		** PUBLIC DISCLOSURE COPY	* *	_							
_	Q	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n Income Tax	OMB No. 1545-0047							
For	m 🛡										
Depa	rtment	of the Treasury nue Service Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection							
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning JUN 1, 2020 and ending MAY 31, 2021											
B	B Check if applicable: C Name of organization D Employer identificatio D Employer identificatio										
	Address changeINCORPORATEDName changeDoing business as04-2593591										
	chang Initial returr Final returr	Number and street (or P.O. box if mail is not delivered to street address) 1000 WASHINGTON STREET 2ND FLOOP									
	termi ated Amer returr	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group retur	10,131,945.							
			for subordinates?								
	pend	^{ng} SAME AS C ABOVE	H(b) Are all subordinates include	·····							
11	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a list								
		te: WWW.NEFA.ORG	H(c) Group exemption n								
ΚF	[:] orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 ۱	′ear of formation: 1969 M S	tate of legal domicile: MA							
Pa	art I	Summary									
ĕ	1	Briefly describe the organization's mission or most significant activities: NEFA INV	ESTS IN ARTISTS	3 AND							
Governance		COMMUNITIES AND FOSTERS EQUITABLE ACCESS TO									
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r	1 1								
Š	3			22							
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		22							
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		28							
tivit	6	Total number of volunteers (estimate if necessary)		40							
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.							
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11									
			Prior Year 10,055,347.	Current Year 7,768,862.							
iue	8	Contributions and grants (Part VIII, line 1h)	22,481.	13,438.							
Revenue	9	Program service revenue (Part VIII, line 2g)	829,208.	466,140.							
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	025,200.								
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,907,036.	8,248,440.							
	13		4,445,013.	6,471,661.							
	14	\mathbf{D} and \mathbf{f} the set of the set of the set \mathbf{D} and \mathbf{D} (set \mathbf{D} and \mathbf{D} (set \mathbf{D}).	0.	0.							
S			2,472,720.	2,765,696.							
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 315,140.	0.	0.							
be	b	Total fundraising expenses (Part IX, column (D), line 25) ► 315, 140.									
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,656,685.	1,568,718.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,574,418.	10,806,075.							
	19	Revenue less expenses. Subtract line 18 from line 12	2,332,618.	-2,557,635.							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 27,972,047.	End of Year 29,668,334.							
Ass Bal	21	Total liabilities (Part X, line 10)	4,598,493.	5,839,419.							
Net	22	Net assets or fund balances. Subtract line 21 from line 20	23,373,554.	23,828,915.							
		Signature Block	, ,	,.=							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kr	nowledge and belief, it is							
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		- /							

	O'markens of affinan	Dete								
Sign	Signature of officer	Date								
Here	JUG CHOKSHI, CHIEF OPERATING OFFICER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Da	te Check PTIN								
Paid	ALYSSA SIMARD, CPA ALYSSA SIMARD, CPA	if self-employed P01610394								
Preparer	Firm's name MELANSON, P.C.	Firm's EIN ▶ 02-0354851								
Use Only	Firm's address 10 NEW ENGLAND BUSINESS CENTER DRIVE									
	ANDOVER, MA 01810	Phone no. $978 - 749 - 0005$								
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	32001 12-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	NEW ENGLAND FOUNDATION FOR THE ARTS, 1990 (2020) INCORPORATED 04-2593591 Page 2
	rt III Statement of Program Service Accomplishments
i u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	NEFA INVESTS IN ARTISTS AND COMMUNITIES AND FOSTERS EQUITABLE ACCESS
	TO THE ARTS, ENRICHING THE CULTURAL LANDSCAPE IN NEW ENGLAND AND THE
	NATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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	
	NATIONAL DANCE PROJECT (NDP) - PROVIDES SUPPORT FOR THE CREATION AND
	TOURING OF DANCE WORK THROUGH GRANTS TO DANCE ARTISTS AND PRESENTERS;
	FOSTERS COMMUNITY ENGAGEMENT AND INTERNATIONAL EXCHANGE; AND THROUGH
	SPECIAL INITIATIVES, CREATES OPPORTUNITIES FOR DANCE ARTISTS AT VARIOUS
	STAGES IN THEIR CAREERS.
4b	(Code:) (Expenses \$ 1,854,114. including grants of \$ 1,406,401.) (Revenue \$)
	NATIONAL THEATER PROJECT (NTP) - EXPLORES CREATING A SYSTEM OF SUPPORT
	FOR PROFESSIONAL ARTIST-LED COLLABORATIVE, DEVISED THEATER. MODELED
	AFTER NEFA'S NATIONAL DANCE PROJECT, THE PROGRAM SUPPORTS ENSEMBLE
	THEATER DEVELOPMENT AND TOURING IN THE UNITED STATES.
4c	(Code:) (Expenses \$ 3,200,486. including grants of \$ 2,527,460.) (Revenue \$ 13,438.)
	NEW ENGLAND PRESENTING AND TOURING - PROVIDES FINANCIAL AND
	PROFESSIONAL SUPPORT TO NEW ENGLAND ARTISTS AND ARTS ORGANIZATIONS TO
	FOSTER THE DEVELOPMENT AND SHARING OF CREATIVE WORK; THE PROGRAM
	STRIVES TO REACH POPULATIONS FOR WHOM ACCESS IS MORE LIMITED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,107,311. including grants of \$ 308,800.) (Revenue \$)
40	Total program service expenses 8,916,429.
	Form 990 (2020)

Part IV	Checklist of I	Require	ed Schedules	;			
Form 990 (2	2020)	INCO	ORPORATEI	כ			
		NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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,			37
	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	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form **990** (2020)

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

Form	1 990 (2020) INCORPORATED 04-2593	3591	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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	2-10		<u> </u>
U		24c		
А	any tax-exempt bonds?	240 24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~ ~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			<u> </u>
00	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			
07	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?			<u> </u>
00	•	38	x	ĺ
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	res	
		_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?	1c		L

Form	990 (2020) INCORPORATED 04-2593	591	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 28		x				
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37			
	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).	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x			
h	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b					
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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	10					
Ŭ	to file Form 8282?						
Ь	d If "Yes," indicate the number of Forms 8282 filed during the year 7d						
f							
g							
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40	amounts due or received from them.)	1.0					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	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.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans						
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>			
	excess parachute payment(s) during the year?						
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

Form	990 (2020) INCORPORATED		04-	-2593	591	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, a	and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See	instruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		1				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		22			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			2.2			
	Enter the number of voting members included on line 1a, above, who are independent	1b		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						v
-	officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the						v
	of officers, directors, trustees, or key employees to a management company or other person?				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				7-		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s				7a		
D					7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				75		
					8a	х	
	The governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				00		<u> </u>
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				-		
			,			Yes	No
10a	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	apter	s, affiliates,	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the	e form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye						
	in Schedule O how this was done				12c	Х	
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	ıl by in	idependen [.]	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
a	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>
b	Other officers or key employees of the organization				15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		م الله				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				10		х
h	taxable entity during the year?				16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgar exempt status with respect to such arrangements?				16b		
Sec	exempt status with respect to such arrangements?		<u></u>		100		
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 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (Section	n 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		(y	,	
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	policy, an	d finar	ncial	
	statements available to the public during the tax year.		- 1	,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	d records	▶			
	THE ORGANIZATION - 617-951-0010						
	1000 WASHINGTON STREET, 2ND FLOOR, BOSTON, MA 021	18					

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	d Independe	ent Contra	ctors			

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

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.

Form 990 (2020)

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than (one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	recto	or/trus	tee)	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 trustee		yee	mper				and related
	below	id ual	Institutional t	л.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) CATHERINE EDWARDS	40.00									
EXECUTIVE DIRECTOR				Х				189,385.	0.	20,547.
(2) JUG CHOKSHI	40.00									
CHIEF OPERATNG OFFICER				Х				143,433.	0.	28,469.
(3) JANE PRESTON	40.00									
DEPUTY DIRECTOR; ASST SECRETARY				Х				135,506.	0.	12,233.
(4) TAYLOR HO BYNUM	1.00									
DIRECTOR		X						0.	0.	0.
(5) AMY ZELL ELLSWORTH	1.50								_	_
SECRETARY		X						0.	0.	0.
(6) GEOFFREY HARGADON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) JOHN HENRY	1.00									_
INTERIM CHAIR		Х						0.	0.	0.
(8) DOUGLAS KEITH	1.50									-
DIRECTOR		X						0.	0.	0.
(9) GINNIE LUPI	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KAREN MITTELMAN	1.00									•
DIRECTOR		Х						0.	0.	0.
(11) BARBARA MURPHY	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) CHIP NEWELL	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(13) KRISTINA NEWMAN-SCOTT	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(14) RANDALL ROSENBAUM	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(15) PAMELA TATGE	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) TED WENDELL	1.00								^	
DIRECTOR	1 00	X						0.	0.	0.
(17) MARCO WERMAN	1.00	x						0.	0.	
DIRECTOR		Δ						U .	0.	0.

NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS,
TNCC) R POR A TEI	ר			

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Form 990 (2020) INCORPORA	ATED								04-259	359	1	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average	(da			sition		000	Reportable	Reportable		Estima	
	hours per	box	, unle	ss pe	erson	than is bot	h an	compensation	compensation	6	amour	nt of
	week		cer an	id a d	directo	or/trus	tee)	from	from related		othe	er
	(list any	rector						the	organizations		ompen	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)		from	
	organizations	ustee	trust		e	upens		(W-2/1099-MISC)			organiz and rel	
	below	dual tr	tional		voldu	st cor	<u> </u>				rganiza	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				9	
(18) LISA WONG	1.00	_		-	1	<u> </u>	_					
DIRECTOR		х						0.	0	•		Ο.
(19) CARRIE ZASLOW	1.00											
TREASURER		Х						0.	0	•		Ο.
(20) IVAN ESPINOZA-MADRIGAL	1.00											
DIRECTOR		Х						0.	0	•		0.
(21) MIN JUNG KIM	1.00											
DIRECTOR		Х						0.	0	•		0.
(22) ELIZABETH SHAPIRO	1.00											
DIRECTOR		Х						0.	0	•		0.
(23) EDWIGE CHARLOT	1.00											
DIRECTOR		Х						0.	0	•		0.
(24) ERINN KING	1.00											
DIRECTOR		Х						0.	0	•		0.
(25) MADELINE SAYET	1.00											
DIRECTOR	1 0 0	Х						0.	0	•		0.
(26) MICHAEL BOBBITT	1.00								0			•
DIRECTOR		Х						0.		•	<u> </u>	$\frac{0.}{0.000}$
1b Subtotal								468,324.	-		σ Ι,	249.
c Total from continuation sheets to Part VI								0.468,324.		•	<u> </u>	$\frac{0.}{249.}$
d Total (add lines 1b and 1c)									-	•	01,	249.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed a	bove	e) wr	10 r	eceived more than \$100	1,000 of reportable			3
compensation from the organization											Yes	<u> </u>
3 Did the organization list any former officer.	director truct	I			lovo		hie	sheet componented over				
5, 5, 5, 7,					-		-			3		x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su	uch individual Im of roportabl	 Io.co			otior	 	 1 ot	hor componention from	the organization	. 3		
and related organizations greater than \$150	=							-	ine organization	4	x	
5 Did any person listed on line 1a receive or a									dual for services			
rendered to the organization? If "Yes," com					-		Ciai	ted organization of indiv		. 5		X
Section B. Independent Contractors			0. 00		<i>p</i> o. c					<u> </u>		
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
the organization. Report compensation for	the calendar y	ear e	endi	ng ۱	with	or w	ithiı	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business								Description of s		Comp	pensat	ion
LISA BOOTH MANAGEMENT, II								MANAGEMENT,				
22 MILTIADES AVENUE, RIVI	ERSIDE,	CJ	<u>г (</u>)6	878	8		& DEVELOPMEN	T, & PL	2	60,	000.
LAST CALL MEDIA, INC.												
6 LIBERTY SQUARE PMB #403	L, BOSTO	DN ,	, 1	ΊA	0	21()9	WEBSITE DEVE	LOPER	1	18,	800.

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization > 2 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 NEW ENGL		ND2	AT]	101	1	FOI	2 1	THE ARTS,	04-259	3591
		npla	ovee	s. a	nd l	liah	est	Compensated Employ		<u> </u>
(A)	(B)		.,		C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	ctor				nploye		organization	(W-2/1099-MISC)	from the
	hours for	or dire	a)			ted en		(W-2/1099-MISC)	· · · · · ·	organization
	related	ustee (truste		æ	2 ued u				and related
	organizations below	Individual trustee or director	Institutional trustee		mploy	Highest com pen sated em ployee	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highe	Former			
(27) DAVID GREENHAM	1.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c		<u></u>		<u></u>	<u></u>		<u></u>			

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

			/	COR	POR	ATED				04-2593	591 Page 9
Ра	rt \	/									
			Check if Schedule O	cont	ains a re	esponse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns			1a					
iran oun	-		Membership dues			1b					
s, G Ame			Fundraising events			1c					
Gift lar /						1d					
imil imil			Government grants (cont			1e	2,152,326.				
tior * S		f	All other contributions, gifts,	gran	ts, and						
ibu			similar amounts not included	l abo	ve	1f	5,616,536.				
nd C			Noncash contributions included in			1g \$	7,808.				
a Č		h	Total. Add lines 1a-1f			<u></u>		7,768,862.			
							Business Code				
Program Service Revenue	2	a	SERVICE FEES				900099	13,438.	13,438.		
serv ue		b									
ven Sun S		с									
gra Re		d									
Pro		e f	All other program service	rovo							
		' a	Total. Add lines 2a-2f					13,438.			
	3	9	Investment income (inclu					_ ,			
	_		other similar amounts)				211,390.			211,390.	
	4		Income from investment				Г	·			
	5		Royalties				🕨				
						Real	(ii) Personal				
		а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s) <u>.</u>		····					
	7	а	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a	2,1	38,255.					
e		b	Less: cost or other basis		1 0	83,505.					
evenue		_	and sales expenses	7b 7c		54,750.					
			Gain or (loss) Net gain or (loss)					254,750.			254,750.
ler R	8		Gross income from fundraisi								,
Other	Ũ		including \$			of					
			contributions reported on								
			Part IV, line 18		'						
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	func	draising	events	►				
	9	а	Gross income from gamir	ng ac	tivities.	See					
			Part IV, line 19								
			Less: direct expenses			-					
			Net income or (loss) from				▶				
	10	а	Gross sales of inventory,								
		Ŀ	and allowances								
			Less: cost of goods sold			·····					
_		C	Net income or (loss) from	Sale		entory	Business Code				
sno	11	а									
nue	••	b									
Miscellaneous Revenue		č									
Alisc R		d	All other revenue								
~			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons			►	8,248,440.	13,438.	0.	466,140.

Form	1 990 (2020) NEW ENGLAND INCORPORATEI	FOUNDATION 1	FOR THE ARTS	•	93591 Page 1
	rt IX Statement of Functional Expense				r ugo -
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,186,960.	6,186,960.		
2	Grants and other assistance to domestic	284,701.	284,701.		
~	individuals. See Part IV, line 22	204,701.	204,701.		
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,				
	trustees, and key employees	541,997.	191,180.	291,881.	58,936
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	1,657,703.	950,539.	573,208.	133,956
8	Pension plan accruals and contributions (include	, ,		, =	
-	section 401(k) and 403(b) employer contributions)	17,816.	10,501.	5,860.	1.455
9	Other employee benefits	360,106.	170,876.	162,067.	<u>1,45</u> 27,16
0	Payroll taxes	188,074.	98,707.	72,817.	16,55
1	Fees for services (nonemployees):	100,0710	5071071	/2/01/0	10,00
a	Management	10,754.		10,754.	
b		26,011.		26,011.	
с	S H	20,011.		20,011.	
d	, , , , , , , , , , , , , , , , , , ,				
e	č í h	83,735.		83,735.	
f	Investment management fees	05,755.		03,733.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	473,310.	406,055.	34,735.	32,52
0	Advertising and promotion	44,368.	24,339.	20,029.	52752
2		53,172.	18,639.	31,376.	3,15
3	Office expenses	120,627.	85,999.	23,557.	11,07
4	Information technology	120,027.	05,55.	25,557.	11,07
5	Royalties	331,187.	155,098.	151,912.	24,17
6 7		1,453.	133,050.	1,453.	24,17
7	Travel	I, IJ.		, <u></u>	
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	27,334.	26,965.	369.	
9	Conferences, conventions, and meetings	41,5540	20,903.		
0	Interest				
1 2	Payments to affiliates Depreciation, depletion, and amortization	52,922.	29,451.	18,948.	4,52
2	· · · · · · · · · · · · · · · · · · ·	10,504.	5,992.	4,512.	Ξ, JΔ.
3 4	Insurance Other expenses. Itemize expenses not covered	10,004.	5,552.	±,5±2•	
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	275 000		6 600	
а	HONORARIA	275,000.	268,500.	6,500.	1 200
b	MISCELLANEOUS	34,266.	258.	32,620.	1,38
c d	PROFESSIONAL DEVELOPMEN	24,075.	1,669.	22,162.	244
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,806,075.	8,916,429.	1,574,506.	315,140
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Check here

educational campaign and fundraising solicitation.

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

Form 990 (2020)

Part X Balance Sheet

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NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,682,723.	1	5,641,431.
	2	Savings and temporary cash investments			47,234.	2	47,244.
	3	Pledges and grants receivable, net			8,526,862.	3	8,857,005.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	40.000	8			
4	9	Prepaid expenses and deferred charges		····· _	49,806.	9	56,223.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		751,454.	140 006		714 400
		Less: accumulated depreciation		37,046.	140,826. 10,511,869.	10c	<u>714,408.</u> 14,304,792.
	11	Investments - publicly traded securities			10,511,009.	11	14,304,792.
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		12,727.	14	47,231.	
	15	Other assets. See Part IV, line 11			27,972,047.	15 16	29,668,334.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			320,470.	17	448,882.
	18	Grants payable		3,883,866.	18	5,343,293.	
	19	Deferred revenue		346,923.	19	0,010,100	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			47,234.	21	47,244.
s	22	Loans and other payables to any current or form					,
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				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 lines	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,598,493.	26	5,839,419.
s		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
jce:		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions		·····	6,449,779.	27	8,371,449.
ä	28	Net assets with donor restrictions			16,923,775.	28	15,457,466.
ŭ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
≱t A	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			23,373,554.	32	23,828,915.
	33	Total liabilities and net assets/fund balances			27,972,047.	33	29,668,334.

Form **990** (2020)

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,
TNCC)RPORATEI	ר			

Form	1 990 (2020) INCORPORATED	04	-2593	591	Pa	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					X	
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,24			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,80			
3	Revenue less expenses. Subtract line 2 from line 1	3		,55			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		, 37			
5	Net unrealized gains (losses) on investments	5	2	,66	6,0	73.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		34	6,9	23.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	23	,82	B,9	15.	
Pa	rt XII Financial Statements and Reporting					X	
Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	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	e basi	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	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	О.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	udit				
	Act and OMB Circular A-133?			3a	Х		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х		

Form **990** (2020)

SC	HEC	DULE A		Dublic Che	rity Status an			un no ret		OMB No. 1545-0047
(Fo	rm 99	0 or 990-EZ)			rity Status an					2020
			Co		nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		Ζυζυ
		of the Treasury			Attach to Form 990 or F					Open to Public
Intern	al Reve	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection
Nam	e of t	the organizati			UNDATION FOR	THE	ARTS,			identification number
_				RPORATED						4-2593591
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	ıs.	
The	organ	ization is not a	n private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5		-	-		ollege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
				Complete Part II.)						
6					mental unit described in					
7	Χ				antial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
-		•		complete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par					
9		-		-	l in section 170(b)(1)(A)(-		-	-
			or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	t the colleg	e or
10		university:			the set 0.0 1 /00/ sfilts see					
10					than 33 1/3% of its sup					
					ct to certain exceptions;					
				mplete Part III.)	e (less section 511 tax) fr		sses acqu	lifed by the of	ganization	alter Julie 30, 1975.
11					sively to test for public sa	faty See	saction 5(1Q(a)(4)		
12	\square	-	-	-	sively for the benefit of, to	•			arry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			•	
				-	of supporting organizatio					
а		7	-		supervised, or controlled		-		-	aivina
				-	gularly appoint or elect a	•				
				complete Part IV, Se						
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,
		_ its support	ed organizatio	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not	unctionally inf	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	- ·		,	nplete Part IV, Sections					
е			-		written determination fro			а Туре I, Туре	II, Type III	
					onally integrated support					
f										
<u> </u>		ide the follow i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your governi Yes	nization listed ng document? No	support (see in	,	support (see instructions)
					above (see instructions))	165	NO			
Total										

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990 or 990 EZ) 2020 INCORPORATED

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	11,406,089.	6,550,553.	9,488,769.	9,955,347.	7,768,862.	45,169,620.		
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	11,406,089.	6,550,553.	9,488,769.	9,955,347.	7,768,862.	45,169,620.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						26,134,521.		
6	Public support. Subtract line 5 from line 4.						19,035,099.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	11,406,089.	6,550,553.	9,488,769.	9,955,347.	7,768,862.	45,169,620.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	220,414.	199,713.	38,146.	72,631.	5,555.	536,459.		
9	Net income from unrelated business		-		-	-			
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						45,706,079.		
12		etc. (see instruction	ons)			12	484,090.		
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5	501(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11, o	column (f))		14	41.65 %		
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	43.06 %		
1 6a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the								
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 INCORPORATED

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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.)						
	ndar year (or fiscal year beginning in)	(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2020 (li	ne 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 202	20 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2		- · · · · · · · · · · · ·			18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar	-					
ł	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	-						
				a, 51 100, 01100K t			

Vos No

Schedule A (Form 990 or 990 EZ) 2020 INCORPORATED

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

10b

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	rt IV Supporting Organizations (continued)			Ŭ
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ficers,		
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		1	I
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instr	uctions)		
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	uotionoj.		
b	The organization statistics are detailed to be a complete line 2 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	-, ,	Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		

- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **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.*

2b

3a

Зb

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Sche	edule A (Form 990 or 990-EZ) 2020 INCORPORATED			04-2593591 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Sche	Chedule A (Form 990 or 990-EZ) 2020 INCORPORATED 04-2593591 Page 7					
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)		
Secti	on D - Distributions		·		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	0 Line 8 amount divided by line 9 amount			10		
Secti	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2020			าร	(iii) Distributable Amount for 2020	D
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
с	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2016					
b	Excess from 2017					
с	Excess from 2018					
d	Excess from 2019					
e	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

		NEW ENGLAND	FOUNDATION F	OR THE ARTS,		
Schedule A	(Form 990 or 990-EZ) 2020	INCORPORATE	כ		04-2593591	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, nes 2 and 3; Part IV, Se	planations required by P 9a, 9b, 9c, 11a, 11b, and ction E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a c 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part mplete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

Schedule B

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

Internal Revenue Service Name of the organization

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Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

04-2593591

	INCORPORATED
Organization type (che	ck one):

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

NEW ENGLAND FOUNDATION FOR THE ARTS,

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED

Employer identification number

04-2593591

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$4,062,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,623,722.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>5</u>		\$258,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - - - - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			

Name of organization

NEW ENGLAND FOUNDATION FOR THE ARTS, INCORPORATED

Employer identification number

04-2593591

	rganization			Employer identification number
	NGLAND FOUNDATION FOR T PORATED	HE ARTS,		04-2593591
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry For organization	s), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g		ip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g		
	Transferee's name, address, a		nelationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee

60		Suppleme	ntal Financia	l Statemente	OMB No. 1545-0047
				Il Statements ed "Yes" on Form 990,	2020
•	,	Part IV, line 6, 7, 8, 9), 1Ō, 11a, 11b, 11c, 11	ld, 11e, 11f, 12a, or 12b.	Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Fo	Attach to Form 99 mm990 for instructions	s and the latest information	
Nam	e er une er gannaaren	W ENGLAND FOUN CORPORATED	DATION FOR '	THE ARTS,	Employer identification number $04 - 2593591$
Pa	t I Organizations N	laintaining Donor Adv	ised Funds or Ot	her Similar Funds or A	Accounts. Complete if the
	organization answere	d "Yes" on Form 990, Part I	V, line 6.		
				advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contribut				
3	Aggregate value of grants fro				
4	Aggregate value at end of ye			anto bold in donou odviced fu	
5	-		-	sets held in donor advised fur ntrol?	
6				hat grant funds can be used	
Ŭ				r for any other purpose confe	
	impermissible private benefit	10			Yes No
Pa	t II Conservation Ea			ed "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation e	asements held by the orgar	ization (check all that a	apply).	
	Preservation of land for	or public use (for example, re	creation or education)	Preservation of a hist	orically important land area
	Protection of natural h			Preservation of a cert	ified historic structure
	Preservation of open s				
2		d if the organization held a c	ualified conservation c	contribution in the form of a c	onservation easement on the last
_	day of the tax year.				Held at the End of the Tax Year
a k	Total number of conservation				2a
D	Total acreage restricted by c Number of conservation eas			(a)	2b 2c
d d	Number of conservation eas				20
u	listed in the National Registe				2d
3				ed, or terminated by the orga	
	year ►	,,	-, · , g	,	
4	Number of states where pro	perty subject to conservatio	n easement is located		
5	Does the organization have a	a written policy regarding the	e periodic monitoring, ir	nspection, handling of	
	violations, and enforcement				
6	Staff and volunteer hours de	voted to monitoring, inspec	ting, handling of violation	ons, and enforcing conservat	ion easements during the year
	►				
7		d in monitoring, inspecting, l	handling of violations, a	and enforcing conservation e	asements during the year
•	►\$				
8			•	rements of section 170(h)(4)(l	
9				s revenue and expense state	
5	•	•		ation's financial statements th	
	organization's accounting fo				
Pa			s of Art, Historica	al Treasures, or Other	Similar Assets.
	Complete if the organ	nization answered "Yes" on F	Form 990, Part IV, line 8	3.	
1a	If the organization elected, a	s permitted under FASB AS	C 958, not to report in i	its revenue statement and ba	alance sheet works
	of art, historical treasures, or	r other similar assets held fo	r public exhibition, edu	cation, or research in furthera	ance of public
	service, provide in Part XIII the	he text of the footnote to its	financial statements th	hat describes these items.	
b	If the organization elected, a	•			
			ublic exhibition, educat	tion, or research in furtherand	ce of public service,
	provide the following amoun	-			► ¢
2	(ii) Assets included in Form			milar assets for financial gain,	
2	the following amounts requir				, provide
а	Revenue included on Form 9	•	•		► \$
h	Assets included in Form 990				··· • •

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Schedule Drivern sells (2000) INCORPORATED 0.4 - 259.3591 Page 2.9 PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetSicontinued) Image 2.9			LAND FOUND	ATION FOR	THE ARTS,				
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its cellection items (check all that apply): a									U
collection time (check all that apply): a b <td>Par</td> <td>rt III Organizations Maintaining C</td> <td>ollections of Ar</td> <td>t, Historical Tr</td> <td>easures, or Otl</td> <td>ner Simi</td> <td>lar Asse</td> <td>ts(continu</td> <td>.ed)</td>	Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	ner Simi	lar Asse	ts (continu	.ed)
a Public exhibition d □ chain or exchange program b ⇒ Scholarly research e Other	3		on, and other record	s, check any of the	following that make	significan	t use of its		
b Scholarly research e Other									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIVI Exercise and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Test solution and the arrangement in Part XIII and complete the following table: Yes X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Testing balance Testing balance X No c Beginning balance Internet of the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No D the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Bart VI Enformed Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. X X X Yes No for the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Xes	а	Public exhibition	d	Loan or exc	hange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets Ives No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Ives No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ives X no b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ives X no c Beginning balance Ives Ives No Ives No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No Part V Endowment Funds. Complete if the organization nature (lop Privers) (cpl/Worganization assets) (cpl/Worganization) (cpl/Worganization) (cpl/Worganization) (cpl/Worganization) (cp	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assits Yes No Part IV Escrow and Oustodial Arrangements. Complete if the organization's collection? Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Intermediation and grant for the organization and severed "Yes" on Form 990, Part X, line 21. Amount Intermediation and grant for the organization and severed "Yes" on Form 990, Part X, line 21. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X Yes No Derives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X Yes No 16 If wres, "explain the arrangement in Part XIII. Yes No X Yes No 16 If wres, "explain the arrangement in Part XIII. In explain the associatio	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Yes X No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount Image: Complete III and III. Image: Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	4	Provide a description of the organization's co	ellections and explain	n how they further t	ne organization's ex	empt purp	ose in Par	t XIII.	
Part W Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (see Castedian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Casted an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No c Bothous during the year Image: Casted an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Three years back (d) Four years back (d) Four years back (d) Three years back (d) Four years back	5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other simi	lar assets		-	
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 800, Part X2 IVes X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Intermediation of the following table: Intermediation of the following table: Intermediation of the following table: c Beginning balance Intermediation of the following table:									No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of Contor de Control of Control of	Par			ete if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or	
or Form 990, Part X Yes X No b If 'Yes,' explain the arangement in Part XIII and complete the following table: Amount Id Id <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		-							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a						·	-	T7
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. IX Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. IX Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 1, 448, 568. 541, 344. 301, 496. 455, 511. 461, 430. c Other expenditures for facilities 216, 741. 458, 306. 2206, 898. 187, 822. 181, 586. g Pond year balance (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-andownent lome 96 592.8, 342. 4, 735, 303.4, 644, 103.4, 4, 536, 668. Ponament endo		on Form 990, Part X?					L	Yes	LA No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No b If 'Yes' respint the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. IX Yes No f a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Thre years back (e) Four years bach four hat year scholarshi	b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:			1		
d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. IX Yes No a Beginning of year balance (a) Current year (b) Prior year (c) Norves hack (c) Finer years back (e) Four year years back (e) four years back (e) four year ye								Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. IX Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back 4 7.35, 30.9 4, 644, 10.9, 4, 53.9, 67.4 4, 30.6, 66.8, 4, 05.3, 50.0, 45.5, 51.1 461, 430.0, 45.5, 51.1 46.0, 44.0.0, 4, 53.8, 67.4 4, 30.6, 86.8, 40.0									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. X Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 4,735,309. 4,644,109. 4,539,674. 4,306,868. 4,053,500. 1b Contributions 445,000. 3.2,813.	е	Distributions during the year				1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Character Structure Structu	f							1	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance 4,735,309,4,644,109,4,539,674,4,336,868,4,053,500, 4,539,674,4,336,868,4,053,500, 1a Contributions 4,735,309,4,644,109,4,539,674,4,336,868,4,053,500, 455,511,461,430, 1a Contributions 1,448,568,541,344,301,496,455,511,461,430, 455,511,461,430, and programs 1,448,568,541,344,301,496,455,511,461,430, 455,511,461,430, and programs 216,741,458,306,206,838,187,822,181,586, 181,586, f Administrative expenses 38,794,36,838,22,976,34,883,26,476, 181,586,868,25,9342,4,735,309,4,644,109,4,539,674,4,306,868,2 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment 10,0000 % b Permanent endowment 10,0000 % % Yes No (i) Unrelated organizations 100,000 % % Yes No (ii) Unrelated organizations 100,000 % % Yes No	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	bility?	<u>X</u>	Yes	
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Two years back									X
1a Beginning of year balance 4,735,309. 4,644,109. 4,539,674. 4,306,868. 4,053,500. b Contributions 45,000. 32,813.	Par	T V Endowment Funds. Complete if				1		_	
b Contributions 45,000. 32,813.			., ,	())	() ?				
c Net investment earnings, gains, and losses 1,448,568. 541,344. 301,496. 455,511. 461,430. d Grants or scholarships	1a	F	4,735,309.				306,868.	4,	053,500.
d Grants or scholarships	b	Contributions		,					
e Other expenditures for facilities and programs 216,741. 458,306. 206,898. 187,822. 181,586. f Administrative expenses 38,794. 36,838. 22,976. 34,883. 26,476. g End of year balance 5,928,342. 4,735,309. 4,644,109. 4,539,674. 4,306,868. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0000 % b Permanent endowment ▶			1,448,568.	541,344.	301,496	•	455,511.		461,430.
and programs 216,741. 458,306. 206,898. 187,822. 181,586. f Administrative expenses 38,794. 36,633. 22,976. 34,883. 26,476. g End of year balance 5,928,342. 4,735,309. 4,644,109. 4,539,674. 4,306,868. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.000 % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Iwn of the organization that are held and administered for the organization by:	d	Grants or scholarships							
f Administrative expenses 38,794. 36,838. 22,976. 34,883. 26,476. g End of year balance 5,928,342. 4,735,309. 4,644,109. 4,539,674. 4,306,868. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0000 % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X ii) Related organizations 3a(ii) X 3a(ii) X dii) Related organizations 3b	е								
g End of year balance 5,928,342 4,735,309 4,644,109 4,539,674 4,306,868 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.000 % b Permanent endowment ▶ % % % % c Term endowment ▶ % % % % a Are there endowment ▶ % % % % (i) Unrelated organizations % % % % j Unrelated organizations % % % % j Unrelated organizations % % % % j Unrelated organizations				•	,				
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses							,
a Board designated or quasi-endowment ▶ 100.000 % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	-				• 4,	539,674.	4,	306,868.
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization				e (line 1g, column (a	a)) held as:				
c Term endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (ii) Second or other basis (other) (c) Accumulated depreciatio	а	Board designated or quasi-endowment	100.0000	_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Equipment (d) Sec value	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 14 Land 14 Land 14 Land b Buildings 13,108,1,311,11,797. 302,783. c Leasehold improvements 13,108,1,311,01,797. 309,828. c Other 413,587.133,759.399,828. 399,828.	С	Term endowment	%						
by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3c Part VI Land, Buildings, and Equipment. Score or other (b) Cost or other (c) Accumulated Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings Score of the pasis (investment) Score of the pasis (other) 3cli i i i i i i i i i i i i i i i i i i		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 13,108,11,311,11,797. 302,783. d Equipment 13,108,11,311,11,797. 399,828.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization	-	
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 324,759. 21,976. 302,783. c Leasehold improvements 324,759. 13,108. 1,311. 11,797. e Other 4113,587. 13,759. 399,828.		-							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1 1 1 b Buildings 324,759. 21,976. 302,783. c Leasehold improvements 13,108. 1,311. 11,797. e Other 413,587. 13,759. 399,828.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(ii) Related organizations						3a(ii)	<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land			0	wment funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par								
basis (investment) basis (other) depreciation 1a Land									
b Buildings 324,759. 21,976. 302,783. c Leasehold improvements 324,759. 21,976. 302,783. d Equipment 13,108. 1,311. 11,797. e Other 413,587. 13,759. 399,828.		Description of property						(d) Book	value
c Leasehold improvements 324,759. 21,976. 302,783. d Equipment 13,108. 1,311. 11,797. e Other 413,587. 13,759. 399,828.	1a	Land							
c Leasehold improvements 324,759. 21,976. 302,783. d Equipment 13,108. 1,311. 11,797. e Other 413,587. 13,759. 399,828.	b	Buildings						_	_
e Other 413,587. 13,759. 399,828.									
	d	Equipment							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41	3,587.	13,7	59.		
	Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		. 🕨 🗌	714	,408.

NEW	ENGLAND	FOUNDATION	FOR	THE	ARTS,
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Schedule D (Form 990) 2020 INCORPORATED)	04	-2593591 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-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 "Yes" of	n Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	n Form 990. Part IV line 1	11e or 11f. See Form 990 Part X line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tabal (Caluma (b) much annul Fama 200, Bart V, and (D) line	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		

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

NEW	ENGLAND	FOUNDATION	FOR	\mathbf{THE}	ARTS,
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Sche	dule D (Form 990) 2020	INCORPORATED			04-	2593591	Page 4
Par	t XI Reconciliation of	of Revenue per Audited Financial	Statements Wi	th Revenue per R	eturi	າ.	
	Complete if the organ	nization answered "Yes" on Form 990, Part I	IV, line 12a.				
1	Total revenue, gains, and oth	her support per audited financial statements	S		1	11,177,	,701.
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses)) on investments	2a	2,666,073.			
b		f facilities					
с	Recoveries of prior year gran	nts	2c				
d				346,923.			
е	Add lines 2a through 2d				2e	3,012,	
3	Subtract line 2e from line 1				3	8,164,	,705.
4		990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a	83,735.			
b	Other (Describe in Part XIII.)		4b				
С					4c		,735.
5		nd 4c. (This must equal Form 990, Part I, line			5	8,248,	,440.
Pa		of Expenses per Audited Financia		ith Expenses per	Retu	ırn.	
		nization answered "Yes" on Form 990, Part				10 500	
1	Total expenses and losses p	per audited financial statements			1	10,722,	,340.
2		but not on Form 990, Part IX, line 25:					
а	Donated services and use of	f facilities	2a				
b							
С							
d							•
е					2e	10 500	0.
3					3	10,722,	,340.
4		990, Part IX, line 25, but not on line 1:		00 F0F			
а		cluded on Form 990, Part VIII, line 7b		83,735.			
b	Other (Describe in Part XIII.)		4b				-
С					4c		,735.
5		and 4c. (This must equal Form 990, Part I, li	ne 18.)		5	10,806,	,075.
Pa	rt XIII Supplemental In	itormation.					

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

PART IV, LINE 2B:

NEFA	WAS	А	FISCAL	AGENT	FOR	\mathbf{THE}	MASSACHUSETTS	AND	NEW	HAMPSHIRE	STATE	ARTS
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AGENCIES. IN ACCORDANCE WITH NEFA'S BY-LAWS, SENIOR LEADERS OF THE

ABOVE-MENTIONED AGENCIES, AS WELL AS THE CONNECTICUT, MAINE, RHODE ISLAND,

AND VERMONT STATE ARTS AGENCIES, ARE ALSO BOARD MEMBERS OF NEFA. EACH OF

THESE AGENCIES ALSO FUNDS NEFA

PART V, LINE 4:

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

ORGANIZATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NEW ENGLAND FOUNDATION FOR THE ARTS, Schedule D (Form 990) 2020 INCORPORATED	04-2593591 Page 5
Schedule D (Form 990) 2020 INCORPORATED Part XIII Supplemental Information (continued)	04-2595991 Page 5
PPP GRANT FUNDS RECOGNIZED IN FISCAL YEAR 2021, NOT	
FORGIVEN BY YEAR END	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni ' on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 for		nation		Open to Public Inspection
Name of the organization NEW ENGLA INCORPORA		TION FOR TH		The latest mon			Employer identification number 04-2593591
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERSECTION FOR THE ARTS 1446 MARKET ST. SAN FRANCISCO, CA 94102	94-1593216		127,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
BORDERLANDS THEATER/TEATRO FRONTERIZO INC P.O. BOX 2791 - TUCSON, AZ 85702	86-0548361		92,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
CIRCUIT NETWORK 499 ALABAMA ST. STE. 203 SAN FRANCISCO, CA 94110	94-2917575		90,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
THE TANK LTD. 312 WEST 36TH ST. NEW YORK, NY 10018	01-0798319		81,500.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
MIXED BLOOD THEATRE COMPANY 1501 S 4TH STREET MINNEAPOLIS, MN 55454	41-1377499		80,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
, GINA GIBNEY DANCE, INC. 890 BROADWAY NEW YORK, NY 10003-1211	13-3623815		80,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	and government or		ne line 1 table				

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

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORFORA						0	
art II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	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
PORTLAND INSTITUTE FOR							GENERAL OPERATING,
CONTEMPORARY ART - 15 NE HANCOCK							CREATION AND/OR
ST PORTLAND, OR 97212	93-1177971		79,500.	0.			PRESENTING SUPPORT
51. IONIEME, ON 57212	55 11/15/1		75,500.	0.			I RESERVITING SUITORI
PENTACLE (DANCEWORKS, INC.)							GENERAL OPERATING,
75 BROAD STREET, SUITE 304							CREATION AND/OR
NEW YORK, NY 10004	23-7426261		76,500.	Ο.			PRESENTING SUPPORT
i							
HEADLONG DANCE THEATER							GENERAL OPERATING,
1170 SOUTH BROAD STREET							CREATION AND/OR
PHILADELPHIA, PA 19146	23-2803557		76,500.	Ο.			PRESENTING SUPPORT
FOUNDATION FOR INDEPENDENT							GENERAL OPERATING,
ARTISTS, INC 75 BROAD STREET,							CREATION AND/OR
SUITE 304 - NEW YORK, NY 10004	13-3082845		76,500.	0.			PRESENTING SUPPORT
DO MURRI DRODHOMIONO INC. / DANCE							CENEDAL ODEDAMING
DC WHEEL PRODUCTIONS, INC. / DANCE PLACE - 3225 8TH STREET NE -							GENERAL OPERATING, CREATION AND/OR
WASHINGTON, DC 20017	52-1118504		70,250.	0.			PRESENTING SUPPORT
WASHINGTON, DC 20017	52-1116504		70,250.	0.			FRESENTING SUPPORT
MONDO BIZARRO PRODUCTIONS							GENERAL OPERATING,
609 ST. FERDINAND ST.							CREATION AND/OR
NEW ORLEANS, LA 70117	84-1891312		70,000.	0.			PRESENTING SUPPORT
RADAR PRODUCTIONS							GENERAL OPERATING,
1446 MARKET ST.							CREATION AND/OR
SAN FRANCISCO, CA 94102	73-1664874		70,000.	0.			PRESENTING SUPPORT
ARTS AND SCIENCE COUNCIL							GENERAL OPERATING,
227 WEST TRADE ST.							CREATION AND/OR
CHARLOTTE, NC 28202	56-0693436		70,000.	0.			PRESENTING SUPPORT
HOME FOR CONTEMPORARY THEATRE AND							GENERAL OPERATING,
ART, LTD 145 AVENUE OF THE	12 2440415						CREATION AND/OR
AMERICAS - NEW YORK, NY 10013	13-3449416		70,000.	0.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORFOR							
Part II Continuation of Grants and Othe	er Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt 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
FIRSTWORKS							GENERAL OPERATING,
275 WESTMINSTER STREET STE. 501							CREATION AND/OR
PROVIDENCE, RI 02903	22-2597014		67,750.	0.			PRESENTING SUPPORT
PERFORMANCE ZONE, INC.							GENERAL OPERATING,
75 MAIDEN LANE, SUITE 906							CREATION AND/OR
NEW YORK, NY 10038	13-3357408		67,500.	Ο.			PRESENTING SUPPORT
·							
ADELE MYERS AND DANCERS, LLC							GENERAL OPERATING,
4360 LENNOX DRIVE							CREATION AND/OR
MIAMI, FL 33133	46-4642156		66,500.	0.			PRESENTING SUPPORT
BALLET HISPANICO OF NEW YORK							GENERAL OPERATING,
167 WEST 89TH STREET							CREATION AND/OR
NEW YORK, NY 10024	13-2685755		66,500.	0.			PRESENTING SUPPORT
CAROG DANGE WHEATER ING							
SAFOS DANCE THEATRE, INC.							GENERAL OPERATING,
7812 EAST ELIDA ST	27-0232799		66 500	0			CREATION AND/OR
TUCSON, AZ 85715	27-0232799		66,500.	0.			PRESENTING SUPPORT
DANCERS' GROUP INC.							GENERAL OPERATING,
44 GOUGH STREET #201							CREATION AND/OR
SAN FRANCISCO, CA 94103	94-2879185		66,500.	٥.			PRESENTING SUPPORT
			,				
ASIAN IMPROV ARTS							GENERAL OPERATING,
456 MONTGOMERY ST. #1350							CREATION AND/OR
SAN FRANCISCO, CA 94104	91-2063104		66,500.	٥.			PRESENTING SUPPORT
PEARLARTS MOVEMENT AND SOUND							GENERAL OPERATING,
201 NORTH BRADDOCK AVE. #614							CREATION AND/OR
PITTSBURGH, PA 15208	84-4143044		66,500.	٥.			PRESENTING SUPPORT
AXIS DANCE COMPANY							GENERAL OPERATING,
1428 ALICE STREET #200							CREATION AND/OR
OAKLAND, CA 94612	94-3124377		66,500.	٥.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORPORA						Ĺ	J4-2393391
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt 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
FRESH MEAT PRODUCTIONS							GENERAL OPERATING,
375 27TH STREET #A							CREATION AND/OR
SAN FRANCISCO, CA 94131-2011	80-0225836		66,500.	0.			PRESENTING SUPPORT
REVOLUTION DANCE WORKS							GENERAL OPERATING,
1119 WEST FRANKLIN AVENUE #310							CREATION AND/OR
MINNEAPOLIS, MN 55405	82-2896342		66,500.	0.			PRESENTING SUPPORT
HELEN SIMONEAU DANCE							GENERAL OPERATING,
550 NORTH LIBERTY ST. #200							CREATION AND/OR
WINSTON-SALEM, NC 27101	45-2901500		66,500.	0.			PRESENTING SUPPORT
THE JOYCE THEATER FOUNDATION, INC.							GENERAL OPERATING,
175 EIGHTH AVENUE							CREATION AND/OR
NEW YORK, NY 10011	13-3038262		66,500.	0.			PRESENTING SUPPORT
,,							
KINGS MAJESTIC CORPORATION / 651							GENERAL OPERATING,
ARTS - 1000 DEAN STREET #232 -							CREATION AND/OR
BROOKLYN, NY 11238	11-2956108		66,500.	0.			PRESENTING SUPPORT
WORKING NARRATIVES							CENEDAL ODEDAMING
							GENERAL OPERATING, CREATION AND/OR
P.O. BOX 448 WILMINGTON, NC 28401	81-1408770		66,500.	0.			PRESENTING SUPPORT
AllMINGION, NC 20401	01-1400770		00,500.	0.			FRESENTING SOFFORT
DOUBLE EDGE THEATRE PRODUCTIONS,							GENERAL OPERATING,
INC 948 CONWAY ROAD - ASHFIELD,							CREATION AND/OR
MA 01330-9772	04-2972334		64,250.	0.			PRESENTING SUPPORT
FRACTURED ATLAS, INC.							GENERAL OPERATING,
228 PARK AVENUE SOUTH - BOX #56651							CREATION AND/OR
NEW YORK, NY 10003	11-3451703		63,000.	0.			PRESENTING SUPPORT
LOS ANGELES PERFORMANCE PRACTICE							GENERAL OPERATING,
3805 LOS FELIZ BLVD. #5							CREATION AND/OR
LOS ANGELES, CA 90027	81-2571475		62,000.	0.			PRESENTING SUPPORT
105 ANGELLES, CA 30021	51-25/14/5		02,000.	۰ ۰			FURDENTING SUFFORT

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORPORA							14-2090091 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	urt 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
CLEMMONS FAMILY FARM, INC.							GENERAL OPERATING,
2213 GREENBUSH ROAD							CREATION AND/OR
CHARLOTTE, VT 05445	84-2314023		54,250.	0.			PRESENTING SUPPORT
THE THEATER OFFENSIVE							GENERAL OPERATING,
565 BOYLSTON STREET, 3RD FLOOR							CREATION AND/OR
BOSTON, MA 02116	04-3039900		50,000.	0.			PRESENTING SUPPORT
ABBE MUSEUM							GENERAL OPERATING,
26 MOUNT DESERT ST. PO BOX 286							CREATION AND/OR
BAR HARBOR, ME 04609	01-0211777		50,000.	0.			PRESENTING SUPPORT
THE ARTIST COLLECTIVE, INC.							GENERAL OPERATING,
1200 ALBANY AVENUE	00 0000475		F0 000	0			CREATION AND/OR
HARTFORD, CT 06112	06-0889475		50,000.	0.			PRESENTING SUPPORT
SPACE GALLERY							GENERAL OPERATING,
538 CONGRESS STREET							CREATION AND/OR
PORTLAND, ME 04101	51-0432635		45,000.	0.			PRESENTING SUPPORT
HARTBEAT ENSEMBLE							GENERAL OPERATING,
360 FARMINGTON AVENUE							CREATION AND/OR
HARTFORD, CT 06105	06-1633100		41,375.	0.			PRESENTING SUPPORT
EMERSON COLLEGE							GENERAL OPERATING,
OFFICE OF THE ARTS 120 BOYLSTON ST	l l						CREATION AND/OR
BOSTON, MA 02116	04-1286950		40,500.	Ο.			PRESENTING SUPPORT
,							
BURLINGTON CITY ARTS FOUNDATION,							GENERAL OPERATING,
INC 135 CHURCH STREET -							CREATION AND/OR
BURLINGTON, VT 05401	03-0354963		40,119.	0.			PRESENTING SUPPORT
RAW ART WORKS INC.							GENERAL OPERATING,
37 CENTRAL SQUARE							CREATION AND/OR
LYNN, MA 01901	22-2854850		40,000.	Ο.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

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Schedule I (Form 990) INCORPORA						U	14-2090091 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	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
THE YARD, INC.							GENERAL OPERATING,
P.O. BOX 405							CREATION AND/OR
CHILMARK, MA 02535	23-7348937		37,200.	٥.			PRESENTING SUPPORT
WATERFIRE PROVIDENCE							GENERAL OPERATING,
475 VALLEY ST.							CREATION AND/OR
PROVIDENCE, RI 02908	22-2951612		37,110.	0.			PRESENTING SUPPORT
COMMUNITY ENGAGEMENT LAB INC.							GENERAL OPERATING,
41 SUMMER ST.							CREATION AND/OR
MONTPELIER, VT 05602	45-3868526		35,000.	0.			PRESENTING SUPPORT
ZUMIX, INC.							GENERAL OPERATING,
260 SUMMER ST.							CREATION AND/OR
EAST BOSTON, MA 02128	04-3132674		35,000.	0.			PRESENTING SUPPORT
RHODE ISLAND LATINO ARTS							GENERAL OPERATING,
P.O. BOX 25118							CREATION AND/OR
PROVIDENCE, RI 02905	26-4062309		35,000.	0.			PRESENTING SUPPORT
ROVIDENCE, RI 02905	20 4002305		55,000.				INESEMIING SOTIONI
COMMUNITY MUSIC CENTER OF BOSTON,							GENERAL OPERATING,
INC - 34 WARREN AVE - BOSTON, MA							CREATION AND/OR
02116	04-2437973		35,000.	0.			PRESENTING SUPPORT
NEIGHBORHOOD STUDIOS OF FAIRFIELD							GENERAL OPERATING,
COUNTY - 391 EAST WASHINGTON							CREATION AND/OR
AVENUE - BRIDGEPORT, CT 06608	06-0993269		35,000.	0.			PRESENTING SUPPORT
NEW REPERTORY THEATRE INC							GENERAL OPERATING,
321 ARSENAL ST							CREATION AND/OR
WATERTOWN, MA 02472	22-2831171		35,000.	0.			PRESENTING SUPPORT
NEW YORK SHAKESPEARE FESTIVAL							GENERAL OPERATING,
425 LAFAYETTE STREET							CREATION AND/OR
NEW YORK, NY 10003	13-1844852		35,000.	0.			PRESENTING SUPPORT
	1 -5 -1011052			· ·			

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
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OOWNCITY DESIGN							GENERAL OPERATING,
425 WEST FOUNTAIN STREET #110							CREATION AND/OR
PROVIDENCE, RI 02903	27-1125644		35,000.	٥.			PRESENTING SUPPORT
TOMAQUAG INDIAN MEMORIAL MUSEUM							GENERAL OPERATING,
390 SUMMIT ROAD							CREATION AND/OR
EXETER, RI 02822	05-0352796		35,000.	0.			PRESENTING SUPPORT
EALIER, RI 02022	05-0552790		55,000.	0.			FRESENTING SUFFORT
BAMS FEST, INC.							GENERAL OPERATING,
1452 DORCHESTER AVENUE, 4TH FLOOR							CREATION AND/OR
DORCHESTER, MA 02122	81-2970737		35,000.	0.			PRESENTING SUPPORT
EDUCATIONAL CENTER FOR ARTS AND							GENERAL OPERATING,
SCIENCES - 57 PARKIS AVENUE - BOX							CREATION AND/OR
#27124 - PROVIDENCE, RI 02907	05-0503197		34,000.	0.			PRESENTING SUPPORT
PRESIDENT AND TRUSTEES OF BATES							GENERAL OPERATING,
COLLEGE - 2 ANDREWS ROAD, 221 LANE							CREATION AND/OR
HALL - LEWISTON, ME 04240	01-0211781		33,500.	0.			PRESENTING SUPPORT
	01 0111/01			` ``			
REAL ART WAYS, INCORPORATED							GENERAL OPERATING,
56 ARBOR STREET							CREATION AND/OR
HARTFORD, CT 06106	06-0958072		30,000.	0.			PRESENTING SUPPORT
1 0000 TNO							
AS220, INC.							GENERAL OPERATING,
95 MATHEWSON STREET, #204	00 0754566		20.000				CREATION AND/OR
PROVIDENCE, RI 02903	22-2754566		30,000.	0.			PRESENTING SUPPORT
WOONASQUATUCKET VALLEY COMMUNITY							GENERAL OPERATING,
BUILD, INC 27 SIMS AVE -							CREATION AND/OR
PROVIDENCE, RI 02909	32-0015513		30,000.	Ο.			PRESENTING SUPPORT
· · ·							
826 BOSTON, INC.							GENERAL OPERATING,
3035 WASHINGTON ST.							CREATION AND/OR
ROXBURY, MA 02119	20-8065915		30,000.	0.			PRESENTING SUPPORT

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ARTISTS FOR HUMANITY, INC.							GENERAL OPERATING,
100 WEST SECOND STREET							CREATION AND/OR
BOSTON, MA 02127	04-3138434		30,000.	Ο.			PRESENTING SUPPORT
			,				
CAPITOL CENTER FOR THE ARTS							GENERAL OPERATING,
44 SOUTH MAIN STREET							CREATION AND/OR
CONCORD, NH 03301	22-3151625		30,000.	٥.			PRESENTING SUPPORT
ARTSPACE, INC							GENERAL OPERATING,
50 ORANGE ST.							CREATION AND/OR
NEW HAVEN, CT 06510	22-2533535		30,000.	0.			PRESENTING SUPPORT
MASSACHUSETTS MUSEUM OF							
CONTEMPORARY ART FOUNDATION INC							GENERAL OPERATING,
1320 MASS MOCA WAY - NORTH ADAMS,							CREATION AND/OR
MA 01247	04-3113688		30,000.	0.			PRESENTING SUPPORT
NEW ENGLAND CENTER FOR CIRCUS ARTS							GENERAL OPERATING,
10 TOWN CRIER DRIVE							CREATION AND/OR
BRATTLEBORO, VT 05301	26-0495118		30,000.	0.			PRESENTING SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE							GENERAL OPERATING,
7 LEBANON STREET, SUITE 302							CREATION AND/OR
HANOVER, NH 03755	02-0222111		29,000.	0.			PRESENTING SUPPORT
KO THEATER WORKS, INC.							GENERAL OPERATING,
498 S. GULF RD.							CREATION AND/OR
BELCHERTOWN, MA 01007	04-3124727		28,650.	٥.			PRESENTING SUPPORT
UNIVERSITY OF UTAH			, ,				
1395 EAST PRESIDENTS CIRCLE -							GENERAL OPERATING,
KINGSBURY HALL - SALT LAKE CITY,							CREATION AND/OR
UT 84112-0922	87-6000525		27,650.	0.			PRESENTING SUPPORT
			· · · ·				
FLYNN CENTER FOR THE PERFORMING							GENERAL OPERATING,
ARTS, LIMITED - 153 MAIN STREET -							CREATION AND/OR
BURLINGTON, VT 05401	03-0277052		27,250.	٥.			PRESENTING SUPPORT

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SANDGLASS CENTER FOR THEATER AND							
PUPPETRY RESEARCH - 17 KIMBALL							GENERAL OPERATING,
HILL - PO BOX 970 - PUTNEY, VT							CREATION AND/OR
05346	04-3340533		26,340.	0.			PRESENTING SUPPORT
UNIVERSITY OF MASSACHUSETTS -							
AMHERST - DONAHUE INSTITUTE 100							GENERAL OPERATING,
VENTURE WAY SUITE 9 - HADLEY, MA							CREATION AND/OR
01035-9450	04-3167352		25,985.	0.			PRESENTING SUPPORT
RHODE ISLAND BLACK STORYTELLERS							CENEDAL ODEDAMING
							GENERAL OPERATING,
393 BROAD STREET, BOX 14	05 0516620		25 000				CREATION AND/OR
PROVIDENCE, RI 02907	05-0516630		25,000.	0.			PRESENTING SUPPORT
MIXED MAGIC THEATRE & CULTURAL							GENERAL OPERATING,
EVENTS - 560 MINERAL SPRING AVE							CREATION AND/OR
BOX 100A - PAWTUCKET, RI 02860	51-0456328		25,000.	0.			PRESENTING SUPPORT
BOX 100A - PAWIOCKEI, KI 02880	51-0450528		25,000.	0.			FRESENTING SUPPORT
MARIPOSA MUSEUM AND WORLD CULTURE							GENERAL OPERATING,
CENTER - 26 MAIN STREET -							CREATION AND/OR
PETERBOROUGH, NH 03458	02-0527431		25,000.	0.			PRESENTING SUPPORT
	02 0527451		23,000.				
AQUINNAH CULTURAL CENTER							GENERAL OPERATING,
10 BLACK BROOK ROAD							CREATION AND/OR
AQUINNAH, MA 02535	04-3390765		25,000.	0.			PRESENTING SUPPORT
EVERETT COMPANY, STAGE AND SCHOOL							GENERAL OPERATING,
9 DUNCAN AVENUE							CREATION AND/OR
PROVIDENCE, RI 02906	05-0451784		25,000.	0.			PRESENTING SUPPORT
NXTHVN INC.							GENERAL OPERATING,
169 HENRY ST							CREATION AND/OR
NEW HAVEN, CT 06511	83-0601747		25,000.	0.			PRESENTING SUPPORT
	03-0001/4/		25,000.	0.			ENERGIANTING SUFFORT
KANEZA SCHAAL (D/B/A BUGINGO							GENERAL OPERATING,
STUDIOS LLC) - 967 LAFAYETTE							CREATION AND/OR
AVENUE - BROOKLYN, NY 11221	83-4475125		25,000.	٥.			PRESENTING SUPPORT

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chedule I (Form 990) INCORFORF						U	
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	
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INDIGO ARTS ALLIANCE							GENERAL OPERATING,
60 COVE ST.							CREATION AND/OR
PORTLAND, ME 04101	83-1809512		25,000.	0.			PRESENTING SUPPORT
							CENEDAL ODEDAMING
ARTSENGAGEME							GENERAL OPERATING, CREATION AND/OR
193 STATE STREET, 25 STATE HOUSE S			25 000	0			
AUGUSTA, ME 04333	81-3887086		25,000.	0.			PRESENTING SUPPORT
URBANO PROJECT, INC.							GENERAL OPERATING,
29 GERMANIA STREET							CREATION AND/OR
JAMAICA PLAIN, MA 02130	45-5436379		25,000.	0.			PRESENTING SUPPORT
QUEEN ANN NZINGA CENTER, INC							GENERAL OPERATING,
18 NEWTON AVE							CREATION AND/OR
PLAINVILLE, CT 06062	26-2803114		25,000.	0.			PRESENTING SUPPORT
HELEN DAY ART CENTER, INC.							GENERAL OPERATING,
90 POND STREET - BOX 411							CREATION AND/OR
STOWE, VT 05672	03-0284825		25,000.	Ο.			PRESENTING SUPPORT
,			,				
CALIFORNIA INSTITUTE OF THE ARTS							GENERAL OPERATING,
24700 MCBEAN PARKWAY							CREATION AND/OR
VALENCIA, CA 91355	95-6102146		25,000.	0.			PRESENTING SUPPORT
A HOST OF PEOPLE							GENERAL OPERATING,
256 W GRAND BLVD							CREATION AND/OR
DETROIT, MI 48216	46-3492862		25,000.	0.			PRESENTING SUPPORT
5511011, MI 40210	10 5152002		23,000.	0.			RESERVITING SOLLORI
OPERA HOUSE ARTS							GENERAL OPERATING,
P.O. BOX 56							CREATION AND/OR
STONINGTON, ME 04681	01-0526734		24,410.	0.			PRESENTING SUPPORT
PUPPET SHOWPLACE THEATRE							GENERAL OPERATING,
32 STATION STREET							CREATION AND/OR
BROOKLINE, MA 02445-7388	04-2546402		23,413.	0.			PRESENTING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
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NEXT STAGE ARTS PROJECT, INC.							GENERAL OPERATING,
PO BOX 251							CREATION AND/OR
PUTNEY, VT 05346	45-2157212		22,700.	Ο.			PRESENTING SUPPORT
,			,				
ROY AND EDNA DISNEY/CALARTS							GENERAL OPERATING,
THEATER - 631 WEST 2ND STREET -							CREATION AND/OR
LOS ANGELES, CA 90012	95-6102146		22,500.	٥.			PRESENTING SUPPORT
			,				
BARNARTS CENTER FOR THE ARTS							GENERAL OPERATING,
PO BOX 41							CREATION AND/OR
BARNARD, VT 05031	45-5447535		22,430.	٥.			PRESENTING SUPPORT
GLOBAL ARTS LIVE							GENERAL OPERATING,
720 MASSACHUSETTS AVENUE							CREATION AND/OR
CAMBRIDGE, MA 02139	22-3036665		20,000.	0.			PRESENTING SUPPORT
CATAMOUNT FILM & ARTS CO.							GENERAL OPERATING,
115 EASTERN AVE							CREATION AND/OR
SAINT JOHNSBURY, VT 05819	03-0276780		20,000.	0.			PRESENTING SUPPORT
LEBANON OPERA HOUSE IMPROVEMENT							GENERAL OPERATING,
CORPORATION - 51 NORTH PARK STREET							CREATION AND/OR
- LEBANON, NH 03766	02-0448277		20,000.	0.			PRESENTING SUPPORT
- LEBANON, NH 03700	02-0440277		20,000.	0.			FRESENTING SUFFORT
CARVING STUDIO & SCULPTURE CENTER							GENERAL OPERATING,
636 MARBLE ST BOX #495							CREATION AND/OR
WEST RUTLAND, VT 05777	03-0325486		20,000.	0.			PRESENTING SUPPORT
	00 0020100		20,000.				
GRUB STREET, INC.							GENERAL OPERATING,
PO BOX 418							CREATION AND/OR
ARLINGTON, MA 02476	80-0005516		20,000.	0.			PRESENTING SUPPORT
3S CONTEMPORARY ARTS SPACE, INC.							GENERAL OPERATING,
319 VAUGHAN STREET							CREATION AND/OR
PORTSMOUTH, NH 03801	27-2227758		20,000.	٥.			PRESENTING SUPPORT

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Schedule I (Form 990) INCORPORA							14-2090091 P
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NORTHERN STAGE THEATER COMPANY							GENERAL OPERATING,
76 GATES STREET							CREATION AND/OR
WHITE RIVER JUNCTION, VT 05001	04-3387268		20,000.	0.			PRESENTING SUPPORT
VERONICA ROBLES CULTURAL CENTER							GENERAL OPERATING,
282 MERIDIAN ST.	01 2505521						CREATION AND/OR
EAST BOSTON, MA 02128	81-3595731		20,000.	0.			PRESENTING SUPPORT
VERMONT JAZZ CENTER							GENERAL OPERATING,
72 COTTON MILL HILL STE. 222							CREATION AND/OR
BRATTLEBORO, VT 05301	03-0308485		20,000.	0.			PRESENTING SUPPORT
CONDANY ONE THE							
COMPANY ONE, INC							GENERAL OPERATING,
539 TREMONT STREET #202							CREATION AND/OR
BOSTON, MA 02116	04-3444644		20,000.	0.			PRESENTING SUPPORT
LAKE CHAMPLAIN MARITIME MUSEUM							GENERAL OPERATING,
4472 BASIN HARBOR RD.							CREATION AND/OR
VERGENNES, VT 05491	22-2570380		20,000.	0.			PRESENTING SUPPORT
BOSTON CHINATOWN NEIGHBORHOOD							CENERAL OPERAMING
CENTER - 885 WASHINGTON ST							GENERAL OPERATING, CREATION AND/OR
BOSTON, MA 02111	23-7209691		20,000.	0.			PRESENTING SUPPORT
50510N, MA 02111	23-7209091		20,000.	0.			FRESENTING SUFFORT
LITCHFIELD PERFORMING ARTS, INC.							GENERAL OPERATING,
PO BOX 69							CREATION AND/OR
LITCHFIELD, CT 06759	06-1083202		19,000.	0.			PRESENTING SUPPORT
							CENEDAL ODEDAMING
PORTLAND OVATIONS							GENERAL OPERATING,
120 EXCHANGE ST.			16 775	_			CREATION AND/OR
PORTLAND, ME 04101	01-0350707		16,775.	0.			PRESENTING SUPPORT
THE JOHN AND MABLE RINGLING MUSEUM							GENERAL OPERATING,
OF ART FOUNDATION, INC 5401 BAY							CREATION AND/OR
SHORE ROAD - SARASOTA, FL 34243	59-6214423		16,500.	٥.			PRESENTING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sche	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
COLUMBIA COLLEGE CHICAGO							GENERAL OPERATING,
600 SOUTH MICHIGAN AVENUE							CREATION AND/OR
CHICAGO, IL 60605	36-6112087		16,000.	0.			PRESENTING SUPPORT
	50 0112007		10,000.				
CENTRAL SQUARE THEATER							GENERAL OPERATING,
450 MASSACHUSETTS AVENUE							CREATION AND/OR
CAMBRIDGE, MA 02139	26-1323224		16,000.	٥.			PRESENTING SUPPORT
· · · · · · · · · · · · · · · · · · ·							
KINGDOM COUNTY PRODUCTIONS							GENERAL OPERATING,
949 SOMERS ROAD							CREATION AND/OR
BARNET, VT 05821	03-0328686		15,700.	٥.			PRESENTING SUPPORT
LA ARTS							GENERAL OPERATING,
221 LISBON STREET							CREATION AND/OR
LEWISTON, ME 04240	01-0391208		15,000.	0.			PRESENTING SUPPORT
THE CARPETBAG THEATRE, INC.							CENEDAL ODEDATING
3018 EAST 5TH AVE.							GENERAL OPERATING,
	23-7138914		15 000	0.			CREATION AND/OR
KNOXVILLE, TN 37914	23-7138914		15,000.	0.			PRESENTING SUPPORT
ODDFELLOWS PLAYHOUSE							GENERAL OPERATING,
128 WASHINGTON STREET							CREATION AND/OR
MIDDLETOWN, CT 06457	06-0964602		15,000.	0.			PRESENTING SUPPORT
CENTER FOR INDEPENDENT DOCUMENTARY							GENERAL OPERATING,
1300 SOLDIERS FIELD ROAD							CREATION AND/OR
BOSTON, MA 02135	04-2738458		15,000.	0.			PRESENTING SUPPORT
THE COLONIAL THEATRE GROUP, INC.							GENERAL OPERATING,
95 MAIN STREET							CREATION AND/OR
KEENE, NH 03431	02-0466087		15,000.	0.			PRESENTING SUPPORT
ALTERNATE ROOTS							GENERAL OPERATING,
1270 CAROLINE ST - BOX D120-353							CREATION AND/OR
ATLANTA, GA 30307	58-1318198		15,000.	٥.			PRESENTING SUPPORT

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GLOBALFEST, INC.							GENERAL OPERATING,
601 WEST 26TH STREET #325 MB:264							CREATION AND/OR
NEW YORK, NY 10001	27-3612523		15,000.	0.			PRESENTING SUPPORT
WAM THEATRE, INC							GENERAL OPERATING,
PO BOX 712	0.5. 1 5 0 5 5 0 0		15 000				CREATION AND/OR
LENOX, MA 01240	27-1595793		15,000.	0.			PRESENTING SUPPORT
ROYALL HOUSE ASSOCIATION							GENERAL OPERATING,
15 GEORGE STREET							CREATION AND/OR
MEDFORD, MA 02155	04-6046749		15,000.	0.			PRESENTING SUPPORT
FILMMAKERS COLLABORATIVE							GENERAL OPERATING,
6 EASTMAN PLACE #202	22-2778829		15 000	0.			CREATION AND/OR PRESENTING SUPPORT
MELROSE, MA 02176	22-2110029		15,000.	0.			PRESENTING SUPPORT
CAPE FEAR COMMUNITY COLLEGE							GENERAL OPERATING,
FOUNDATION, INC 411 N. FRONT							CREATION AND/OR
STREET - WILMINGTON, NC 28401	58-1308578		14,500.	0.			PRESENTING SUPPORT
WESLEYAN UNIVERSITY							GENERAL OPERATING,
237 HIGH STREET	0.0.000000		14 000				CREATION AND/OR
MIDDLETOWN, CT 06459	06-0646959		14,000.	0.			PRESENTING SUPPORT
THEATER GROTTESCO NORTH AMERICA,							GENERAL OPERATING,
INC 1000 CORDOVA PLACE, #8400 -							CREATION AND/OR
, SANTA FE, NM 87505	38-2812525		13,960.	٥.			PRESENTING SUPPORT
JACOB'S PILLOW DANCE FESTIVAL,							GENERAL OPERATING,
INC 358 GEORGE CARTER ROAD -							CREATION AND/OR
BECKET, MA 01223-4001	04-6002993		12,769.	0.			PRESENTING SUPPORT
TRUSTEES OF THE COLLEGE OF THE							GENERAL OPERATING,
HOLY CROSS - 1 COLLEGE STREET -							CREATION AND/OR
	04-2103558		12,750.	0.			PRESENTING SUPPORT
WORCESTER, MA 01610-2395	04-2103330		12,750.	۰ ۰			FURDERITING SUFFORT

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chedule I (Form 990) INCORPORA							14-2595591 P
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	irt II.) T	
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FORT LEWIS COLLEGE FOUNDATION							GENERAL OPERATING,
1000 RIM DRIVE							CREATION AND/OR
DURANGO, CO 81301	23-7122114		12,500.	Ο.			PRESENTING SUPPORT
			12,000.	••			
THE UNIVERSITY OF TEXAS AT AUSTIN							GENERAL OPERATING,
P.O. BOX 7818							CREATION AND/OR
AUSTIN, TX 78713	74-6000203		12,000.	0.			PRESENTING SUPPORT
			, -				
NGOC-TRAN VU D.B.A TRAN VU ARTS							GENERAL OPERATING,
1 BEAUFORD LANE							CREATION AND/OR
BOSTON, MA 02125	83-2990037		12,000.	٥.			PRESENTING SUPPORT
TEMPLE UNIVERSITY OF THE							
COMMONWEALTH SYSTEM - P.O. BOX							GENERAL OPERATING,
824242 - PHILADELPHIA, PA							CREATION AND/OR
19182-4242	23-1365971		11,000.	٥.			PRESENTING SUPPORT
UNION EPISCOPAL CHURCH							GENERAL OPERATING,
P.O. BOX 902							CREATION AND/OR
CLAREMONT, NH 03743	02-6007515		10,600.	0.			PRESENTING SUPPORT
BLUES TO GREEN							GENERAL OPERATING,
18 TUCKER RD.			10 540				CREATION AND/OR
HUNTINGTON, MA 01050	26-4764676		10,540.	0.			PRESENTING SUPPORT
BERKSHIRE COUNTY HISTORICAL							GENERAL OPERATING,
SOCIETY - 780 HOLMES ROAD -							CREATION AND/OR
	04-2300187		10,500.	0.			PRESENTING SUPPORT
PITTSFIELD, MA 01201	04-2300107		10,300.	0.			ERESENTING SUFFORT
PUERTO RICAN INSTITUTE FOR ARTS							GENERAL OPERATING,
AND ADVOCACY - PO BOX 8168 -							CREATION AND/OR
WARWICK, RI 02888	05-0481035		10,000.	0.			PRESENTING SUPPORT
			10,000.				
BARD COLLEGE							GENERAL OPERATING,
30 CAMPUS ROAD P.O. BOX 5000							CREATION AND/OR
ANNANDALE-ON-HUDSON, NY 12504	14-1713034		10,000.	0.			PRESENTING SUPPORT
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Schedule I (Form 990) INCORFORE						L L	14-2393391 P
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	ırt 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
CALIFORNIA SHAKESPEARE THEATER							GENERAL OPERATING,
D/B/A CAL SHAKES 701 HEINZ AVENUE							CREATION AND/OR
BERKELEY, CA 94710	51-0169452		10,000.	0.			PRESENTING SUPPORT
,,			,				
POCUMTUCK VALLEY MEMORIAL							GENERAL OPERATING,
ASSOCIATION - 10 MEMORIAL STREET							CREATION AND/OR
PO BOX 428 - DEERFIELD, MA 01342	04-2147607		10,000.	0.			PRESENTING SUPPORT
· · · · · · · · · · · · · · · · · · ·							
JEAN APPOLON EXPRESSIONS, INC.							GENERAL OPERATING,
33 HUBBARD ST. APT #2							CREATION AND/OR
MALDEN, MA 02148	46-1897622		10,000.	0.			PRESENTING SUPPORT
THEATER OF THE EMERGING AMERICAN							GENERAL OPERATING,
MOMENT - 138 SOUTH OXFORD ST. STE.							CREATION AND/OR
#1C - BROOKLYN, NY 11217	26-2183790		10,000.	0.			PRESENTING SUPPORT
							CENEDAL ODEDAUTING
ELEVATED THOUGHT INC.							GENERAL OPERATING,
15 UNION ST. STE. 120	27-3519031		10 000	0.			CREATION AND/OR PRESENTING SUPPORT
LAWRENCE, MA 01840	27-3519031		10,000.	0.			PRESENTING SUPPORT
MIAMI LIGHT PROJECT, INC.							GENERAL OPERATING,
, PO BOX 531385							CREATION AND/OR
MIAMI SHORES, FL 33153	65-0107810		10,000.	0.			PRESENTING SUPPORT
· ·			· · ·				
ANIKAYA/AKHRA, INC.							GENERAL OPERATING,
67 DANE STREET							CREATION AND/OR
SOMERVILLE, MA 02143	32-0102506		10,000.	0.			PRESENTING SUPPORT
CONTRA-TIEMPO							GENERAL OPERATING,
3485 GREENWOOD AVE.							CREATION AND/OR
LOS ANGELES, CA 90066	20-5477825		10,000.	0.			PRESENTING SUPPORT
NIKKEI FOR CIVIL RIGHTS & REDRESS							GENERAL OPERATING,
231 EAST THIRD STREET, STE. G104							CREATION AND/OR
LOS ANGELES, CA 90013	95-4333841		10,000.	0.			PRESENTING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
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THE TELLING PROJECT							GENERAL OPERATING,
L006 WEST MONROE ST.							CREATION AND/OR
AUSTIN, TX 78704	27-1385082		10,000.	٥.			PRESENTING SUPPORT
FACES OF LYNN							GENERAL OPERATING,
L3 LOWELL ST.							CREATION AND/OR
LYNN, MA 01905	83-2658639		10,000.	0.			PRESENTING SUPPORT
PROJECT BANDALOOP							GENERAL OPERATING,
1601 18TH ST.							CREATION AND/OR
OAKLAND, CA 94607	95-4618614		10,000.	Ο.			PRESENTING SUPPORT
ANGKOR DANCE TROUPE, INC.							GENERAL OPERATING,
P.O. BOX 1553							CREATION AND/OR
LOWELL, MA 01852	22-3066416		10,000.	0.			PRESENTING SUPPORT
	22 3000110		10,000.	••			
MAUI ARTS & CULTURAL CENTER							GENERAL OPERATING,
ONE CAMERON WAY							CREATION AND/OR
KAHULUI, HI 96732	99-0222998		10,000.	0.			PRESENTING SUPPORT
SEACOAST AFRICAN AMERICAN CULTURAL							GENERAL OPERATING,
CENTER - 10 MIDDLE STREET - BOX							CREATION AND/OR
4444 - PORTSMOUTH, NH 03801	02-0529501		10,000.	0.			PRESENTING SUPPORT
ASIAN COMMUNITY DEVELOPMENT							GENERAL OPERATING,
CORPORATION - 38 OAK ST BOSTON,							CREATION AND/OR
MA 02111	04-2988263		10,000.	0.			PRESENTING SUPPORT
FATHOMERS							GENERAL OPERATING,
2223 WEST OAK ST.							CREATION AND/OR
BURBANK, CA 91506	43-1698172		10,000.	0.			PRESENTING SUPPORT
DOVA, INCORPORATED							GENERAL OPERATING,
260 WEST BROADWAY, SUITE 4							CREATION AND/OR
NEW YORK, NY 10013	13-2678071		10,000.	0.			PRESENTING SUPPORT

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Schedule I (Form 990) INCORPORA		mostic Organization	a and Domostia G	overnmente (Seb	adula I (Earm 000) Da		14-2095091
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CULTURE MILL, INC.							GENERAL OPERATING,
PO BOX 145							CREATION AND/OR
SAXAPAHAW, NC 27340	45-3686934		10,000.	Ο.			PRESENTING SUPPORT
							CENERAL ODERAMING
WALKER ARTS CENTER							GENERAL OPERATING,
725 VINELAND PLACE	41 0 0 0 0 0 0 0		10.000				CREATION AND/OR
MINNEAPOLIS, MN 55403	41-0693929		10,000.	0.			PRESENTING SUPPORT
STAIBDANCE, INC.							GENERAL OPERATING,
1605 WINDSOR WALK							CREATION AND/OR
AVONDALE ESTATES, GA 30002	27-3371922		10,000.	0.			PRESENTING SUPPORT
NIDENNI DIVIS DIVIS							
WIDEMAN DAVIS DANCE							GENERAL OPERATING,
4026 SANDWOOD DRIVE			10.000				CREATION AND/OR
COLUMBIA, SC 29206	90-0696982		10,000.	0.			PRESENTING SUPPORT
BETH MORRISON PROJECTS							GENERAL OPERATING,
138 SOUTH OXFORD STREET, SUITE 1C							CREATION AND/OR
BROOKLYN, NY 11217	20-8422447		10,000.	0.			PRESENTING SUPPORT
KERA M WASHINGTON D/B/A ZILI MISIK							GENERAL OPERATING,
47 BEAUMONT STREET							CREATION AND/OR
	26-3262400		10 000	0.			PRESENTING SUPPORT
DORCHESTER, MA 02124	20-3202400		10,000.	0.			PRESENTING SUPPORT
STREB EXTREME ACTION COMPANY							GENERAL OPERATING,
51 NORTH 1ST STREET							CREATION AND/OR
BROOKLYN, NY 11249	13-3268549		10,000.	0.			PRESENTING SUPPORT
DOGMON GENERE HOD THE DESC THE							
BOSTON CENTER FOR THE ARTS, INC.							GENERAL OPERATING,
539 TREMONT STREET				_			CREATION AND/OR
BOSTON, MA 02116	23-7089998		10,000.	0.			PRESENTING SUPPORT
NATIONAL ASIAN AMERICAN THEATER							GENERAL OPERATING,
FESTIVAL INC 520 8TH AVENUE							CREATION AND/OR
#308 - NEW YORK, NY 10018	26-0289268		10,000.	٥.			PRESENTING SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	irt II.)	
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BAILEY'S CAFE							GENERAL OPERATING,
279 STERLING PLACE SUITE 3A							CREATION AND/OR
BROOKLYN, NY 11238	20-0221451		10,000.	0.			PRESENTING SUPPORT
BELCHERTOWN CULTURAL ALLIANCE INC.							GENERAL OPERATING,
19 JACKSON ST.							CREATION AND/OR
BELCHERTOWN, MA 01007	84-2794504		10,000.	0.			PRESENTING SUPPORT
THEATER MITU, INC. 580 SACKETT ST, UNIT A							GENERAL OPERATING, CREATION AND/OR
BROOKLYN, NY 11238	03-0539644		10,000.	0.			PRESENTING SUPPORT
				· ·			
TERRA MOTO INC.							GENERAL OPERATING,
121 HIGH STREET							CREATION AND/OR
SOUTH PORTLAND, ME 04106	13-3511637		10,000.	0.			PRESENTING SUPPORT
ACCESS PHILANTHROPY CHARITIES							GENERAL OPERATING,
2100 STEVENS AVENUE SOUTH							CREATION AND/OR
MINNEAPOLIS, MN 55404	38-3777419		10,000.	0.			PRESENTING SUPPORT
TAG DRODUGETONG							
JAG PRODUCTIONS PO BOX 354							GENERAL OPERATING, CREATION AND/OR
WHITE RIVER JUNCTION, VT 05001	81-0933084		10,000.	0.			PRESENTING SUPPORT
	51 0555004		10,000.				
HAND2MOUTH							GENERAL OPERATING,
3121 SOUTH MOODY ST. #105							CREATION AND/OR
PORTLAND, OR 97239	71-0916574		10,000.	0.			PRESENTING SUPPORT
INADIDIE A DANGE GOVENNY THE							
INSPIRIT, A DANCE COMPANY, INC. 211 COTTAGE LANE							GENERAL OPERATING,
	20-4007715		10 000	0.			CREATION AND/OR PRESENTING SUPPORT
MIDDLEBURY, VT 05753	20-4007715		10,000.	0.			FRESENTING SUPPORT
TWO CHAIRS INC.							GENERAL OPERATING,
39 REMSEN ST. #2A							CREATION AND/OR
BROOKLYN, NY 11201	27-4115161		10,000.	Ο.			PRESENTING SUPPORT

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Schedule I (Form 990) INCORFORF							14-2393391 P
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	1
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THE CIVILIANS INC.							GENERAL OPERATING,
138 SOUTH OXFORD STREET #3C							CREATION AND/OR
BROOKLYN, NY 11217	11-3621605		10,000.	0.			PRESENTING SUPPORT
			,				
ANONYMOUS ENSEMBLE INC.							GENERAL OPERATING,
104 MONTGOMERY ST. SUITE 1C							CREATION AND/OR
BROOKLYN, NY 11225	46-2865135		10,000.	0.			PRESENTING SUPPORT
MYTHIC IMAGINATION INSTITUTE							GENERAL OPERATING,
659 AUBURN AVENUE #266							CREATION AND/OR
ATLANTA, GA 30312	58-2063415		10,000.	0.			PRESENTING SUPPORT
PIG IRON THEATRE COMPANY							GENERAL OPERATING,
1417 N. 2ND STREET							CREATION AND/OR
PHILADELPHIA, PA 19122	13-3874192		10,000.	0.			PRESENTING SUPPORT
	15 5074152		10,000.				
THE FRANCESCA HARPER PROJECT							GENERAL OPERATING,
225 WEST 106TH STREET #15F							CREATION AND/OR
NEW YORK, NY 10025	20-1841278		10,000.	0.			PRESENTING SUPPORT
INNOVATORS FOR PURPOSE							GENERAL OPERATING,
825 MAIN ST.							CREATION AND/OR
ACTON, MA 01720	30-0841640		10,000.	0.			PRESENTING SUPPORT
NATIONAL INSTITUTE OF FLAMENCO							GENERAL OPERATING,
							CREATION AND/OR
1771 BELLAMAH AVE NW, STE A ALBUQUERQUE, NM 87104	85-0332879		10,000.	0.			PRESENTING SUPPORT
MERCARKAR, ME 0/104	05 0552019		10,000.	0.			ENDOMITING DUFFORT
MARTHA GRAHAM CENTER OF							GENERAL OPERATING,
CONTEMPORARY DANCE - 55 BETHUNE							CREATION AND/OR
STREET - NEW YORK, NY 10014	13-2571063		10,000.	0.			PRESENTING SUPPORT
NEW YORK FOUNDATION FOR THE ARTS							GENERAL OPERATING,
20 JAY STREET, STE. 740							CREATION AND/OR
BROOKLYN, NY 11201	23-7129564		10,000.	0.			PRESENTING SUPPORT

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BROWNBODY							GENERAL OPERATING,
434 VADNAIS LAKE DRIVE							CREATION AND/OR
VADNAIS HEIGHTS, MN 55127	46-2759548		10,000.	0.			PRESENTING SUPPORT
THE RAYMOND F. KRAVIS CENTER FOR	40 2735340		10,000.	•.			
THE PERFORMING ARTS, INC 701							GENERAL OPERATING,
OKEECHOBEE BOULEVARD - WEST PALM							CREATION AND/OR
	59-2245054		10 000	0.			PRESENTING SUPPORT
BEACH, FL 33401	59-2245054		10,000.	0.			PRESENTING SUPPORT
THE SELDOMS							GENERAL OPERATING,
1419 WEST BLACKHAWK ST.							CREATION AND/OR
CHICAGO, IL 60642	36-4339110		10,000.	0.			PRESENTING SUPPORT
	50 4555110		10,000.	•.			
ABILITIES DANCE INCORPORATED							GENERAL OPERATING,
2 STRATHMORE RD #3							CREATION AND/OR
BROOKLINE, MA 02445	82-4468746		10,000.	0.			PRESENTING SUPPORT
	02 4400/40		10,000.	•.			I RESENTING SUITORI
POWER OF SELF EDUCATION (POSE)							GENERAL OPERATING,
INC 293 WASHINGTON ST							CREATION AND/OR
HAVERHILL, MA 01832	46-5343730		10,000.	0.			PRESENTING SUPPORT
UNIVERSITY MUSICAL SOCIETY	10 3313730		10,000.	•.			
881 NORTH UNIVERSITY AVENUE BURTON							GENERAL OPERATING,
MEMORIAL TOWER - ANN ARBOR, MI							CREATION AND/OR
48109-1011	38-1545881		9,900.	٥.			PRESENTING SUPPORT
	50 1545001		5,500.	0.			I RESENTING SUITORI
VERMONT DANCE ALLIANCE							GENERAL OPERATING,
P.O. BOX 5423							CREATION AND/OR
BURLINGTON, VT 05402	82-1382654		9,700.	0.			PRESENTING SUPPORT
	52 1302034		5,,00.	0.			
THE INVINCIBLE PROJECT							GENERAL OPERATING,
71 DORSET ST.							CREATION AND/OR
SPRINGFIELD, MA 01108	83-2767082		9,000.	0.			PRESENTING SUPPORT
STAINGTIND, AN OTTOO	05 2707002		5,000.	0.			ENDOLUTING DOLLOKI
CONNECTICUT COLLEGE							GENERAL OPERATING,
270 MOHEGAN AVENUE							CREATION AND/OR
NEW LONDON, CT 06320-4196	06-0646587		9,000.	٥.			PRESENTING SUPPORT
	00 00 - 0007		5,000.	U.		1	FRESENTING SUFFORT

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Chedule I (Form 990) INCORFORE							
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
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EW HAVEN INTERNATIONAL FESTIVAL							
OF ARTS AND IDEAS, INC 195							GENERAL OPERATING,
CHURCH STREET, FL 12 - NEW HAVEN,							CREATION AND/OR
CT 06510	06-1444222		8,800.	0.			PRESENTING SUPPORT
SPRUCE PEAK ARTS CENTER							GENERAL OPERATING,
FOUNDATION, INC 122 HOURGLASS							CREATION AND/OR
DRIVE - STOWE, VT 05672	90-0146728		8,760.	0.			PRESENTING SUPPORT
CANTERBURY SHAKER VILLAGE INC.							GENERAL OPERATING,
288 SHAKER RD.	00 5005055		0.541				CREATION AND/OR
CANTERBURY, NH 03224	23-7035275		8,741.	0.			PRESENTING SUPPORT
MONKEYHOUSE INC.							GENERAL OPERATING,
PO BOX 221							CREATION AND/OR
SOMERVILLE, MA 02148	71-0910641		8,460.	0.			PRESENTING SUPPORT
UNIVERSITY OF CONNECTICUT							CENEDAL ODEDAMING
343 MANSFIELD RD. U-2074							GENERAL OPERATING, CREATION AND/OR
STORRS, CT 06269	06-0772160		8,250.	0.			PRESENTING SUPPORT
510445, C1 00209	00-0772100		0,230.	0.			FRESENTING SUFFORT
THE PRESIDENT AND TRUSTEES OF							GENERAL OPERATING,
WILLIAMS COLLEGE - P.O. BOX 624 -							CREATION AND/OR
WILLIAMSTOWN, MA 01267	04-2104847		8,250.	0.			PRESENTING SUPPORT
FRIENDS OF THE STRAND THEATRE							GENERAL OPERATING,
PO BOX 433							CREATION AND/OR
ROCKLAND, ME 04841	46-3330177		7,202.	0.			PRESENTING SUPPORT
Contract, ME 04041	±0 33301//		1,202.	0.			ENDOMITING DUFFORI
JNIVERSITY OF HAWAII							GENERAL OPERATING,
2440 CAMPUS ROAD, BOX 447							CREATION AND/OR
HONOLULU, HI 96822	99-6000354		7,000.	0.			PRESENTING SUPPORT
PINKERTON ACADEMY							GENERAL OPERATING,
5 PINKERTON STREET	0.00000000						CREATION AND/OR
DERRY, NH 03038	02-0223338		6,573.	0.			PRESENTING SUPPORT

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Schedule I (Form 990) INCORFORA						L L	14-2090091 P
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UC SAN DIEGO FOUNDATION							GENERAL OPERATING,
9500 GILMAN DRIVE, MC 0940							CREATION AND/OR
LA JOLLA, CA 92093-0940	95-2872494		6,550.	0.			PRESENTING SUPPORT
			,				
DELAWARE ART MUSEUM							GENERAL OPERATING,
2301 KENTMERE PARKWAY							CREATION AND/OR
WILMINGTON, DE 19806	51-0065746		6,500.	0.			PRESENTING SUPPORT
PERFORMING ARTS CENTER OF LOS							GENERAL OPERATING,
ANGELES COUNTY - 135 NORTH GRAND							CREATION AND/OR
AVENUE - LOS ANGELES, CA 90012	95-2217011		6,000.	0.			PRESENTING SUPPORT
PERFORMING ARTS COLLECTIVE							GENERAL OPERATING,
ALLIANCE - 1505 STATE STREET -							CREATION AND/OR
ERIE, PA 16501	80-0544629		6,000.	0.			PRESENTING SUPPORT
WOONSOCKET NEIGHBORHOOD							
DEVELOPMENT CORPORATION - 719							GENERAL OPERATING,
FRONT STREET #103 - WOONSOCKET, RI 02895			5 600				CREATION AND/OR
02895	22-2907602		5,600.	0.			PRESENTING SUPPORT
THE DANCE COMPLEX, INC.							GENERAL OPERATING,
536 MASSACHUSETTS AVENUE							CREATION AND/OR
CAMBRIDGE, MA 02139	04-3131964		5,600.	٥.			PRESENTING SUPPORT
			,				
MICHIGAN TECHNOLOGICAL UNIVERSITY							GENERAL OPERATING,
1400 TOWNSEND DRIVE							CREATION AND/OR
HOUGHTON, MI 49931	38-6005955		5,500.	0.			PRESENTING SUPPORT
CALIFORNIA STATE UNIVERSITY							
NORTHRIDGE FOUNDATION - 18111							GENERAL OPERATING,
NORDHOFF STREET - NORTHRIDGE, CA							CREATION AND/OR
91330-8388	95-6196006		5,000.	0.			PRESENTING SUPPORT
ALLIED MEDIA PROJECTS							GENERAL OPERATING,
4126 THIRD ST.							CREATION AND/OR
DETROIT, MI 48201	01-0559608		5,000.	٥.			PRESENTING SUPPORT

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CITY OF SALEM							GENERAL OPERATING,
93 WASHINGTON STREET							CREATION AND/OR
SALEM, MA 01970	04-6001141		5,000.	0.			PRESENTING SUPPORT
· · ·							
NEW BEDFORD ECONOMIC DEVELOPMENT							GENERAL OPERATING,
COUNCIL INC 1213 PURCHASE ST							CREATION AND/OR
NEW BEDFORD, MA 02740	04-3244024		5,000.	0.			PRESENTING SUPPORT
THE INCOLOURS OF COMPENDODADY ADD							
THE INSTITUTE OF CONTEMPORARY ART							GENERAL OPERATING,
25 HARBOR SHORE DRIVE	04 0104207		F 000				CREATION AND/OR
BOSTON, MA 02210	04-2104327		5,000.	0.			PRESENTING SUPPORT
CONTEMPORARY ARTS CENTER							GENERAL OPERATING,
900 CAMP STREET							CREATION AND/OR
NEW ORLEANS, LA 70130	72-0798830		5,000.	٥.			PRESENTING SUPPORT
LYNN HISTORICAL SOCIETY INC.							GENERAL OPERATING,
590 WASHINGTON ST.							CREATION AND/OR
LYNN, MA 01901	04-2269520		5,000.	0.			PRESENTING SUPPORT
CULTURAL ALLIANCE OF MEDFIELD							GENERAL OPERATING,
3 ALDER ROAD							CREATION AND/OR
MEDFIELD, MA 02052	47-3735323		5,000.	0.			PRESENTING SUPPORT
,,			-,				
PACK PLACE PERFORMING ARTS, INC.							GENERAL OPERATING,
18 BILTMORE AVENUE							CREATION AND/OR
ASHEVILLE, NC 28801	31-1524883		5,000.	0.			PRESENTING SUPPORT
STRAWBERY BANKE MUSEUM							GENERAL OPERATING,
PO BOX 300							CREATION AND/OR
PORTSMOUTH, NH 03802	02-0260158		5,000.	0.			PRESENTING SUPPORT
REGENTS OF THE UNIVERSITY OF							
MINNESOTA - 450 MCNAMARA CENTER							GENERAL OPERATING,
200 OAK STREET SE - MINNEAPOLIS,							CREATION AND/OR
MN 55455	41-6007513		5,000.	0.			PRESENTING SUPPORT

Schedule I (Form 990) INCORPORATED

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

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
DANCERS' WORKSHOP PO BOX 1500 JACKSON, WY 83001	83-0232680		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
ALABAMA DANCE COUNCIL, INC. PO BOX 2126 BIRMINGHAM, AL 35201	63-0815232		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
INTA, INC. PO BOX 230770 NEW YORK, NY 10023	13-3913291		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
NORTHWEST AFRICAN AMERICAN MUSEUM 2300 SOUTH MASSACHUSETTS ST SEATTLE, WA 98144	76-0835379		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT
AMERICAN DANCE FESTIVAL, INC. 715 BROAD STREET DURHAM, NC 27705	06-0932294		5,000.	0.			GENERAL OPERATING, CREATION AND/OR PRESENTING SUPPORT

Schedule I (Form 990) 2020

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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
REATION OF NEW WORK	62	284,701.	0.		

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

PART I, LINE 2:

NEFA MAINTAINS COMMUNICATION WITH GRANTEES AND REQUIRES FINAL AND/OR

INTERIM REPORTS TO BE SUBMITTED BY GRANTEES. REPORTS ARE REVIEWED BY

APPROPRIATE GRANT STAFF AND DISBURSEMENTS OF GRANT FUNDS ARE MADE UPON

APPROVAL OF REPORTS.

SCHEDULE J Compensation Information	1	OMB No. 1	545-004	7		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		202	20			
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20/	20			
Department of the Treasury Attach to Form 990.		Open to		C		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspec				
Name of the organization NEW ENGLAND FOUNDATION FOR THE ARTS,		er identification number				
INCORPORATED	04-25	93591	L			
Part I Questions Regarding Compensation						
			Yes	No		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or charter travel						
Travel for companions						
Tax indemnification and gross-up payments						
Discretionary spending account	ur, chet)					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimburgament or provincian of all of the overage departies of all of the ov		41				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			x			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	-			
2 Indicate which if any of the following the experization used to establish the companyation of the experization						
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization actability approximation of the CEO/Executive Directory but available in Part III.	tion to					
establish compensation of the CEO/Executive Director, but explain in Part III.						
X Compensation committee Written employment contract						
Independent compensation consultant Compensation survey or study						
Form 990 of other organizations	committee					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a related organization:						
a Receive a severance payment or change-of-control payment?		4a		Х		
b Participate in or receive payment from a supplemental nonqualified retirement plan?				Х		
c Participate in or receive payment from an equity-based compensation arrangement?				Х		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
contingent on the revenues of:						
a The organization?		5a		Х		
b Any related organization?				Х		
If "Yes" on line 5a or 5b, describe in Part III.						
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
contingent on the net earnings of:						
a The organization?		6a		Х		
b Any related organization?				Х		
If "Yes" on line 6a or 6b, describe in Part III.						
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
not described on lines 5 and 6? If "Yes," describe in Part III		7		Х		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
Regulations section 53.4958-6(c)?	<u></u>	9				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Form	990)	2020		

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CATHERINE EDWARDS	(i)	189,385.	0.	0.	19,575.	972.	209,932.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUG CHOKSHI	(i)	143,433.	0.	0.	2,421.	26,048.	171,902.	0.
CHIEF OPERATNG OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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 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.



04-2593591

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

NEW ENGLAND FOUNDATION FOR THE ARTS,

CULTURAL LANDSCAPE IN NEW ENGLAND AND THE NATION.

INCORPORATED

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

CENTER STAGE - AN INTERNATIONAL EXCHANGE PROGRAM THAT WILL BRING

PERFORMING ARTISTS FROM AROUND THE GLOBE TO TOUR THROUGHOUT THE U.S.

THE PROGRAM IS AN EFFORT TO DEMONSTRATE RESPECT AND UNDERSTANDING OF

CULTURES BY BRINGING INTERNATIONAL PERFORMING ARTISTS TO THE U.S. SO

THAT AMERICANS CAN GROW IN APPRECIATION AND UNDERSTANDING OF OTHER

NATIONS, WHILE PROVIDING OPPORTUNITIES TO INTERNATIONAL PERFORMERS.

EXPENSES \$ 444,277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPENSES \$ 663,034. INCLUDING GRANTS OF \$ 308,800. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CHIEF OPERATING

OFFICER AND WILL BE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE, AS

DESIGNATED BY THE BOARD.

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

ANNUAL STATEMENTS ARE REVIEWED BY THE BOARD CHAIR (FOR BOARD MEMBERS) OR

Schedule O (Form 990 or 9	Page 2		
Name of the organization	Employer identification number 04-2593591		
EXECUTIVE DIR	ECTOR (FOR STAFF M	IEMBERS) AND, IN THE	EVENT OF A CONFLICT,

ACTION AS DEFINED IN THE CONFLICT OF INTEREST POLICY IS TAKEN..

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

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

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

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

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

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

PPP REVENUE RECOGNIZED BUT NOT FORGIVEN UNTIL FISCAL YEAR

2022.

346,923.

FORM 990, PART XII, LINE 2C

THE FINANCE AND AUDIT COMMITTEE OVERSEES THE SELECTION OF THE AUDITORS

AND MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT PROCESS TO

REVIEW THE YEAR-END RESULTS.