLET							GENERAL OPERATING,
26 SEVENTH STREET							CREATION AND/OR
SAN FRANCISCO, CA 94103	94-2933309		11,000.	0.			PRESENTING SUPPORT
AMERICAN DANCE INSTITUTE, INC.							GENERAL OPERATING,
133 W. 19TH STREET							CREATION AND/OR
NEW YORK, NY 10011	52-2158599		15,000.	0.		-	PRESENTING SUPPORT
ANANYA DANCE THEATER							GENERAL OPERATING,
PO BOX 2427							CREATION AND/OR
MINNEAPOLIS, MN 55402-0427	20-4261878		70,000.	0.			PRESENTING SUPPORT
ANCHOR ARTS MANAGEMENT, INC.							GENERAL OPERATING,
2159 NE 122ND ST							CREATION AND/OR
NORTH MIAMI, FL 33181	20-0116582		10,500.	0.			PRESENTING SUPPORT
ARNOLD OAKLEY KENYON, IV							GENERAL OPERATING,
42 WORCESTER SQUARE #9							CREATION AND/OR
BOSTON, MA 02118	47-9043637		7,500.	0.			PRESENTING SUPPORT
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table				▶ 284.
3 Enter total number of other organization	ns listed in the line	1 table					

Schedule I (Form 990) I

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZIA GITTENS-CARLE							GENERAL OPERATING,
21 WAINWRIGHT STREET APT 2							CREATION AND/OR
BOSTON, MA 02124	02-0743046		7,125.	0.			PRESENTING SUPPORT
			.,				
BETHEL COUNCIL ON THE ARTS							GENERAL OPERATING,
PO BOX 264							CREATION AND/OR
BETHEL, AK 99559	23-7366662		10,000.	0			PRESENTING SUPPORT
	25 ,500002		10,000.				
BIG TREE PRODUCTIONS, INC.							GENERAL OPERATING,
42 HORATIO STREET, #9							CREATION AND/OR
NEW YORK, NY 10014	13-4200666		11,000.	0.			PRESENTING SUPPORT
			11,000.				
BOARD OF TRUSTEES OF THE LELAND							GENERAL OPERATING,
STANFORD JUNIOR UNIVERSITY - 3145							CREATION AND/OR
PORTER DRIVE - PALO ALTO, CA 94304	94-1156365		5,000.	0.			PRESENTING SUPPORT
	J4 1130303		5,000.	0.			IREDENTING SUITORI
BOULDER COUNTY ARTS ALLIANCE							GENERAL OPERATING,
2590 WALNUT STREET STE 9							CREATION AND/OR
	84-0566939		42 750	0.			
BOULDER, CO 80302	84-0300939		43,750.	0.			PRESENTING SUPPORT
BRYN MAWR COLLEGE							GENERAL OPERATING,
101 NORTH MERION AVENUE							CREATION AND/OR
	23-1352621		6,000.	0.			PRESENTING SUPPORT
BRYN MAWR, PA 19010	23-1332021		0,000.	0.			FRESENTING SOFFORT
BUNNELL STREET ARTS CENTER							GENERAL ORFRATING
							GENERAL OPERATING,
106 WEST BUNNELL, SUITE A	04 200000		C 000	_			CREATION AND/OR
HOMER, AK 99603	94-3220880		6,000.	0.			PRESENTING SUPPORT
CABD, INC.							GENERAL OPERATING,
P.O. BOX 340600	91 4221402		11 000				CREATION AND/OR
JAMAICA, NY 11434	81-4331402		11,000.	0.			PRESENTING SUPPORT
CAPE FEAR COMMUNITY COLLEGE							GENERAL OPERATING,
FOUNDATION, INC 411 N. FRONT			48 500				CREATION AND/OR
STREET - WILMINGTON, NC 28401	58-1308578		17,500.	0.			PRESENTING SUPPORT

Schedule I (Form 990) II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

04-2593591 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER DEVELOPMENT BOARD 226 NORTH HACKBERRY STREET							GENERAL OPERATING, CREATION AND/OR
SAN ANTONIO, TX 78202	74-2480343		5,000.	0.			PRESENTING SUPPORT
CELEBRITY SERIES OF BOSTON 20 PARK PLAZA, SUITE 1032							GENERAL OPERATING, CREATION AND/OR
BOSTON, MA 02116-4303	22-2958508		12,000.	0.			PRESENTING SUPPORT
CHARLES & EMMA FRYE FREE PUBLIC ART MUSEUM - 704 TERRY AVENUE - SEATTLE, WA 98104	91-0659435		5,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
, CHICAGO DANCEMAKERS FORUM 159 EAST WALTON #20A CHICAGO, IL 60611	47-2428034		25,000.	0.	×		GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
, CITY OF CHICAGO 78 EAST WASHINGTON STREET CHICAGO, IL 60602	36-6005820		16,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CLEVELAND MODERN DANCE ASSOCIATION 13110 SHAKER SQUARE, SUITE 106 CLEVELAND, OH 44120	34-6561006		11,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COLUMBIA COLLEGE CHICAGO 600 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605	36-6112087		14,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
COMMUNITY THEATER PROJECT CORPORATION - 5530 PENN AVENUE - PITTSBURGH, PA 15206	31-1692848		14,061.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06320-4196	06-0646587		12,700.				GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

n 990) INCORPORATED

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Schedule I (Form 990) INCORPORA						0	14-2090091 Pa
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	rt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTEMPORARY ARTS CENTER							GENERAL OPERATING, CREATION AND/OR
NEW ORLEANS, LA 70130	72-0798830		87,750.	0.			PRESENTING SUPPORT
CORNERSTONE THEATER COMPANY 708 TRACTION AVE LOS ANGELES, CA 90013	95-4493498		32,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CULTURAL ORGANIZATION OF LOWELL 250 JACKSON ST STE. 402 LOWELL, MA 01852	04-3579969		18,750.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DANCERS' WORKSHOP PO BOX 1500 JACKSON, WY 83001	83-0232680		8,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DC WHEEL PRODUCTIONS, INC. / DANCE PLACE - 3225 8TH STREET, NE - WASHINGTON, DC 20017	52-1118504		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DORRANCE DANCE INCORPORATED 225 SOUTH 3RD STREET APARTMENT 12 BROOKLYN, NY 11211	81-4741774		11,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
DUKE UNIVERSITY 2010 CAMPUS DRIVE, BOX 90757 DURHAM, NC 27708	56-0532129		18,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ELEVATOR REPAIR SERVICE THEATER, INC. – 47 GREAT JONES STREET, 3RD FLOOR – NEW YORK, NY 10012	13-3787877		10,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
EMERSON COLLEGE OFFICE OF THE ARTS 120 BOYLSTON STE BOSTON, MA 02116	04-1286950		16,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990) II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERETT							GENERAL OPERATING,
9 DUNCAN AVENUE							CREATION AND/OR
PROVIDENCE, RI 02906	05-0451784		43,750.	0.			PRESENTING SUPPORT
FABIOLA R DECIUS							GENERAL OPERATING,
PO BOX 366036							CREATION AND/OR
HYDE PARK, MA 02136	59-4765931		7,500.	0.			PRESENTING SUPPORT
FAIRFIELD UNIVERSITY							GENERAL OPERATING,
1073 NORTH BENSON ROAD							CREATION AND/OR
FAIRFIELD, CT 06824	06-0646623		13,700.	0.			PRESENTING SUPPORT
FIJI THEATER COMPANY, INC. / PING							
CHONG + COMPANY - 47 GREAT JONES							GENERAL OPERATING,
STREET 6TH FLOOR - NEW YORK, NY							CREATION AND/OR
10012	13-2874863		31,275.	0.			PRESENTING SUPPORT
FIRSTWORKS							GENERAL OPERATING,
275 WESTMINSTER STREET STE. 501							CREATION AND/OR
PROVIDENCE, RI 02903	22-2597014		32,820.	0.			PRESENTING SUPPORT
FLORIDA STATE UNIVERSITY							
FOUNDATION, INC 2010 LEVY							GENERAL OPERATING,
AVENUE, BLDG B, SUITE 300 -							CREATION AND/OR
TALLAHASSEE, FL 32306	59-6152180		7,500.	0.			PRESENTING SUPPORT
FLYAWAY PRODUCTIONS							GENERAL OPERATING,
1068 BOWDOIN STREET							CREATION AND/OR
SAN FRANCISCO, CA 94134	52-2350570		57,250.	0.			PRESENTING SUPPORT
FLYNN CENTER FOR THE PERFORMING							GENERAL OPERATING
							,
ARTS, LIMITED - 153 MAIN STREET -			14 500				CREATION AND/OR
BURLINGTON, VT 05401	03-0277052		14,568.	0.			PRESENTING SUPPORT
FOUNDATION FOR INDEPENDENT							GENERAL OPERATING,
ARTISTS, INC 75 BROAD STREET,							CREATION AND/OR
SUITE 304 - NEW YORK, NY 10004	13-3082845		5,500.	0.			PRESENTING SUPPORT

Schedule I (Form 990)

rm 990) INCORPORATED

Schedule I (Form 990) INCORPORA							14-2090091 Pa
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa I	irt II.) 1	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRACTURED ATLAS, INC.							GENERAL OPERATING,
248 WEST 35TH STREET, 10TH FLOOR							CREATION AND/OR
NEW YORK, NY 10001	11-3451703		106,250.	0.			PRESENTING SUPPORT
FRINGEARTS							GENERAL OPERATING,
140 N. COLUMBUS BLVD							CREATION AND/OR
PHILADELPHIA, PA 19106	23-2936188		19,150.	Ο.			PRESENTING SUPPORT
GEORGE MASON UNIVERSITY							GENERAL OPERATING,
FOUNDATION, INC 4400 UNIVERSITY							CREATION AND/OR
DRIVE, MS 4C1 - FAIRFAX, VA 22030	54-1603842		5,000.	0.			PRESENTING SUPPORT
GLOBALFEST, INC.							GENERAL OPERATING,
601 WEST 26TH STREET #325 MB:264							CREATION AND/OR
NEW YORK, NY 10001	27-3612523		17,500.	0.			PRESENTING SUPPORT
/							
GOTHAM DANCE, INCORPORATED / BEBE							GENERAL OPERATING,
MILLER COMPANY - P.O. BOX 82484 -	4.0.0000000		45 500				CREATION AND/OR
COLUMBUS, OH 43202	13-3618577		15,500.	0.			PRESENTING SUPPORT
GUAM HUMANITIES COUNCIL 222 CHALAN SANTO PAPA REFLECTION							
CENTER, SUITE 106 - HAGATNA, GU							GENERAL OPERATING, CREATION AND/OR
96910	66-0478133		F 000	0.			PRESENTING SUPPORT
98910	00-04/0133		5,000.	0.			PRESENTING SUPPORT
GUILFORD PERFORMANCE LAB, INC.							GENERAL OPERATING,
561 FITCH ROAD							CREATION AND/OR
GUILFORD, VT 05301	45-2398900		68,620.	0.			PRESENTING SUPPORT
GOILFORD, VI 05501	45 2550500		00,020.	0.			IREDENTING BUITORI
GULF RESTORATION NETWORK							GENERAL OPERATING,
1010 COMMON ST. SUITE 902							CREATION AND/OR
NEW ORLEANS, LA 70112	72-1447742		14,000.	0.			PRESENTING SUPPORT
			, ,				
HEADLONG DANCE THEATER							GENERAL OPERATING,
1170 S BROAD STREET							CREATION AND/OR
PHILADELPHIA, PA 19146	23-2803557		43,750.	0.			PRESENTING SUPPORT

Schedule I (Form 990) IN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY STREET SETTLEMENT - ABRONS ART CENTER - 466 GRAND STREET -							GENERAL OPERATING, CREATION AND/OR
NEW YORK, NY 10002	13-1562242		21,000.	0.			PRESENTING SUPPORT
HONOLULU THEATRE FOR YOUTH 1149 BETHEL STREET, SUITE 700 HONOLULU, HI 96813	99-0107563		10,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INDIGENOUS ARTS INSTITUTE 8149 SANTA MONICA BLVD. #122 WEST HOLLYWOOD, CA 90046	27-3400701		31,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INNER CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629	36-4167433		8,925.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INTA, INC. 75 BROAD STREET, SUITE 304 NEW YORK, NY 10004	13-3913291		40,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INTERNATIONAL MAYAN LEAGUE 3321 12TH STREET NE WASHINGTON, DC 20017	03-0331316		8,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JACOB'S PILLOW DANCE FESTIVAL, INC. – 358 GEORGE CARTER ROAD – BECKET, MA 01223-4001	04-6002993		20,990.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KAHILU THEATRE FOUNDATION 67-1186 LINDSEY ROAD P.O. BOX 549 KAMUELA, HI 96743	99-0200138		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
KEENE STATE COLLEGE, UNIVERSITY SYSTEM OF NH - 229 MAIN STREET - KEENE, NH 03435	02-6000937		12,300.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGS MAJESTIC CORPORATION - 651							GENERAL OPERATING,
ARTS - 1000 DEAN STREET, SUITE 232							CREATION AND/OR
BROOKLYN, NY 11238	11-2956108		10,000.	0.			PRESENTING SUPPORT
O THEATER WORKS, INC.							GENERAL OPERATING,
498 S. GULF RD.							CREATION AND/OR
BELCHERTOWN, MA 01007	04-3124727		6,850.	0.			PRESENTING SUPPORT
SEICHERTOWN, MA 01007	04 5124727		0,050.				I KESENTING SOTTORI
KYLE ABRAHAM/ABRAHAM.IN.MOTION							GENERAL OPERATING,
P.O. BOX 986							CREATION AND/OR
NEW YORK, NY 10113	45-2929138		8,575.	0.			PRESENTING SUPPORT
LA MAMA EXPERIMENTAL THEATRE CLUB							GENERAL OPERATING,
74A EAST 4TH STREET							CREATION AND/OR
NEW YORK, NY 10003	13-2620861		81,850.	0.			PRESENTING SUPPORT
LAFAYETTE COLLEGE				· ·			GENERAL OPERATING,
307 MARKLE HALL 730 HIGH STREET							CREATION AND/OR
EASTON, PA 18042	24-0795686		5,000.	0.			PRESENTING SUPPORT
LAURA BARING-GOULD STUDIOS LLC							GENERAL OPERATING,
204 SUMMER STREET							CREATION AND/OR
SOMERVILLE, MA 02143	36-4665667		7,500.	0.			PRESENTING SUPPORT
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
LEVYDANCE, INC							GENERAL OPERATING,
19 HERON STREET							CREATION AND/OR
SAN FRANCISCO, CA 94103	30-0147677		43,750.	0.			PRESENTING SUPPORT
LINCOLN CENTER FOR THE PERFORMING							
ARTS, INC 70 LINCOLN CENTER							GENERAL OPERATING,
, PLAZA, 7TH FLOOR - NEW YORK, NY							CREATION AND/OR
10023	13-1847137		5,842.	٥.			PRESENTING SUPPORT
LMERCHIE FRAZIER							GENERAL OPERATING,
68 BERNARD STREET							CREATION AND/OR
DORCHESTER, MA 02124	26-5946223		7,500.	٥.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LOS ANGELES PERFORMANCE PRACTICE							GENERAL OPERATING,
3805 LOS FELIZ BLVD. #5							CREATION AND/OR
LOS ANGELES, CA 90027	81-2571475		46,830.	0.			PRESENTING SUPPORT
			,				
MAIA DOLPHIN-KRUTE							GENERAL OPERATING,
9 CAMBRIDGE TERRACE #2							CREATION AND/OR
ALLSTON, MA 02134	07-0828200		7,500.	0.			PRESENTING SUPPORT
MASARY STUDIOS, LLC							GENERAL OPERATING,
282 COMMON STREET							CREATION AND/OR
WATERTOWN, MA 02472	81-4447588		14,437.	0.			PRESENTING SUPPORT
MAUI ARTS & CULTURAL CENTER							
ONE CAMERON WAY							GENERAL OPERATING,
	99-0222998		12 212	0.			CREATION AND/OR
KAHULUI, HI 96732	99-0222998		13,312.	0.			PRESENTING SUPPORT
MONTCLAIR STATE UNIVERSITY							GENERAL OPERATING,
FOUNDATION, INC 1 NORMAL AVENUE				÷			CREATION AND/OR
- MONTCLAIR, NJ 07043	22-6017209		12,500.	0.			PRESENTING SUPPORT
MONTCHAIR, NO 07045	22 0017205		12,500.	0.			FREDENTING DUTTORT
MUSEUM OF AFRO-AMERICAN HISTORY							GENERAL OPERATING,
14 BEACON STREET SUITE 401							CREATION AND/OR
BOSTON, MA 02108	04-2429556		15,000.	Ο.			PRESENTING SUPPORT
MUSEUM OF CONTEMPORARY ART							GENERAL OPERATING,
220 EAST CHICAGO AVENUE							CREATION AND/OR
CHICAGO, IL 60611-2643	36-6154098		5,865.	0.			PRESENTING SUPPORT
MUSIC & DANCE THEATER CHICAGO,							GENERAL OPERATING,
INC 205 EAST RANDOLPH DRIVE -							CREATION AND/OR
CHICAGO, IL 60601	36-3930153		5,842.	0.			PRESENTING SUPPORT
MUSUEM OF CONTEMPORARY ART -							GENERAL OPERATING,
CHICAGO - 220 EAST CHICAGO AVENUE							CREATION AND/OR
	36-6154098		12,000.	0.			PRESENTING SUPPORT
- CHICAGO, IL 60611-2643	30-0134098		12,000.	٥.			EVERENILING POLLORI

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PERFORMANCE NETWORK							GENERAL OPERATING,
8121 FIG STREET							CREATION AND/OR
NEW ORLEANS, LA 70118	06-1522546		42,500.	0.			PRESENTING SUPPORT
NEW HAVEN INTERNATIONAL FESTIVAL			,				
OF ARTS AND IDEAS, INC 195							GENERAL OPERATING,
CHURCH STREET, FL 12 - NEW HAVEN,							CREATION AND/OR
СТ 06510	06-1444222		14,500.	0.			PRESENTING SUPPORT
NEW YORK FOUNDATION FOR THE ARTS							GENERAL OPERATING,
20 JAY STREET, STE. 740							CREATION AND/OR
BROOKLYN, NY 11201	23-7129564		43,750.	0.			PRESENTING SUPPORT
NEW YORK LIVE ARTS, INC.							GENERAL OPERATING,
219 WEST 19TH STREET							CREATION AND/OR
NEW YORK, NY 10011	13-6206608		119,000.	0.			PRESENTING SUPPORT
NEW YORK SHAKESPEARE FESTIVAL				~			GENERAL OPERATING,
425 LAFAYETTE STREET	42 4244252						CREATION AND/OR
NEW YORK, NY 10003	13-1844852		30,000.	0.			PRESENTING SUPPORT
NOME ARTS COUNCIL							GENERAL OPERATING,
PO BOX 233							CREATION AND/OR
NOME, AK 99762	23-7132120		10,875.	0.			PRESENTING SUPPORT
NORTH CAROLINA STATE UNIVERSITY							GENERAL OPERATING,
CAMPUS BOX 7205							CREATION AND/OR
RALEIGH, NC 27695	56-6000756		12,000.	0.			PRESENTING SUPPORT
NODMUNECH ETTM EODING							CENEDAL ODEDAMING
NORTHWEST FILM FORUM							GENERAL OPERATING,
1515 12TH AVE	01 1700001		15 150				CREATION AND/OR
SEATTLE, WA 98122	91-1702331		15,150.	0.			PRESENTING SUPPORT
ODC DANCE							GENERAL OPERATING,
3153 17TH STREET							CREATION AND/OR
SAN FRANCISCO, CA 94110	34-1191163		55,000.	0.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORPORA						Ĺ	14-2090091 P
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ODC THEATER							GENERAL OPERATING,
3153 17TH STREET							CREATION AND/OR
SAN FRANCISCO, CA 94110	94-3372711		14,000.	0.			PRESENTING SUPPORT
OMAHA PERFORMING ARTS SOCIETY							GENERAL OPERATING,
1200 DOUGLAS STREET							CREATION AND/OR
OMAHA, NE 68102	47-0832480		5,000.	0.			PRESENTING SUPPORT
ON THE BOARDS							GENERAL OPERATING,
100 WEST ROY STREET							CREATION AND/OR
SEATTLE, WA 98119	91-1081983		71,687.	0.			PRESENTING SUPPORT
ORDWAY CENTER FOR THE PERFORMING							CENEDAL ODEDAMING
							GENERAL OPERATING,
ARTS - 345 WASHINGTON STREET - ST.	41 140000		F1 750				CREATION AND/OR
PAUL, MN 55102	41-1428998		51,750.	0.			PRESENTING SUPPORT
ORIGINAL MUSIC WORKSHOP							GENERAL OPERATING,
80 NORTH 6TH STREET							CREATION AND/OR
BROOKLYN, NY 11249	27-2974840		10,500.	0.			PRESENTING SUPPORT
BROOKLIN, NI 11249	27-2374040		10,500.	0.			FRESENTING SUFFORT
PAINTED BRIDE ART CENTER							GENERAL OPERATING,
230 VINE STREET							CREATION AND/OR
PHILADELPHIA, PA 19106	23-1946391		5,000.	0.			PRESENTING SUPPORT
PERFORMANCE SPACE 122,							GENERAL OPERATING,
INCORPORATED - 150 FIRST AVENUE -							CREATION AND/OR
NEW YORK, NY 10009	13-3522283		15,000.	0.			PRESENTING SUPPORT
PINKERTON ACADEMY							GENERAL OPERATING,
5 PINKERTON STREET							CREATION AND/OR
	02-0223338		5 000	0.			PRESENTING SUPPORT
DERRY, NH 03038 PORTLAND INSTITUTE FOR	02-0223330		5,000.	0.			EVERENTING POLLOKI
CONTEMPORARY ART (PICA) - 415							CENEDAL ODEDATING
							GENERAL OPERATING,
SOUTHWEST 10TH, SUITE 300 -	02 1177071		01 500				CREATION AND/OR
PORTLAND, OR 97205	93-1177971		21,500.	0.			PRESENTING SUPPORT

Schedule I (Form 990)

INCORPORATED Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND OVATIONS							GENERAL OPERATING,
50 MONUMENT SQUARE, 2ND FLOOR							CREATION AND/OR
PORTLAND, ME 04101	01-0350707		12,549.	Ο.			PRESENTING SUPPORT
PRESIDENT AND TRUSTEES OF BATES							GENERAL OPERATING,
COLLEGE - 2 ANDREWS ROAD, 221 LANE							CREATION AND/OR
HALL - LEWISTON, ME 04240	01-0211781		15,660.	0.			PRESENTING SUPPORT
PRESIDENTS AND FELLOWS OF							
MIDDLEBURY COLLEGE - CONTROLLER'S							GENERAL OPERATING,
OFFICE 84 S SERVICE ROAD -							CREATION AND/OR
MIDDLEBURY, VT 05753	03-0179298		16,500.	0.			PRESENTING SUPPORT
RENNIE HARRIS PUREMOVEMENT							GENERAL OPERATING,
326 LAUREL ROAD							CREATION AND/OR
PHILADELPHIA, PA 19102	23-2842844		9,800.	0.			PRESENTING SUPPORT
RICHARD B FISHER CENTER FOR THE							
PERFORMING ARTS BARD COLLEGE - 30				~			GENERAL OPERATING,
CAMPUS ROAD P.O. BOX 5000 -							CREATION AND/OR
ANNANDALE-ON-HUDSON, NY 12504-5000	14-1713034		9,000.	0.			PRESENTING SUPPORT
SAN FRANCISCO MUSEUM OF MODERN ART							GENERAL OPERATING,
151 THIRD STREET							CREATION AND/OR
SAN FRANCISCO, CA 94103	94-1156300		26,934.	0.			PRESENTING SUPPORT
SANDGLASS CENTER FOR THEATER AND							GENERAL OPERATING,
PUPPETRY RESEARCH - 17 KIMBALL							CREATION AND/OR
HILL - PUTNEY, VT 05346	04-3340533		9,500.	0.			PRESENTING SUPPORT
SARAH MICHELSON INC.							GENERAL OPERATING,
140 SECOND AVENUE #501							CREATION AND/OR
NEW YORK, NY 10003	27-4457450		43,750.	Ο.			PRESENTING SUPPORT
			-				
SBDNY, INC.							GENERAL OPERATING,
1006 PONDSIDE DRIVE							CREATION AND/OR
WHITE PLAINS, NY 10607	20-5412438		15,938.	Ο.			PRESENTING SUPPORT

Schedule I (Form 990) I

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTSDALE CULTURAL COUNCIL							GENERAL OPERATING,
7380 E SECOND STREET							CREATION AND/OR
SCOTTSDALE, AZ 85251	86-0593786		5,000.	0.			PRESENTING SUPPORT
	00 0355700		5,000.	••			
SEVENTH REGIMENT ARMORY							GENERAL OPERATING,
CONVERVANCY, INC 643 PARK							CREATION AND/OR
AVENUE - NEW YORK, NY 10065	13-4086800		10,500.	0			PRESENTING SUPPORT
	15 4000000		10,500.				INDEMIING BOITORI
SILENT RHYTHMS, INC.							GENERAL OPERATING,
89 SOUTH STREET SUITE 203							CREATION AND/OR
BOSTON, MA 02111	82-0681600		5,250.	0.			PRESENTING SUPPORT
,							
SKIRBALL CULTURAL CENTER							GENERAL OPERATING,
2701 N SEPULVEDA BLVD							CREATION AND/OR
LOS ANGELES, CA 90049	95-4538371		6,840.	0.			PRESENTING SUPPORT
,							
SMITHSONIAN NATIONAL MUSEUM OF THE							GENERAL OPERATING,
AMERICAN INDIAN - P.O. BOX 23473 -							CREATION AND/OR
WASHINGTON, DC 20026-3473	53-0206027		7,500.	0.			PRESENTING SUPPORT
,							
SOUTH DALLAS CULTURAL CENTER							GENERAL OPERATING,
ASSOCIATION - 3400 SOUTH FITZHUGH							CREATION AND/OR
AVENUE - DALLAS, TX 75210-2972	75-2502465		5,625.	Ο.			PRESENTING SUPPORT
,			,				
SOUTHERN METHODIST UNIVERSITY							GENERAL OPERATING,
MEADOWS SCHOOL OF THE ARTS P.O. BOX	2						CREATION AND/OR
DALLAS, TX 75275	75-0800689		7,500.	Ο.			PRESENTING SUPPORT
,			, -				
SPRINGBOARD FOR THE ARTS							GENERAL OPERATING,
308 PRINCE STREET, SUITE 270							CREATION AND/OR
ST. PAUL, MN 55101	41-1690483		11,250.	Ο.			PRESENTING SUPPORT
			,230,	.			
ST JOSEPH COLLEGE - UNIVERSITY OF							GENERAL OPERATING,
SAINT JOSEPH - 1678 ASYLUM AVENUE							CREATION AND/OR
- WEST HARFORD, CT 06117-2791	06-0646829		18,124.	0.			PRESENTING SUPPORT

Schedule I (Form 990) II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREB INC.							GENERAL OPERATING,
51 NORTH 1ST STREET							CREATION AND/OR
BROOKLYN, NY 11249	13-3268549		43,750.	0.			PRESENTING SUPPORT
	10 0100015						
SUMMERDANCE SANTA BARBARA							GENERAL OPERATING,
PO BOX 360							CREATION AND/OR
SANTA BARBARA, CA 93102	77-0496643		43,750.	0.			PRESENTING SUPPORT
	,, 0150015		10,,00,				
TEADA PRODUCTIONS							GENERAL OPERATING,
522 WILSHIRE BLVD, SUITE H							CREATION AND/OR
SANTA MONICA, CA 90401	95-4766870		40,000.	0.			PRESENTING SUPPORT
THE BROOKLYN ACADEMY OF MUSIC,							
INC PETER JAY SHARP BUILDING 30							GENERAL OPERATING,
LAFAYETTE AVENUE - BROOKLYN, NY							CREATION AND/OR
11217	11-2201344		5,000.	0.			PRESENTING SUPPORT
THE COMMUNITY ART CENTER, INC.							GENERAL OPERATING,
119 WINDSOR STREET							CREATION AND/OR
CAMBRIDGE, MA 02139	04-2496097		5,400.	0.			PRESENTING SUPPORT
			5,101				
THE INSTITUTE OF CONTEMPORARY ART							GENERAL OPERATING,
25 HARBOR SHORE DRIVE							CREATION AND/OR
BOSTON, MA 02210	04-2104327		22,500.	0.			PRESENTING SUPPORT
	,		,,				
THE JOYCE THEATER FOUNDATION, INC.							GENERAL OPERATING,
175 EIGHTH AVENUE							CREATION AND/OR
NEW YORK, NY 10011	13-3038262		8,500.	0.			PRESENTING SUPPORT
1944, 41 19911	20 0000202		0,000.	0.			
THE MIAMI FOUNDATION							GENERAL OPERATING,
40 NORTHWEST 3RD STREET SUITE 305							CREATION AND/OR
MIAMI, FL 33128	65-0350357		71,500.	0.			PRESENTING SUPPORT
	00 0000000		,1,500.	0.			
THE NEW DANCE COMPLEX, INC.							GENERAL OPERATING,
536 MASSACHUSETTS AVENUE							CREATION AND/OR
CAMBRIDGE, MA 02139	04-3131964		11,100.	0.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HE RAYMOND F. KRAVIS CENTER FOR							
HE PERFORMING ARTS, INC 701							GENERAL OPERATING,
KEECHOBEE BOULEVARD - WEST PALM							CREATION AND/OR
BEACH, FL 33401	59 - 2245054		11,000.	0.			PRESENTING SUPPORT
HE REGENTS OF THE UNIVERSITY OF							
ALIFORNIA, BERKELEY - 101							GENERAL OPERATING,
ELLERBACH HALL #4800 UNIVERSITY							CREATION AND/OR
F CALIFORNIA - BERKELEY, CA 94720	94-6002123		13,000.	Ο.			PRESENTING SUPPORT
HE REGENTS OF THE UNIVERSITY OF							
ALIFORNIA, LOS ANGELES - 10889							GENERAL OPERATING,
VILSHIRE BLVD SUITE 700 - LOS							CREATION AND/OR
NGELES, CA 90095-1406	95-6006143		27,500.	0.			PRESENTING SUPPORT
THE YARD, INC.							GENERAL OPERATING,
.O. BOX 405							CREATION AND/OR
HILMARK, MA 02535	23-7348937		27,940.	0.			PRESENTING SUPPORT
,							
HEATER GROTTESCO NORTH AMERICA,							GENERAL OPERATING,
NC 1000 CORDOVA PLACE, #8400 -							CREATION AND/OR
ANTA FE, NM 87505	38-2812525		37,500.	0.			PRESENTING SUPPORT
,							
HEATER MITU, INC.							GENERAL OPERATING,
O BOX 24186							CREATION AND/OR
BROOKLYN, NY 11202	03-0539644		10,500.	0.			PRESENTING SUPPORT
,			,	•			
OM SPACE THEATER							GENERAL OPERATING,
70 LAFAYETTE AVE.							CREATION AND/OR
SUFFALO, NY 14213	33-1159716		5,000.	Ο.			PRESENTING SUPPORT
			5,000.				
RUSTEES OF BOSTON UNIVERSITY							GENERAL OPERATING,
75 COMMONWEALTH AVENUE ATTN: BU AR							CREATION AND/OR
OSTON, MA 02215	04-2103547		5,450.	0.			PRESENTING SUPPORT
5510N, MA 02215	04-2102241		5,450.	0.			INDEMIING SUFFORI
RUSTEES OF DARTMOUTH COLLEGE							GENERAL OPERATING,
LEBANON STREET, SUITE 302							CREATION AND/OR
LIDIMON DIRET, BUILE JUZ						1	CULATION AND/OK

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF GRINNELL COLLEGE 733 BROAD STREET, ROOM 0110 GRINNELL, IA 50112	42-0680387		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
RUSTEES OF THE COLLEGE OF THE OLY CROSS - COLLEGE OF THE HOLY ROSS 1 COLLEGE STREET - MA 01610-2395	04-2103558		17,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
PRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, ROOM 329 - PHILADELPHIA, PA 19104	23-1352685		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
IBW, INC. / URBAN BUSH WOMEN 38 SOUTH OXFORD STREET, #4B BROOKLYN, NY 11217	13-3645651		11,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JNIQUE PROJECTS, INCORPORATED 75 BROAD STREET, SUITE #304 NEW YORK, NY 10004	13-3085289		99,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NIVERSITY AT ALBANY FOUNDATION 400 WASHINGTON AVENUE, UAB 226 LBANY, NY 12222	14-1503972		5,750.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NIVERSITY OF DENVER (COLORADO EMINARY) - 2199 S. UNIVERSITY BOULEVARD - DENVER, CO 80208	84-0404231		6,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JNIVERSITY OF FLORIDA P.O. BOX 113201, 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002502		6,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
JNIVERSITY OF IOWA DEPARTMENT OF DANCE E114 HALSEY HAI LOWA CITY, IA 52242	42-6004813		9,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

04-	-2593591	Page 1
<u><u></u><u></u><u></u><u></u><u></u></u>	4777777	Pagel

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RICHMOND, MODLIN							
CENTER FOR THE ARTS - 28							GENERAL OPERATING,
WESTHAMPTON WAY, RM T-107A -							CREATION AND/OR
RICHMOND, VA 23173	54-0505965		14,000.	0.			PRESENTING SUPPORT
UNIVERSITY OF UTAH							CENEDAL ODEDAMING
201 PRESIDENTS CIRCLE							GENERAL OPERATING, CREATION AND/OR
	87-6000525		10,000.	0.			PRESENTING SUPPORT
SALT LAKE CITY, UT 84112-0922 UNIVERSITY OF WASHINGTON	87-8000525		10,000.	0.			PRESENTING SUPPORT
FOUNDATION - 407 GERBERDING HALL							GENERAL OPERATING,
BOX 351210 - SEATTLE, WA							CREATION AND/OR
98195-1210 - SEATTLE, WA	94-3079432		5,000.	0.			PRESENTING SUPPORT
	51 5575152		5,000.				
VERONICA ROBLES CULTURAL CENTER							GENERAL OPERATING,
175 WILLIAM F. MCCLELLAN HWY WEST F	E						CREATION AND/OR
EAST BOSTON, MA 02128	81-3595731		5,000.	٥.			PRESENTING SUPPORT
,							
WALKER ARTS CENTER							GENERAL OPERATING,
725 VINELAND PLACE							CREATION AND/OR
MINNEAPOLIS, MN 55403	41-0693929		18,000.	Ο.			PRESENTING SUPPORT
WELLESLEY COLLEGE							GENERAL OPERATING,
106 CENTRAL STREET							CREATION AND/OR
WELLESLEY, MA 02481	04-2103637		6,500.	0.			PRESENTING SUPPORT
WESLEYAN UNIVERSITY							GENERAL OPERATING,
237 HIGH STREET							CREATION AND/OR
MIDDLETOWN, CT 06459	06-0646959		28,033.	0.			PRESENTING SUPPORT
							CENEDAL ODEDAUTNO
WEXNER CENTER FOR THE ARTS							GENERAL OPERATING,
1871 NORTH HIGH STREET	21 1206410		10,000				CREATION AND/OR
COLUMBUS, OH 43210	31-1306419		10,000.	0.			PRESENTING SUPPORT
WORLD MUSIC, INCORPORATED							GENERAL OPERATING,
720 MASSACHUSETTS AVENUE							CREATION AND/OR
CAMBRIDGE, MA 02139	22-3036665		6,400.	0.			PRESENTING SUPPORT

NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS,
INCO	ORPORATEI)			

 Schedule I (Form 990)
 INCORPORATED

 Part II
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OE L JUNIPER							GENERAL OPERATING,
917 10TH AVE E, #B							CREATION AND/OR
SEATTLE, WA 98102	45-2323977		14,688.	0.			PRESENTING SUPPORT
,			,				
BLACK MOUNTAIN COLLEGE MUSEUM AND							GENERAL OPERATING,
ARTS CENTER - 56 BROADWAY STREET -							CREATION AND/OR
ASHEVILLE, NC 28801	55-2105570		11,200.	0			PRESENTING SUPPORT
	55 2105570		11,200.				
JNIVERSITY OF HAWAII HILO							GENERAL OPERATING,
200 WEST KAWILI STREET							CREATION AND/OR
HILO, HI 96720	99-6000354		2,500.	0.			PRESENTING SUPPORT

Schedule I (Form 990) (2017)

INCORPORATED

04-2593591

Page 2

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	16	132,530.	. 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.

CHEDULE	J Compensation Information	OMB No.	545-004	17
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	17	l
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20		
epartment of the Tre	N Attack to Forms 000	Open to		с
ternal Revenue Serv	▶ Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe		
lame of the org				nber
	INCORPORATED 04-25	<u>59359</u>	1	
Part I 🛛 Qu	estions Regarding Compensation			
			Yes	No
1a Check the	appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Part VII, Se	ction A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-c	lass or charter travel Housing allowance or residence for personal use			
Trave	for companions Payments for business use of personal residence			
Tax in	demnification and gross-up payments Health or social club dues or initiation fees			
Discre	tionary spending account Personal services (such as, maid, chauffeur, chef)			
b If any of th	e boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reimburser	nent or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2 Did the org	anization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, a	nd officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2	Х	
Indicate wi	nich, if any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Execu	tive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish c	ompensation of the CEO/Executive Director, but explain in Part III.			
X Comp	ensation committee Written employment contract			
🗌 Indep	endent compensation consultant Compensation survey or study			
E Form	990 of other organizations I Approval by the board or compensation committee			
During the	year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	n or a related organization:			
a Receive as	severance payment or change-of-control payment?	4a		Х
	in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	in, or receive payment from, an equity-based compensation arrangement?			Х
	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	on the revenues of:			
•	zation?	5a		х
b Any related	l organization?	. 5b		Х
	line 5a or 5b, describe in Part III.			
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	on the net earnings of:			
•	zation?	6a		Х
anv related	l organization?	. 6b		X
	line 6a or 6b, describe in Part III.			
	s listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	ed on lines 5 and 6? If "Yes," describe in Part III	7		Х
	mounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	act exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
in intian COHII	line 8, did the organization also follow the rebuttable presumption procedure described in			
	s section 53.4958-6(c)?	9		

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (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	compensation			
(1) CATHERINE EDWARDS	(i)	163,414.	0.	0.		17,310.	184,564.	0.
EXECUTIVE DIRECTOR, CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2017	INCORPORA

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Part III Supplemental Information

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

SCHEDULE M			Nonc	ash Contr	ibutions		OMB No.		-
(Fc	orm 990)	N					20	17	,
		Complete if the org	-						
	tment of the Treasury al Revenue Service	Attach to Form 990			Open To Inspe		ic		
	e of the organization	■ Go to www.irs.gov/ ■ NEW ENGLAND	Form990 fo	r the latest inform	Employer	identificati		mbor	
INdIII	e or the organization	INCORPORATEI		IION FOR		4–2593			
Pa		Property)			0	4-2393	791	
14		Порену	(a)	(b)	(c)	1	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	of determin	•	S
1	Art - Works of art								
2	Art - Historical trea	sures							
3	Art - Fractional inte	erests							
4	Books and publica	tions							
5	Clothing and house	ehold goods							
6	Cars and other veh	nicles							
7	Boats and planes								
8		у							
9	Securities - Publicly	y traded							
10	Securities - Closely	held stock							
11	Securities - Partner	rship, LLC, or							
	trust interests								
12	Securities - Miscell	aneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14		tion contribution - Other							
15	Real estate - Resid	ential							
16	Real estate - Comr	nercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory				·				
20		supplies							
21	Taxidermy								
22									
23	Scientific specimer	ns							
24	Archeological artifa	acts							
25	Other 🕨 (<mark>O'</mark>	THER)	X	1	36,230.	FAIR VAL	UE		
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8	3283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organ	nization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
								Yes	No
30a	During the year, die	d the organization receive b	by contribution	on any property re	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at lea	ast three years from the dat	te of the initia	al contribution, and	d which isn't required to be ι	used for			
	exempt purposes f	for the entire holding period	1?				30a		X

31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
	contributions?	

b If "Yes," describe the arrangement in Part II.

н

b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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32a

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		NEW ENGLAND		I FOR THE	ARTS,		
Schedule N	1 (Form 990) 2017	INCORPORATE				04-2593591	Page 2
Part II	Supplemental is reporting in Part this part for any ad	I Information. Provi t I, column (b), the numi additional information.	ide the information red ber of contributions, t	quired by Part I, I he number of iter	ines 30b, 32b, and 3 ms received, or a co	33, and whether the organized mbination of both. Also core	zation
					•		

SCHEDULE O

(Form 990 or 990-EZ)

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

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

NEW ENGLAND FOUNDATION FOR THE ARTS,

Employer identification number

04-2593591

OMB No 1545-0047

INCORPORATED

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:

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.

PUBLIC ART - PROVIDES FINANCIAL AND PROFESSIONAL SUPPORT TO ARTISTS AND

ARTS ORGANIZATIONS TO FOSTER THE DEVELOPMENT PUBLIC ART.

CREATIVE GROUND PROVIDES A NETWORK FOR INDIVIDUALS AND ORGANIZATIONS INTERESTED IN THE ARTS FIELD; CREATIVE ECONOMY SUPPORTS THE ARTS FILED IN NEW ENGLAND BY COLLECTING, ORGANIZING AND DISTRIBUTING ECONOMIC AND OTHER DATA.

EXPENSES \$ 2,019,320. INCLUDING GRANTS OF \$ 832,242. REVENUE \$ 32,254.

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

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMISSION, AND SIGNED BY THE DIRECTOR OF FINANCE & ADMIN OR THE EXECUTIVE DIRECTOR.

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.

Schedule O (Form 990 or 990-EZ) (2017) Page 2							
Name of the organization	NEW ENGLAND	FOUNDATION	FOR	THE	ARTS,	Employer identification number	
	INCORPORATED)				04-2593591	

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 OTHER MEMBERS OF THE

COMPENSATION COMMITTEE AS APPROPRIATE. THE COMPENSATION COMMITTEE ANNUALLY

REVIEWS AND SETS EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS WITH

REFERENCE TO COMPARABLES OF SIMILAR AGENCIES AND NON-PROFIT ORGANIZATIONS.

THE BOARD AND THE COMPENSATION COMMITTEE KEEP MINUTES TO DOCUMENT KEY

DISCUSSION POINTS AND DECISIONS REACHED. THE COMPENSATION COMMITTEE

CONSISTS OF THE OFFICERS OF THE BOARD.

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.

FORM 990, PART VIII, IX, X

THE FORM 990 REVENUE (PART VIII), EXPENSES (PART IX) AND BALANCE SHEET

(PART X)WERE AMENDED TO AGREE WITH THE AUDITED FINANCIAL STATEMENTS

WHICH WERE COMPLETED IN JULY 2019.

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.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED Employer identification 04-2593591	
INCORPORATED 04-2593591	Page 2 n number

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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/efile*, click on Charities & Non-Profits, and click on *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.

				Enter file	er's identifyi	ng number		
Type or print	Name of exempt organization or other filer, see instru NEW ENGLAND FOUNDATION FOR INCORPORATED	Employe	Employer identification number (EIN) o $04-2593591$					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 145 TREMONT STREET, NO. 7T	Social se	ecurity numbe	er (SSN)				
instructions.	City, town or post office, state, and ZIP code. For a for BOSTON , MA $02111-0010$	oreign add	lress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)					
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990)-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990)-T (trust other than above)	06	Form 8870	12				
 If the o If this box I reform 	hone No. \blacktriangleright <u>617-951-0010</u> organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUN 1, 2017 the tax year entered in line 1 is for less than 12 months, or	Group Exe and atta APR organizatio , an	emption Number (GEN) ich a list with the names and EINs o IL 15, 2019, to file on's return for: d ending MAY 31, 2018	f this is fo f all memb	r the whole g pers the exter npt organizat	roup, check this nsion is for.		
	Change in accounting period							
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			-		
nor	nrefundable credits. See instructions.			3a	\$	0.		
b lftł	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and					
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.		
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$							
instructio	If you are going to make an electronic funds withdrawal ns. For Privacy Act and Paperwork Reduction Act Notice ,			453-EO a		9-EO for payment 868 (Rev. 1-2017)		