

City of Tacoma Tacoma Venue and Events

Management of Performing Arts Venues RFP Specification No. PF21-0466F

QUESTIONS and ANSWERS 2

All interested parties had the opportunity to submit preliminary questions in writing by email to Tad Carlson by 3:00 pm on April 20, 2021. All interested parties had the opportunity to participate in a virtual pre-bid conference and submit questions in person at 9:00 am on April 16, 2021. All interested parties had the opportunity to participate in a live tour of the Performing Arts Venues and submit questions in person at 9:00 am on April 22, 2021. The answers to all questions received through these methods were provided in PF21-0466F_QA posted to the City's website at <u>www.TacomaPurchasing.org</u>: Navigate to *Current Contracting Opportunities / Services*, and then click *Questions and Answers 2* for this Specification. This information IS NOT considered an addendum. Respondents should consider this information when submitting their proposals.

All interested parties had the further opportunity to submit follow-up questions in writing by email to Tad Carlson by 3:00 pm on May 17, 2021. The answers to all follow-up questions received are provided below and posted to the City's website at www.TacomaPurchasing.org: Navigate to *Current Contracting Opportunities / Services*, and then click *Questions and Answers* for this Specification. This information IS NOT considered an addendum. Respondents should consider this information when submitting their proposals.

Written Submittal Questions

Question 1: Why was the due date moved back two weeks? Who requested it?								
Answer 1:	The Submittal Due Date was moved from 5/11/21 to 5/25/21 at the							
	request of the City Manager to ensure adequate time for all potential							
	bidders to submit their proposals.							
Question 2:	We are attaching Tacoma Arts Live budgets that were provided with the							
RFP. Our question is, what is including in the revenue line "Contribution								
	Income"? We have marked this line on both of the annual budget sheets.							
Answer 2:	The "Contributed Income" revenue line is specific to the non-profit work							
	that Tacoma Arts Live conducts in the community and is comprised of							
	revenue derived from donations and grants. Because this revenue is not							
	related to the management of the venues, the City of Tacoma does not							
	have information on the specific breakdown.							

- Question 3: Why is that (sic: contributed income) revenue line not included on the financial yearend reports for the prior five years? We find this very confusing.
- Answer 3: The "Contributed Income" revenue line is specific to the non-profit work that Tacoma Arts Live conducts in the community and is comprised of revenue derived from donations and grants. This is included in their overall operating budgets. Because this revenue is not related to the management of the venues, it is not included in the five years of financial yearend reports for the venue operations portion of their business.
- Question 4: Is it possible to get copies of the Tacoma Arts Live Form 990s for the past five years? We ask this in an effort to better understand the financials that we have been presented.
- Answer 4: Yes. The Tacoma Arts Live Form 990s from the past five years are attached to this form.

efil	e GR/	APHIC	print - DO NOT PROCESS	As Filed Data -			D	LN	934930	40000187
(99	∩	Return of Org	anization Exer	npt From I	ncome	Tax	_	OMBNO	1545-0047
Form [.]	JJ	V	Under section 501(c), 527, or 49		•				20)15
_		<i></i>	foundations) Do not enter social s	security numbers on th	us form as it ma	v be made p	ublic			
Treasu			► Information about F	•						to Public pection
		nue Service		07.01.2015 and an	ding 06-30-2016	,				
			endar year, or tax year beginning C Name of organization		ang 08-30-2016	,	D Emplo	yer i	dentificatio	n number
	dress cl	· ·	Broadway Center for the Performing Ar	ts			91-11	068	378	
·	me cha	-	Doing business as							
Fi							E Telepho	ne n	umber	
	termina ended i		Number and street (or P O box if mail 901 Broadway No 700	is not delivered to street a	aaress) Room/suite	9	(253)	591	-5456	
<u> </u>		n pending	City or town, state or province, country	y, and ZIP or foreign postal	code					
		L	Tacoma, WA 984024415				G Gross n	eceip	ts \$ 4,977,96	.0
			F Name and address of principal David Fischer	officer		H(a) Is th		retu	ırn for	
			901 Broadway No 700 Tacoma, WA 984024415			No	rdınates?			🗌 Yes 🗸
I Tax	-exem	pt status	✓ 501(c)(3) 501(c)() ◄ (ins	sert no) 4947(a)(1)	or 527	H(b) Area inclu		nate	s [Yes 🗌 No
J W	ebsite	: ► www	broadwaycenter org				,		st (see ins	tructions)
						H(c) Grou				
K Fom	n of org	ganization	✓ Corporation Trust Association	on Other 🕨		L Year of fo	mation 19	/9	WA	egal domicile
Ра	rt I	Sumn	nary							
Governance	Th ch	ne missio nildrens' d	cribe the organization's mission o n of the Broadway Center is to en levelopment through education ai evitalization of the theatre district	tertain our community nd arts, empower our c	through top qua					
em	_									
60	2 C	Check this	s box ▶ ┌─ ıf the organızatıon dısc	continued its operation	s or disposed of	more than 2	25% ofits	net	assets	
x 0	3 N	lumber of	voting members of the governing	hody (Part VI, line 1:			I	3	1	27
utie,			independent voting members of t					4		27
Activities &	5 T	otal num	ber of individuals employed in cal	lendar year 2015 (Par	tV,line2a).			5		156
٩			ber of volunteers (estimate if nec					6	_	273
			lated business revenue from Part ed business taxable income from					7a 7b		0
	DINC			1 of m 5 5 6 - 1 , mile 5 +		 Prio	· or Year	70		ent Year
	8	Contrib	utions and grants (Part VIII, line	1h)			1,204,5	536		1,412,346
enu	9	Progran	n service revenue (Part VIII, line	e2g)			2,858,9	950		3,410,758
enneven	10		nent Income (Part VIII, column (21,2			22,069
-	11 12		evenue (Part VIII, column (A), lii evenue—add lines 8 through 11 (r		-		115,4			-99,444
	12	12)					4,200,2	241		4,745,729
	13		and similar amounts paid (Part I)					0		0
	14 15		s paid to or for members (Part IX, s, other compensation, employee					0		0
ses	10	5-10)					1,956,8			2,040,545
Expenses	16a		sional fundraising fees (Part IX, c					0		2,220
Щ	ь 17		draising expenses (Part IX, column (D), expenses (Part IX, column (A), lin				2,288,5	587		2,624,579
	18		xpenses Add lines 13-17 (must				4,245,4			4,667,344
	19		e less expenses Subtract line 18	•			-45,2			78,385
Ces Ces						Beginning o	of Current `	⁄ear	End	of Year
Net Assets or Fund Balances	20	Total as	ssets (Part X, line 16)				1,593,8	385		1,489,708
ot As nd B	21		abilities (Part X, line 26)				1,192,7			1,019,776
	22		ets or fund balances Subtract li	ne 21 from line 20 .			401,1	L40		469,932
	t III		i ture Block erjury, I declare that I have exam	uned this return unclus	dina accompany	ing schedule	and eta	tem	ents and +	o the best of
my kr	owled		elief, it is true, correct, and comp							
		*****	*			20	017-02-03			

	**	****			2017-02-03			
Sign	Sig	gnature of officer			Date			
Here	<u> </u>	avid Fischer Executive Director						
	Ту	pe or print name and title						
Paid		Print/Type preparer's name Ray Holmdahl	Preparer's signature Ray Holmdahl	Date 2017-02-03	Check if self-employed	PTIN P00120599		
Preparer		Firm's name 🕨 Peterson Sullivan LLP	CPA'S		Firm's EIN 🕨 91-0605875			
Use Only		Firm's address ▶ 601 Union St Ste 2300	Phone no (206) 382-7777					
		Seattle, WA 9810123	45					

May the IRS discuss this return with the preparer shown above? (see instructions) .	•	•	•	•	•	•	•	•	•	. √Yes No
For Paperwork Reduction Act Notice, see the separate instructions.		С	at	No	11	282	Y			Form 990 (2015)

Form	1990 (2015)				Page 2
Par	t IIII Stateme	nt of Program Servic	e Accomplishments		
	Check If Sc	chedule O contains a respo	nse or note to any line in this Pa	rt III	🗸
1	Briefly describe t	he organization's mission			
deve				ity and diverse performances, en: n, enable our historic buildings ar	
2	Did the organizati	on undertake any significar	nt program services during the ye	ear which were not listed on	
	the prior Form 990	0 or 990-EZ?			∏Yes 🔽No
	If "Yes," describe	these new services on Sch	nedule O		
3	Did the organizati	on cease conducting, or ma	ake significant changes in how it	conducts, any program	
		these changes on Schedul			⊤Yes √No
4	Describe the orga expenses Section	nızatıon's program service 1 501(c)(3) and 501(c)(4)	accomplishments for each of its	three largest program services, a ort the amount of grants and allo	
4a	(Code) (Expenses \$	3,835,782 including grants of \$) (Revenue \$	3,410,758)
	enrichment and educ other organizations	cation Those numbers include ov The Broadway Center Programs	er 83,000 Broadway Center patrons and enable 7 resident arts organizations, edu	ormances, community events and outdo d approximately 150,000 other patrons th icate and train 40,000 students and teac e broadly diverse population of the south	hrough the use of its facility by hers from 14 school districts,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s (Expenses \$	ervices (Describe in Sched includ	ule O) ding grants of\$) (Revenue \$)
4e	Total program se	ervice expenses >	3,835,782		
		-			

Form 990 (2015)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🧏 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No
•	If "Yes," complete Schedule D, Part III 🥵	8		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 3 .	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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 "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
				12015

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Form 990 (2015)

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🔧	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		_		(101E)

Form **990** (2015)

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Form	990 (2015)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			, <u> </u>
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 106		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
3-	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
-		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than $100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		Ne
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. DId a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year 12b 12b 12b			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

orm	990 (2015)			Page G
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, describe the circumstances, processes, or changes in Schedule O. See instructions.	8b, or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	27		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a other officer, director, trustee, or key employee?	ny 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one more members of the governing body?	or . 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold or persons other than the governing body?	ers, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ž		
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Intern	<u>al Reveni</u>		
40-		10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f the form?	. 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv rise to conflicts?	. 12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc in Schedule O how this was done	ribe 12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?		
а	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?	tha . 16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ection C. Disclosure	105		<u> </u>
	List the States with which a copy of this Form 990 is required to be filed			
10	Control (104 requires on organization to make the Form 1022 (or 1024 if $annheadle), 000, and 000, T (501)$			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

O wn website Another's website Upon request Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Shannon Johnson 901 Broadway Suite 700 Tacoma, WA 984024415 (253) 591-5578

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d on is	one l both	oox, an d	heck unless officer stee)	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

		1	1						[1	1
	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is	one t both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
		A verage hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See /	Additional Data Table										
						-					
1 b							•				I
c d	Total from continuation sheet Total (add lines 1b and 1c) .			•••	•	•	. ► ►		280,152	0	38,364
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited t				l abov	e) wł	,	nan	

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

Section B. Independent Contractors

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

		-						
	(A) Name and business address	(B) Description of services	(C) Compensation					
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0							

Form	990	(201)	5)

Part VIII Statement of Revenue

Clear district damanges in the server in the damanges in the line of the server is the	Part v		Check if Schedule O contains a response	e or note to any lin	e in this Dart VIII			F
Output b Members in places 10 333504 Construction proves 14 333504 334504 Construction proves 14 37150 344504 Construction proves 141110 3450420 3445040 Construction proves 11110 3450420 3445040 Construction proves 11110 3450420 3445040 Construction proves 1110 34450400 34450400 Construction proves 1110 34450400 34450400 Construction proves 1110 344504000 344504000		12		e of note to any lin	(A)	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections
USD To Table A dol lines 11-11	nts							
USD To Table A dol lines 11-11	irar Iou	Ь						
USD To Table A dol lines 11-11	s. G Am	c	Fundraising events 1c	353,994				
USD To Table A dol lines 11-11	Sift Iar	d	Related organizations 1d					
USD To Table A dol lines 11-11	s, (imi	e	Government grants (contributions) 1e	187,046				
USD To Table A dol lines 11-11	ion r S	f	All other contributions, gifts, grants, and 1f	871,306		İ		
USD To Table A dol lines 11-11	but the							
Base Schoolsoft Prevents Baseness Code 1.428,233 PALITES MANAGEMENT 711110 1.428,233 1.428,233 Image: Code Schoolsoft Prevents 71110 0.438,439 0.444,439 Image: Code Schoolsoft Prevents 71110 0.444,439 0.444,439 Image: Code Schoolsoft Prevents 71110 0.444,439 0.444,439 Image: Code Schoolsoft Prevents 71110 0.444,439 0.744,439 Image: Code Schoolsoft Prevents 71110 0.444,439 0.744,439 Image: Code Schoolsoft Prevents 71110 0.444,439 0.744,439 Image: Code Schoolsoft Prevents 71110 0.744,439 0.744,439 Image: Code Schoolsoft Prevents 71110 0.744,439 0.744,439 Image: Code Schoolsoft Prevents 71110 0.744,439 0.744,439 Image: Code Schoolsoft Prevents	d O	9						
Open constraints 71110 1.425,223 1.425,223 1.425,223 0 PACLITES MANAGERAT 71110 0.95,913 0.99,913 0.99,913 0 PACLITES MANAGERAT 71110 0.95,913 0.99,913 0.99,913 0 PACLITES MANAGERAT 71110 0.95,913 0.99,913 0.99,913 0 TASL A SENDATION 71110 0.74,843 0.74,84 0.74,84 0 TASL A Col Ines 2.2 - 21 > 2,442,736 0.01,954 0.01,954 1 Toxest ment income (incluind dividends, interest, end incluind in the simula ments) > 2,069 22,069 2 Toxest ment income of Loss of pland protects > 0.99,913 0.99,914 0.99,914 3 Investingent income of Loss of > 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914 0.99,914	Co an	h	Total. Add lines 1a-1f	•••	1,412,346			
9 1000.100 mes as 21 · · · · · · · · · · · · · · · · · ·	÷			Business Code				
9 1000.100 mes as 21 · · · · · · · · · · · · · · · · · ·	หะม			711110		1,426,233		
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and other similar amounts) 22,069 22,069 A transfer of two-sempt bord proceeds		-			3,410,758			
S Royaltues					22,069			22,069
Image: Section		4		oceeds				
Ga Gross rents Image: Second		5		>				
expenses expenses expenses expenses expenses expenses e Retail income or (loss) (i) Securities (ii) Other 7 Gross amount from alles of asses offer than investory (ii) Securities (iii) Other b iadi cost at other bias and asses offer than investory (iii) Other (iii) Other d Net gain or (loss)		6a						
Image: Construction of the set of t		Ь						
d Net rental income or (loss)		c	Rental income					
7a Grass amount from sales of assets other than inventory Image: Construction of assets other than inventory b Less ost of other base and soles expenses c Image: Construction br>construction of other base and soles expenses c Image: Construction construction c Image: Construction construction c Image: Construction c Image: Construction construction c Image: Construction c Image: Construlice Image: Construction c <t< th=""><th></th><th>d</th><th>Not rontal uncomo or (loca)</th><th></th><th></th><th></th><th></th><th></th></t<>		d	Not rontal uncomo or (loca)					
a other bases and sales expenses		7a	Gross amount from sales of assets other	(II) O ther				
Ba Gross income from fundraising events (not including \$ _333,994 of contributions reported on line 1c) See Part IV, line 18 a 6,277 180,333 b Less direct expenses b 180,333 c Net income or (loss) from fundraising events -174,061 9a Gross income from gaming activities See Part IV, line 19 a			other basis and sales expenses					
Provide events (not including \$		d	Net gain or (loss)	· · · · •				
c Net income or (loss) from fundraising events -1/4,061 -1/4,061 9a Gross income from gaming activities a -1/4,061 9a Gross income from gaming activities a -1/4,061 b Less direct expenses b - c Net income or (loss) from gaming activities . . i0a Gross sales of inventory, less returns and allowances a 126,515 b Less cost of goods sold b 51,898 c Net income or (loss) from sales of inventory > 74,617 Miscellaneous Revenue Business Code 11a	er Revenue	8a	events (not including \$	6.272				
c Net income or (loss) from fundraising events -1/4,061 -1/4,061 9a Gross income from gaming activities)th	Ь	Less direct expenses b					
See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 12 Total revenue. See Instructions a 12 Total revenue. See Instructions a a a a a a b c d All other revenue b c d All other sevenue d			· · · ·	vents 🕨	-174,061			-174,061
b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 126,515 b Less cost of goods sold b Ess cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Miscellaneous Revenue b Image: Content of Content		9a	See Part IV, line 19					
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 126,515 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Image: Construction of Co		Ь						
returns and allowances a 126,515 b Less cost of goods sold b 51,898 c Net income or (loss) from sales of inventory > 74,617 Miscellaneous Revenue Business Code 11 b		1		ties				
a 126,515 b Less cost of goods sold b 51,898 c Net income or (loss) from sales of inventory ▶ 74,617 Miscellaneous Revenue Business Code 74,617 b		10a		►				
Miscellaneous Revenue Business Code 11a		1	a Less cost of goods sold b	51,898				
11a		c			74,617			74,617
b		11a		Susmess Code				
c								
e Total. Add lines 11a-11d . </th <th></th> <th></th> <th> -</th> <th></th> <th></th> <th></th> <th></th> <th> </th>			-					
12 Total revenue. See Instructions 4,745,729 3,410,758 0 -77,375		d	All other revenue					
4,745,729 3,410,758 0 -77,375		e	Total. Add lines 11a-11d					
4,/45,/29 3,410,/58 0 -//,3/5		12	Total revenue. See Instructions			2 440		
		<u> </u>			4,745,729	3,410,758		

Form 990 (2015) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . 5 Compensation of current officers, directors, trustees, and 245,798 181,455 10,311 54,032 key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 1,459,399 1,077,369 61,220 320,810 . Pension plan accruals and contributions (include section 401(k) 8 27.364 20.201 1.148 6.015 and 403(b) employer contributions) . . . Other employee benefits . . 111,831 6,355 9 151,486 33.300 . 10 Payroll taxes 156,498 115,531 6,565 34,402 11 Fees for services (non-employees) а Management 11,496 11,496 b Legal Accounting С d Lobbying е Professional fundraising services See Part IV, line 17 2,220 2,220 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) g amount, list line 11g expenses on Schedule O) . . . 254,869 170,553 29,234 55,082 12 Advertising and promotion . 387,852 349,767 1,430 36,655 13 Office expenses . 257,842 233,641 22,400 1,801 14 Information technology . . 15 Royalties . . 16 Occupancy . 124,711 124,711 17 Travel 21,080 19,448 376 1,256 . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 28.212 1.864 Conferences, conventions, and meetings . 39,920 9.844 . 20 Interest 33,653 33,653 21 Payments to affiliates 22 115,274 Depreciation, depletion, and amortization . 115,274 23 Insurance 23,143 23,143 . . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) **PRODUCTION SERVICES** 1,307,734 1,259,029 31,592 17,113 а b MISCELLANEOUS 29,589 20,049 8,007 1,533 DUES, SUBSCRIPTIONS AND 7,081 17,416 8,711 1,624 С d е All other expenses 25 Total functional expenses. Add lines 1 through 24e 4.667.344 3,835,782 249.376 582,186 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2015) Part X Balance Sheet

		Check If Schedule O contains a response or note to any lin	e in th	s Part X		<u> </u>	· · · · <u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			28,303	1	71,369
	2	Savings and temporary cash investments			201,016	2	154,962
	3	Pledges and grants receivable, net			155,343	3	165,607
	4	Accounts receivable, net			74,940	4	33,946
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	e Part II of		5		
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see inst II of Schedule L), and 501(c)(9)		6		
(SS	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use			12,515	8	7,876
	9	Prepaid expenses and deferred charges			134,806	9	185,254
	10a	Land, buildings, and equipment cost or other basis					
		Complete Part VI of Schedule D	10a	1,085,462			
	b	Less accumulated depreciation	10b	781,340	394,643	10c	304, 122
	11	Investments—publicly traded securities			592,319	11	566,572
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,593,885	16	1,489,708
	17	Accounts payable and accrued expenses	523,225	17	469,517		
	18	Grants payable		18			
	19	Deferred revenue			553,412	19	398,636
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV c		21			
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
ab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third			116,108	23	46,623
	24	Unsecured notes and loans payable to unrelated third pa				24	105,000
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relati	ed third parties,		25	
	26	Total liabilities. Add lines 17 through 25			1,192,745	26	1,019,776
es		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.			.,,		
lanc	27	Unrestricted net assets			-236,179	27	-181,265
Ba	28	Temporarily restricted net assets			53,162	28	84,625
ри	29	Permanently restricted net assets			584,157	29	566,572
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl	eck he	re ▶ ┌─ and			
\$ 0	30	complete lines 30 through 34.				30	
set	30 31	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building or equipment				31 32	
let	32	Retained earnings, endowment, accumulated income, or o Total net assets or fund balances			401,140	32	469,932
2	34	Total liabilities and net assets/fund balances			1,593,885	33	1,489,708
			• •		1,000,000	54	Form 990 (2015)

Form 990 (2015)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	🗆
	Total revenue (much cavel Dort)/III. column (A) lunc (D)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	745,729
2	Total expenses (must equal Part IX, column (A), line 25)	2		4 6	567,344
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			78,385
-		4		4	401,140
5	Net unrealized gains (losses) on investments	5			-9,593
6	Donated services and use of facilities				
7	Investment expenses	6			
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			0
	column (B))	10			469,932
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	Yes	. No
				103	
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re a separate basis, consolidated basis, or both	eviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	separate			
	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 over of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Single Audit Act and OMB Circular A-133?	n the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi		Зb		

Form **990** (2015)

Software ID:

Software Version:

EIN: 91-1106878

Name: Broadway Center for the Performing Arts

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an pr/tr	check , office Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Warren Willoughby Past President	2 00	x		x				0	0	C
Deanna Keller President	2 00	x		x				0	0	C
Amanda Nathan Secretary	2 00	x		x				0	0	C
Stephanie Howe Treasurer	2 00	x		×				0	0	C
Christopher Algeo Trustee	1 00	x						0	0	C
Judy Baerg Trustee	1 00	x						0	0	C
Lois Bernstein Trustee	1 00	x						0	0	C
Jim Burg Trustee	1 00	x						0	0	C
Kım Fısher Trustee	1 00	x						0	0	C
Tiffany Harmon Trustee	1 00	x						0	0	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and inde								I	I !	1 1
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	iore t ss pe	than erso icer tor/t	o not one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Nicole Hume Trustee	1 00	x						0	0	0
Lisa Jangard Trustee	1 00	x						0	0	0
Genie Jefferson Trustee	1 00	x						0	0	0
Brooke Johnson Trustee	1 00	×						0	0	0
Clint Johnson Trustee	1 00	x						0	0	0
Kathy Keele Trustee	1 00	x						0	0	0
Sara Kendall Trustee	1 00	x						0	0	0
Connie Ladenburg Trustee	1 00	x						0	0	0
Darnel Menefee Trustee	1 00	x						0	0	0
Mark Pinto Trustee	1 00	x			ĺ			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related	m unles c	ore t ss pe	than ersor icer a tor/t	o not one n is and trust	tee)	, an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Jumi Sakurai Trustee	1 00	x						0	0	0
Knsten Sawın Trustee	1 00	x						0	0	0
Bill Sterud Trustee	1 00	x						0	0	0
Jım Storvick Trustee	1 00	x						0	0	0
Vic Sweberg Trustee	1 00	x						0	0	0
Monique Trudnowski Trustee	1 00	×						0	0	0
Mike Wark Trustee	1 00	x						0	0	0
Elliot Kay Finance Director	40 00			x				78,216	0	8,143
Julie Knlich Finance Director	40 00			x				0	0	0
David Fischer Executive Director	40 00				x			201,936	0	30,221

efi	le GR	APHIC print - DO	NOT PROCES	SS As Filed Da	DLN: 93493040000187				
SCHEDULE A (Form 990 or 990EZ) Department of the Treasury Internal Revenue Service		990 or	Complete if the	e organization is a sec 4947(a)(1) nonex ▶ Attach to Form bout Schedule A (Form	us and Public Supp ended to the second second empt charitable trust. In 990 or Form 990-EZ. In 990 or 990-EZ) and its inst	OORT or a section	DMB No 1545-0047		
		nue service ne organization				Employer ident if ic	ation number		
		nter for the Performing Ar	ts			91-1106878			
Pa	rt I	Reason for Put	lic Charity S	tatus (All organiza	ations must complete this		ากร		
				, 5	through 11, check only one	1 2			
1	r gann			•	thes described in section 170				
2					chedule E (Form 990 or 990				
3			=		described in section 170(b)(
4				5	with a hospital described in s		i) Enter the		
	I	hospital's name, cit		stated in conjunctions	and a noopical described in s				
5	Γ	An organization ope 170(b)(1)(A)(iv).	erated for the be Complete Part I	I)	niversity owned or operated b		described in section		
6			5	5	t described in section 170(b)				
7	~	described in section	170(b)(1)(A)(v	/i). (Complete Part II		nental unit or from the	general public		
8 9		•		tion 170(b)(1)(A)(vi)		****	fees and succe		
, 10		receipts from activ from gross investm organization after J	ties related to it ent income and i une 30, 1975 S	s exempt functions— unrelated business ta ee section 509(a)(2).	1/3% of its support from con subject to certain exceptions xable income (less section 5 (Complete Part III) st for public safety See secti	s, and (2) no more than 511 tax) from business	331/3% of its suppor		
11		5 5			e benefit of, to perform the fu		out the purposes of		
	і _	one or more publicly the box in lines 11a	supported orga through 11d tha	nizations described in at describes the type	n section 509(a)(1) or sectio of supporting organization an	n 509(a)(2) See sectio d complete lines 11e,	on 509(a)(3). Check 11f, and 11g		
а	I	supported organizat	ion(s) the power	, , ,	r controlled by its supported or elect a majority of the direc B.				
b	Г		supporting organ	nization vested in the	ed in connection with its supp same persons that control or				
с	Г	•	•		on operated in connection wit	h, and functionally inte	grated with, its		
				,	mplete Part IV, Sections A,	•	, , , , , , , ,		
d	Γ	••			ization operated in connectio ist satisfy a distribution requ				
				te Part IV, Sections A		nement and an attentiv	reness requirement		
е	Г				rmination from the IRS that it	t is a Type I, Type II, T	ype III functionally		
	•			ally integrated suppo					
f	Entei	• •	5	ns		· · · · · · · ·			
g		Provide the following	g information abo	out the supported org	anızatıon(s)				
		(i)	(ii)EIN	(iii)	(iv)	(v)	(vi)		
Nar	ne of s	upported organizatio		Type of	Is the organization	A mount of	A mount of other		
				organization (described on lines	listed in your governing document?	monetary support (see instructions)	support (see instructions)		

Total

1-9 above (see instructions))

Yes

No

Schedule A (Form 990 or 990-EZ) 2015

Sche	edule A (Form 990 or 990-EZ) 201	5						Page 2
Pa	rt II Support Schedule f							
	(Complete only if you							alify under
	Part III. If the organiz ection A. Public Support		lanity under the t	ests listed belo	w, please com	piete P	art III.)	
	Calendar year							
(or	fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e) 2	015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	1,723,633	2,415,678	1,973,095	1,204,536		1,412,346	8,729,288
_	not include any unusual grants)							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit	19,281	23,896	21,656	26,304		26,304	117,441
	to the organization without	19,201	25,050	21,030	20,504		20,304	117,441
	charge		0.100.574					
4	Total. Add lines 1 through 3	1,742,914	2,439,574	1,994,751	1,230,840		1,438,650	8,846,729
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							540,016
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)							
6	Public support. Subtract line 5 from line 4							8,306,713
S	ection B. Total Support							
	Calendar year							
(or	fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2)15	(f)Total
7	A mounts from line 4	1,742,914	2,439,574	1,994,751	1,230,840		L,438,650	8,846,729
8	Gross income from interest,							
	dividends, payments received on	3,369	33,832	25,750	22,833		22,069	107,853
	securities loans, rents, royalties							
9	and income from similar sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of		5,256					5,256
	capital assets (Explain in Part VI)							
11	Total support. Add lines 7							0.050.020
	through 10							8,959,838
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12		14,245,448
13	First five years. If the Form 990 is	for the organization	on's first, second,	thırd, fourth, or fıf	th tax year as a s	section	501(c)(3)	organızatıon,
	check this box and stop here							
S	ection C. Computation of Pu	iblic Support P	Percentage					
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14		92710%
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15		92 680 %
16a	33 1/3% support test-2015. If the	e organization did i	not check the box	on line 13, and lir	ne 14 is 33 1/3%	or more	, check th	is box
	and stop here. The organization qu	ualifies as a public	ly supported organ	nization				▶ 🗸
b	33 1/3% support test-2014.If the	e organızatıon dıd	not check a box or	n line 13 or 16a, a	and line 15 is 33	1/3% or	more, che	eck this
	box and stop here. The organization							
17a	10%-facts-and-circumstances tes	5				,		
	is 10% or more, and if the organiz in Part VI how the organization me							ted
	organization		a encumptances	cese ine organiz	ación quannes as	a public	., sappor	
ь	10%-facts-and-circumstances tes	t—2014. If the orda	anization did not ch	neck a box on line	13, 16a, 16b. oi	r 17a. ai	nd line	F
-	15 is 10% or more, and if the orga							
	Explain in Part VI how the organiz	ation meets the "f	acts-and-circums	tances" test The	organızatıon qua	lifies as	a publicly	/
	supported organization							
18	Private foundation. If the organization	tion did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this	box and	see	
	instructions							

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

	Calendar year	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	5 (f)Total					
(or f	iscal year beginning in) 🕨	(4)2011	(5)2012	(0)2010	(4)2011	(0)2011	(1)10001					
1	Gifts, grants, contributions, and											
	membership fees received (Do											
	not include any "unusual grants")											
2	Gross receipts from admissions,											
-	merchandise sold or services											
	performed, or facilities furnished											
	in any activity that is related to											
	the organization's tax-exempt											
_	purpose											
3	Gross receipts from activities											
	that are not an unrelated trade or											
	business under section 513											
4	Tax revenues levied for the											
	organization's benefit and either											
	paid to or expended on its behalf											
5	The value of services or facilities											
	furnished by a governmental unit											
	to the organization without charge											
6	Total. Add lines 1 through 5											
	A mounts included on lines 1, 2,											
7a	and 3 received from disqualified											
	•											
	persons											
b	A mounts 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											
С	Add lines 7a and 7b											
8	Public support. (Subtract line 7c											
	from line 6)											
Se	ction B. Total Support											
	Calendar year											
(or f	iscal year beginning in) 🕨	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	5 (f) Total					
9	A mounts from line 6											
	Gross income from interest,											
10a												
	dividends, payments received on securities loans, rents, royalties											
	and income from similar sources											
ь	and income from similar sources Unrelated business taxable											
Ь	and income from similar sources Unrelated business taxable income (less section 511 taxes)											
Ь	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after											
Ь	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
b c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after											
-	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated											
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included											
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the											
с 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include											
с 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of											
с 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part											
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on O ther income Do not include gain or loss from the sale of capital assets (Explain in Part VI)											
с 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,											
c 11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	for the organization	nn's first second	third fourth or	fifth tay year as a	section 501						
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f	for the organization	on's first, second	, thırd, fourth, or	fifth tax year as a	section 501						
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	5		, thırd, fourth, or	fifth tax year as a	section 501	L(c)(3) organization,					
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub	lic Support P	ercentage		fifth tax year as a	section 501						
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	lic Support P	ercentage		fifth tax year as a	section 501						
c 11 12 13 14 <u>Se</u> 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here Ction C. Computation of Pub Public support percentage for 2015	lic Support P	ercentage (f) divided by line		fifth tax year as a	15						
c 11 12 13 14 <u>Se</u> 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage from 2015	l ic Support P 5 (line 8, column 14 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	fifth tax year as a							
c 11 12 13 14 <u>Se</u> 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here Ction C. Computation of Pub Public support percentage for 2015	l ic Support P 5 (line 8, column 14 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	fifth tax year as a	15						
c 11 12 13 14 <u>Se</u> 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage from 2015	lic Support P 5 (line 8, column 14 Schedule A, P estment Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f)) ge		15 16						
c 11 12 13 14 15 16 5e 17	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage from 202 ction D. Computation of Inv Investment income percentage for	lic Support P 5 (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) ge by line 13, colun		15 16 17						
c 11 12 13 14 15 16 Se 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage for 2015 Investment income percentage for	lic Support P 5 (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c m 2014 Schedule	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line	13, column (f)) ge by line 13, colun	nn (f))	15 16 17 18						
c 11 12 13 14 15 16 Se 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage from 202 ction D. Computation of Inv Investment income percentage for	lic Support P 5 (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c m 2014 Schedule	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line	13, column (f)) ge by line 13, colun	nn (f))	15 16 17 18						
c 11 12 13 14 15 16 Se 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage for 2015 Investment income percentage for	lic Support P (line 8, column 4 Schedule A, P estment Inco 2015 (line 10c, c n 2014 Schedule organization did	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line not check the bo	13, column (f)) ge by line 13, colun .7 x on line 14, and	nn (f)) line 15 is more t	15 16 17 18 han 33 1/3%						
c 11 12 13 14 15 16 5e 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage for 2015 Investment income percentage for 33 1/3% support tests—2015. If the	lic Support P (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c m 2014 Schedule e organization did and stop here. T	ercentage (f) divided by line art III, line 15 ome Percenta olumn (f) divided A, Part III, line not check the bo he organization q	13, column (f)) ge by line 13, colun .7 x on line 14, and ualifies as a publ	nn (f)) line 15 is more t icly supported org	15 16 17 18 han 33 1/3% ganization	And line 17 is not					
c 11 12 13 14 15 16 5e 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage for Investment income percentage for 33 1/3% support tests—2015. If the more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	lic Support P (line 8, column 4 Schedule A, P estment Inco 2015 (line 10c, c n 2014 Schedule organization did and stop here. T e organization did	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line not check the bo he organization q not check a box	13, column (f)) ge by line 13, colun .7 x on line 14, and ualifies as a publ on line 14 or line	nn (f)) line 15 is more t icly supported org 19a, and line 16	15 16 17 18 han 33 1/3% ganization is more tha	o, and line 17 is not ▶ □ ▶ □					
c 11 12 13 14 15 16 Se 17 18 19a b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is 6 check this box and stop here Ction C. Computation of Pub Public support percentage for 2015 Public support percentage for 2015 Ction D. Computation of Inv Investment income percentage for 33 1/3% support tests—2015. If the more than 33 1/3%, check this box 33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	Ilic Support P (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c m 2014 Schedule e organization did and stop here. T e organization did k this box and stop	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line not check the bo he organization q not check a box op here. The orga	13, column (f)) ge by line 13, colun 7 x on line 14, and ualifies as a publ on line 14 or line nization qualifies	nn (f)) line 15 is more t icly supported or 19a, and line 16 as a publicly sup	15 16 17 18 han 33 1/3% ganization is more tha oported organ	o, and line 17 is not ► n 33 1/3% and line nization ► ►					
c 11 12 13 14 15 16 5e 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage for Investment income percentage for 33 1/3% support tests—2015. If the more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	Ilic Support P (line 8, column 14 Schedule A, P estment Inco 2015 (line 10c, c m 2014 Schedule e organization did and stop here. T e organization did k this box and stop	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line not check the bo he organization q not check a box op here. The orga	13, column (f)) ge by line 13, colun 7 x on line 14, and ualifies as a publ on line 14 or line nization qualifies	nn (f)) line 15 is more t icly supported or 19a, and line 16 as a publicly sup	15 16 17 18 han 33 1/3% ganization is more tha oported organ	p, and line 17 is not ■ n 33 1/3% and line nization ■ ■ □					

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	A re 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	1		
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)	2		
3a	Did the organization have a supported organization described in section $501(c)(4)$, (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 $509(a)(2)^{\circ}$ If "Yes," describe in Part VI when and how the organization made the determination	Зb		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
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	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i>	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
F	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the	2d		
U	supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Schedule A (Form 990 or 990-EZ) 2015

Section B. Type I Supporting Organizations

YesNo1Did the directors, trustees, or membership of one or more supported organizations have the power to regularly
appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?
If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the
organization's activities If the organization had more than one supported organization, describe how the powers to
appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or
restrictions, if any, applied to such powers during the tax year112Did the organization operate for the benefit of any supported organization other than the supported organization(s)
that operated, supervised, or controlled the supporting organization?1

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

Section C. Type II Supporting Organizations

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			-

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the 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 (a) and (b) 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? *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*

2

3b

2b

Yes

No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

1 Net short-term capital gain 1		ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of	1	et short-term capital gain	1		
4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of 1	2	ecoveries of prior-year distributions	2		
5 Depreciation and depletion 9 Portion of operating expenses paid or incurred for production or collection of	3	ther gross income (see instructions)	3		
Portion of operating expenses paid or incurred for production or collection of	4	dd lines 1 through 3	4		
	5	epreciation and depletion	5		
held for production of income (see instructions)	6	ross income or for management, conservation, or maintenance of property			
7 Other expenses (see instructions) 7	7	ther expenses (see instructions)	7		

8

8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

- 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
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets
- **d Total** (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1 b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

		Current Year
Γ	1	
	2	
	3	
	4	
	5	
L	6	

Schedule A (Form 990 or 990-EZ) 2015	Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	ntinued)
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
а			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3 a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
 Applied to underdistributions of prior years 			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493040000187
SCI	HEDULE D	Suppler	nental Financ	ial Statements			OMB No 1545-0047
(For	m 990)						2015
				vered "Yes," on Form 990 c, 11d, 11e, 11f, 12a, or 1			2015
Depa Treas	tment of the ury	Information about Schedule D	Attach to Forr (Form 990) and its in		s.aov /for	·m990.	Open to Public Inspection
	al Revenue Service me of the organi		(<u></u>			fication number
	adway Center for the						rication number
Pa	rt I Organi	izations Maintaining Donoi	Advised Funds	or Other Similar Fi	91-110 unds or		nts.
		ete if the organization answer				A000 u	
			(a) Donor advised	funds	(b) Fu	inds and	other accounts
1		r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	5	ation inform all donors and donor a rganization's property, subject to	2		oradvise	d	∏Yes ∏No
6	used only for cl	ation inform all grantees, donors, haritable purposes and not for the				urpose	
Pa		ermissible private benefit? rvation Easements. Comple	ete if the organiza	tion answered "Yes" o	n Form (990. Pai	T IV, line 7.
1		conservation easements held by th					
		on of land for public use (e g , recr					
	education)	- f		Preservation of a			
	•	of natural habitat on of open space		Preservation of a	certified i	nistoric s	tructure
2		2a through 2d if the organization	held a qualified cons	ervation contribution in t	he form o	fa conse	rvation
-		ne last day of the tax year					
		_				Held at	the End of the Year
a		f conservation easements	nto		2a		
b c		restricted by conservation easeme servation easements on a certified		ncluded in (a)	2b 2c		
d	Numberofcons	servation easements included in (ure listed in the National Register			2d		
3	Numberofcons	servation easements modified, tra	nsferred, released, e	xtinguished, or terminate	d by the d	organızat	ion during the
	tax year ►						
4	Numberofstat	es where property subject to cons	ervation easement is	located ►			
5		nization have a written policy regar enforcement of the conservation e		nitoring, inspection, hand	lling of	ſ	Yes No
6	year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforci	ng consei	rvation e	asements during the
	►						
7		enses incurred in monitoring, insp	ecting, handling of vi	olations, and enforcing co	onservatio	on easen	nents during the year
8		servation easement reported on li ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy	/ the requirements of sec	tion 170((h)(4) [Yes No
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				-
Par		izations Maintaining Collec			or Othe	r Simil	ar Assets.
		ete if the organization answer cion elected, as permitted under Sl			nue stater	ment and	balance sheet
14	works of art, his	storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for publ	ic exhibition, education,	or researd	ch in furtl	
b	works of art, his	cion elected, as permitted under Sl storical treasures, or other similar e the following amounts relating to	assets held for publ				
(i) _{Revenue} inclu	ided on Form 990, Part VIII, line :	1		▶\$		
(i	i) _{Assets} include	ed in Form 990, Part X		1			
2	If the organizat	cion received or held works of art, interference of art, interference of a standard strength and and a strength		or other sımılar assets fo			
а	Revenue includ	led on Form 990, Part VIII, line 1			I	▶\$	
b	Assets include	d in Form 990, Part X			•	▶\$	
For F		tion Act Notice, see the Instructi	ons for Form 990.	Cat No	522830	Sche	dule D (Form 990) 2015

Schedule D (Form 990) 2015

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Historical	Treas	ures, or (Other Similar	Asse	ets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other rec	ords, check any o	of the fo	llowing that	are a significant i	ise of	ıts	
а		Public exhibition		d 🗌 Lo	anorex	change pro	grams			
b		Scholarly research		e 🗌 ot	ther					
с	·	Preservation for future generations								
4	•	de a description of the organization	's collections and exi	nlain how they fur	ther the	organizatio	n's exempt purpos	e in		
5	Part >			·		-				
5		s to be sold to raise funds rather th						es	No)
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 990, Par	t IV, lı	ne 9, or re	ported an amou	int or	n Forr	n 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other inter	mediary for contri	ibutions	or other as	sets not	es	∏ No)
ь	If"	'Yes," explain the arrangement in P	art XIII and complet	e the following tal	ble		A	mount	t	
с		jinning balance	F	5		10				
d	-	ditions during the year				10	1			
е		tributions during the year				16				
f	End	ding balance				1f				
2a	Did th	ne organization include an amount o	on Form 990, Part X,	line 21, for escrov	worcus	todial accou	int liability? 🔽 Y	es		,
							•		•	_
Ь		s," explain the arrangement in Part								
Pa	rt V	Endowment Funds. Comple								<u> </u>
1	Decu		(a)Current year 592,319	(b)Prior year 618,828	- · ·	o years back 569,697	(d)Three years back 563,01		Four ye	ears back
1a b	-	Ining of year balance	552,519	010,020		505,057	505,01			584,15
D	•	• • • • • • •								504,15
с	Net Ir Iosse	nvestment earnings, gains, and s	12,238	13,506		80,908	38,81	1		-21,11
d	Grant •	s or scholarships								
e		r expenditures for facilities rograms	37,985	40,015		31,777	32,13	0		24
f	Admı	nistrative expenses								
g	End o •	f year balance	566,572	592,319		618,828	569,69	7		563,01
2	Provie	de the estimated percentage of the	current year end bala	ance (line 1g, coli	umn (a))	held as				
а	Board	designated or quasi-endowment 🕨	0 %							
b	Perma	anent endowment 🕨 100 000 %								
с		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	0 % should equal 100%							
3a		nere endowment funds not in the po ization by	ssession of the organ	nization that are h	ield and	admınıstere	d for the		Yes	No
	(i) un	related organizations			· ·	•		3a(i)		No
		lated organizations					3	Ba(ii)		No
ь 4		rs" on 3a(II), are the related organiz ribe in Part XIII the intended uses					· · · · · L	3b		<u> </u>
-	rt VI	Land, Buildings, and Equip	-							
		Complete if the organization		Form 990, Part	IV, line	e 11a.See				
		Description of property		(a) Cost or other (Investme		(b) Cost or other ba (other)	Accumulate asis (c)depreciatio		(d) Boo	ok value
1a	Land							\neg		
ь	Buildin	gs								
с	Leaseh	nold improvements				41,0	29	,554		11,503
d	Equipm	nent				751,6	571 541	,070		210,601
е	Other					292,7	734 210	,716		82,018

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	-	/ -		
Schedule	D	(Form	9901	2015

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Page 2

Schedule D (Form 990) 2015 Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orga	anization answered 'Ye	Page 3 s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of end-of-year market value
(2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►		
Part VIII Investments—Program Related.	Vac' on Form 9	D Part IV lupo 11c -	
Complete if the organization answered ' (a) Description of investment		(b) Book value	e Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Ves' o	n Form 990 Part IV line	1d See Form 990 Part X line 15
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	`)		· · •
Part X Other Liabilities. Complete if the organ		ed 'Yes' on Form 990,	
See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book valu	e	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,474,372
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -9,593		
Ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	O ther (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	496,412
3	Subtract line 2e from line 1	3	4,977,960
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	-232,231
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,745,729
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	5,405,580
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 506,005		
b	Prior year adjustments		
с	O ther losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	738,236
3	Subtract line 2e from line 1	3	4,667,344
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	O ther (Describe in Part XIII)]	
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,667,344

Part XIII Supplemental Information

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

Return Reference	Explanation
	The Endowment consists of one donor-restricted fund for supporting the classical music mission of the Broadway Center

Part XIII Supplemental Information (continued)								
Return Reference	Explanation							
Part XII, Line 2d - Other Adjustments	Special Events 180,333 Concessions 51,898							

Schedule D (Form 990) 2015

efi	le GRAPHIC print	- DO NOT PROCESS	5 As	Filed Da	ita -	DLM	1: 93493040000187
(Form 990 or 990-EZ) Fu		Diemental Information Regarding ndraising or Gaming Activities anization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if th				омв № 1545-0047 2015	
	rtment of the Treasury nal Revenue Service		► A	ttach to Fon	an \$15,000 on Form 990-EZ, n 990 or Form 990-EZ 90-EZ) and its instructions is		Open to Public Inspection
	e of the organization dway Center for the P		-				entification number
Pa		g Activities. Comple Z filers are not requir		-		" on Form 990, Part I	V, line 17.
1	Indicate whether the	e organization raised fund	ds throug	h any of th	ne following activities	Check all that apply	
а	Mail solicitation	S			e Solicitation of	non-government grants	
b	Internet and em	ail solicitations			f Solicitation of	government grants	
с	Phone solicitation	ons			g Special fundra	ising events	
d	In-person solici	tations					
2a		have a written or oral ag sted in Form 990, Part V				Ticers, directors, trustees nal fundraising	∕es ∏No
ь	•	n highest paid individuals at least \$5,000 by the c			isers) pursuant to agr	eements under which the	fundraiser is
(i) Name and address ındıvıdual or entity (fundraiser)		fundrai cust con) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota				►			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2 STAR CHEFS	(c)Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c)
Revenue	1 Gross receipts	10,460	349,806		360,266
a	2 Less Contributions	10,460	343,534		353,994
	3 Gross income (line 1 minus line 2)		6,272		6,272
	4 Cash prizes				
	5 Noncash prizes				
Ş	6 Rent/facility costs		2,630		2,630
ense	7 Food and beverages		27,662		27,662
Expenses	8 Entertainment		12,600		12,600
Direct	9 Other direct expenses	287	137,154		137,441
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		🕨	180,333
	11 Net income summary Subtract line 1	0 from line 3, column (d)		🕨	-174,061

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	 6 Volunteer labor 7 Direct expense summary Add lines 	Yes%_ No 2 through 5 in column (d	└ Yes%. └ No	└─ Yes%_ └─ No	
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9 a b	Enter the state(s) in which the organiza Is the organization licensed to conduct If "No," explain	gaming activities in eac	h of these states?		∏Yes ∏No
	Were any of the organization's gaming l If "Yes," explain	licenses revoked, suspe	nded or terminated during	; the tax year?	
				Schedule G (F	orm 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015						Page 3
11	Does the organization conduct gaming act	tivities with nonmembers?			☐ Yes	No	
12	Is the organization a grantor, beneficiary (or trustee of a trust or a m	ember of a partnership or other entit	y			
	formed to administer charitable gaming?				∏ Yes		
13	Indicate the percentage of gaming activity	y conducted in				1 110	
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the person	who prepares the organız	ation's gaming/special events books	and re	cords		
	Name 🕨						
	Address ►						
15a	Does the organization have a contract wit	h a third party from whom	the organization receives gaming				
	revenue?				Yes	No	
b	If "Yes," enter the amount of gaming reve	nue received by the organ	ization 🕨 \$ a	nd the			
	amount of gaming revenue retained by the	third party Þ \$					
с	If "Yes," enter name and address of the th	nırd party					
	N a me 🕨						
	Address 🕨						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation 🕨 \$						
	Description of services provided						
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state la	aw to make charitable dist	ributions from the gaming proceeds t	0			
	retain the state gaming license?				Yes		
ь	Enter the amount of distributions required	under state law distribute	ed to other exempt organizations or s	pent	1.00	1	
	in the organization's own exempt activities		· -				
Ра	rt IV Supplemental Information.	Provide the explanation 15c, 16, and 17b, as a	ons required by Part I, line 2b, o pplicable. Also complete this pa				nd
	Return Reference		Explanation				

Schedule J		ensat	tion Information	. N: 93493 ОМВ N	545-	
(Form 990) Department of the Treasury	Compensated Employees, and highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Pepartment of the reasury					
Internal Revenue Servic	e l				spectio	11
Name of the orgar Broadway Center for 1			Employer ide	entification	number	
			91-110687	8		
Part I Ques	tions Regarding Compensation				Yes	No
			y of the following to or for a person listed on Forr de any relevant information regarding these item		Tes	NO
First-cla	ass or charter travel	Г	Housing allowance or residence for personal us	e		
Travel fo	or companions	Γ	Payments for business use of personal resident	e		
Tax ider	nnification and gross-up payments	Г	Health or social club dues or initiation fees			
Discreti	onary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
· · · · · ·	· · ·	<i>,</i>	on follow a written policy regarding payment or above? If "No," complete Part III to explain	1	ь	
	ization require substantiation prior to re stees, officers, including the CEO/Exec		ing or allowing expenses incurred by all rector, regarding the items checked in line 1a?		2	
organization's	s CEO/Executive Director Check all th	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part	111		
🗸 Compen	sation committee	v	Written employment contract			
Indepen	dent compensation consultant	1	Compensation survey or study	ĺ	l	
🔽 Form 99	0 of other organizations	~	Approval by the board or compensation commit	tee		ļ
4 During the ye or a related o		Part V I I	, Section A , line 1a with respect to the filing orga	anization		
a Receive a sev	verance payment or change-of-control p	ayment	?	4	а	No
b Participate in	, or receive payment from, a supplemen	tal nonc	qualified retirement plan?	4	b	No
	, or receive payment from, an equity-ba			4	c	No
If Yes to ar	by of lines 4a-c, list the persons and pro	iviae the	e applicable amounts for each item in Part III			
5 For persons l	3), 501(c)(4), and 501(c)(29) organizat Isted on Form 990, Part VII, Section A, n contingent on the revenues of		st complete lines 5-9. , did the organization pay or accrue any			
a The organizat	tion?			5	а	No
b Any related o	-			5	b	No
If "Yes," on li	ne 5a or 5b, describe in Part III					
	isted on Form 990, Part VII, Section A, n contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
a The organizat	cion?			6	а	No
b Any related o	-			6	ь	No
	ne 6a or 6b, describe in Part III					
payments not	described in lines 5 and 6? If "Yes," d	escribe			,	No
	ounts reported on Form 990, Part VII, p e initial contract exception described in		ccured pursuant to a contract that was nons section 53 4958-4(a)(3)? If "Yes," describ		3	No
9 If "Yes" on lin section 53 49		e rebutta	able presumption procedure described in Regulat	ions		
For Paperwork Red	uction Act Notice, see the Instructions	for Forn	n 990. Cat No 50053T	Schedule J (I	orm 990) 2015

F

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	• •	(E) Total of columns		
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column(B) reported as deferred on prior Form 990	
1 David Fischer Executive Director		196,936	5,000	0	21,551	8,670	232,157	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

Part IIII Supplemental Inform	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								
Return Reference	Explanation							
	The Executive Director can receive an annual bonus based on the Executive Committee of the Board's annual performance review of the Executive Director							

Schedule 1 (Form 990) 2015



Schedule J (Form 990) 2015

Broadway Center For the Performing Arts 91-1 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) org Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 991 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) I Image: the organization of the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 (c) I (c) I Image: the organization of the organization organization (c) I (c) I (c) I Image: the organization organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 (c) I (c) I Image: the organization organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (c) I Image: the organization organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (c) Image: the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, organization reported an amount on Form 990, Part X, line 5, 6, or 22 Image: the organization organization organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (c) Image: the organization organization organization organization answered "Yes" on Form 990, Part X, line 5, 6, or 22	DLN		DLN: 9	34930400	00187
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or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50056A c.					

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (e) Sharing (b) Relationship (c) A mount of (d) Description of transaction between interested transaction of person and the organization's organization revenues? Yes No (1) John Korsmo Former Board Member 532,410 See Part V Νo Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
	Broadway Center manages and facilitates improvements to theater buildings owned by the City of Tacoma During 2016, Broadway Center facilitated a transaction to restore the historical Pantages Theater between the City of Tacoma, and a general contractor company owned by John Korsmo The City of Tacoma paid for improvements of \$532,410 incurred during the fiscal year. The contract was approved through a request for proposal approved by 5 voting members, 3 of which were with the City of Tacoma John's term on the board ended 6/30/14

efile GRAPHIC pr	DLN: 93493040000187					
SCHEDULE O	Supplementa	Information t	o Form 990 or 990-EZ	OMB No 1545-0047		
(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.				
Department of the Treasury	Open to Public Inspection					
Internal Revenue Service						

Name of the organization	Employer identification number
Broadway Center for the Performing Arts	
	91-1106878

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Finance Committee is responsible for the initial review of the Form 990. Upon approval of the finance committee, the Form 990 shall be presented to the Board of Trustees along with a recommendation from the finance committee chair for the board approval of the Form 990 for filing with the IRS.
Form 990, Part VI, Section B, line 12c	All members of the Board of Trustees and key staff of Broadw ay Center sign a statement of conflict of interest disclosure annually The Broadw ay Center's governance committee monit ors and enforces the conflict of interest policy on an ongoing basis

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Executive Director researches data, such as salary surveys and 990 information, and makes recommendations to the Finance Committee for compensation of key positions. The Finance Committee approves a salary range and authorizes the Executive Director to negotiate with candidates within the salary range. The compensation of the Executive Director w as established by a committee of community members that formed an Executive Director search committee. In 2006, the committee used 990 data and salary surveys to determine a salary level and recommended this level to the full board for approval. The board approved the salary level and authorized the committee to initate the search.
Form 990, Part VI, Section C, line 19	The Broadw ay Center makes its governing Documents, conflict of interest policy and financi al statements available to the public on an as requested basis. The Broadw ay Center w ebsit e indicates the proper contact information to make such a request.

efile	e GR/	APHIC	print - DO NOT PROCE	SS	As Filed Data	-				DLI	N: 93	3493134076838		
	00	0	Return of	Ora	anization	Ex	empt Fro	m In	come	e Tax	10	MB No 1545-0047		
Form S	99	U	Under section 501(c	-			•					2016		
		the Treas ue Servic	► Do not ent		l security number Form 990 and it:						C	Open to Public Inspection		
A Fe	or the	2016	calendar year, or tax year	beginn	ning 07-01-201	6,	and ending 06	-30-20	17					
		plicable	C Name of organization Broadway Center for the Peri	forming A	Arts					D Employer	dentıf	fication number		
	dress cl me cha	-								91-11068	78			
🗖 Inr	tial retu	-	Doing business as							-				
Fin Detur	al n/term	inated	Number and street (or P O b	box if mai	il is not delivered to	stro	et address) Room/	/suito		E Telephone r	umber			
 Amended return Application pending 			901 Broadway No 700		in is not derivered to	sue		Suite		(253) 591	-5456			
	olicatio	n pendin	City or town, state or province	ce, count	ry, and ZIP or foreig	gn po	stal code							
			Tacoma, WA 984024415							G Gross receipt	ots \$ 6	,174,061		
			F Name and address of p David Fischer	rincipal	officer			н(a) Is thi	s a group retur	n for			
			901 Broadway No 700							rdinates? Ill subordinates		□Yes ☑No		
T Tav	(-ovom	pt status	Tacoma, WA 984024415					- "(inclu			Yes No		
			▼ 501(c)(3) □ 501(c)	() ◀ (ıı	nsert no) 🛛 49	947(a)(1) or 527	— н		o," attach a list p exemption nu		,		
JW	ebsite	e: 🕨 wi	vw broadwaycenter org							p exemption no	IIIDei	F		
K Forn	n of or <u>c</u>	ganızatıoı	n 🗹 Corporation 🗌 Trust 🗌	Assoc	iation 🗌 Other 🕨			LY	ear of form	ation 1979 M W		of legal domicile		
Pa	rt I	Sun	ımary											
			escribe the organization's mis	ssion or	most significant	activ	vities							
			on of the Broadway Center is nd diverse performances for											
e e			ns through participation, pre											
Governance	_													
Ver	_													
			nis box 🕨 🗌 if the organizat								ets			
න් 			of voting members of the go	-							3	24		
tte			of independent voting memb							•	4	24		
Activities &			mber of individuals employed		,	•		• •	• •	•	5	217		
Ă			mber of volunteers (estimate					·		•	6	150		
			related business revenue fro elated business taxable incon							•	7a	0		
		ver unit		ne nom	10111 990-1, inte	- 14		· ·	· · Pr	ior Year	7b	Current Year		
	8 (Contribi	Itions and grants (Part VIII, I	line 1h)				ŀ	F1	1,412,346	5	1,976,053		
ēnu			service revenue (Part VIII,					ŀ		3,410,758	-	4,012,720		
enneven		-	ent income (Part VIII, colum					F		22,069	-	21,908		
æ	11 (Other re	venue (Part VIII, column (A)), lines 5	5, 6d, 8c, 9c, 10c	, an	d 11e)	ŀ		-99,444	1	-151,634		
	12	Total re	venue—add lines 8 through 1	11 (mus	t equal Part VIII,	colu	ımn (A), lıne 12)	, f		4,745,729	9	5,859,047		
	13 (Grants a	and similar amounts paid (Pa	rt IX, co	olumn (A), lines 1	1-3))			(0		
	14 E	Benefits	paid to or for members (Par	t IX, col	lumn (A), lıne 4)	•				()	0		
£	15 S	Salaries	, other compensation, emplo	yee ben	efits (Part IX, co	lumr	n (A), lines 5-10)		2,040,545	5	2,440,375		
Expenses	16a	Professi	onal fundraising fees (Part I)	X, colum	nn (A), line 11e)	•		ļ		2,220	יין	15,000		
ă			draising expenses (Part IX, colum					ļ						
			(penses (Part IX, column (A)	•				ŀ		2,624,579				
			penses Add lines 13–17 (mu e less expenses Subtract line				, line 25)	ŀ		4,667,344	-			
Xå	19 1	Nevenue	e less expenses Subtract inte	10 1101		•			Beginning	of Current Yea	-	244,222 End of Year		
Net Assets or Fund Balances														
Bal			sets (Part X, line 16)			•		Ļ		1,489,708	-	2,738,533		
und			bilities (Part X, line 26)					ŀ		1,019,776		2,018,826		
		-	ets or fund balances Subtrac	t line 21	1 from line 20 .	•	• • •			469,932	2	719,707		
	t III pena		1ature Block perjury, I declare that I have	e examır	ned this return, ir	nclud	ling accompanvir	ng sche	dules an	d statements, a	and to	the best of my		
knowl		and beli	ef, it is true, correct, and cor											
ану К	owie													
		****	** ture of officer						20: Dai	18-05-11				
Sign									Da					
Here			Fischer Executive Director or print name and title											
		IV .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Print/Type preparer's name		Preparer's signatu	re		Date		PTI	N			
Paid	ł		Ray Holmdahl		Ray Holmdahl	-		2018-			12059	9		
	are	ſ ⊢	Fırm's name 🕨 Peterson Sullıva		PA'S			•		m's EIN 🏲 91-06	05875			
-	Onl		Fırm's address ▶ 601 Union St St	te 2300					Ph	one no (206) 382	-7777			

May the IRS discuss this return with the preparer shown above? (see instructions)							🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.		Cat	No	11	.282	Y	Form 990 (2016)

Seattle, WA 981012345

Form	990 (2016)					Page 2
Par	t IIII Statem	ent of Program Servic	e Accomplis	nments		
	Check If	Schedule O contains a respo	onse or note to a	ny line in this Part III		🗹
1		the organization's mission		· ·		
diver	se performances		ensure a Studen	t's development through a	r mission is accomplished by prov Arts Education programs, empow re District	
2	Did the organiza	ation undertake any significa	nt program serv	rices during the year whic	h were not listed on	
	the prior Form 9		🗌 Yes 🗹 No			
	If "Yes," describ					
3	Did the organiza	ation cease conducting, or m	ake significant o	hanges in how it conducts	s, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describ	e these changes on Schedul	e O			
4	Section 501(c)		ons are required	to report the amount of g	gest program services, as measu rants and allocations to others, ti	
4a	(Code) (Expenses \$	4,412,625	including grants of \$) (Revenue \$	4,012,720)
	See Additional Dat	a				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program : (Expenses \$	services (Describe in Schedi incl	ile O) uding grants of :	\$) (Revenue \$)
4-		service expenses >	4,412,62			,
4e		service expenses F	4,412,0	20		

Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	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		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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 ⁹ <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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	80	No
		F	orm 99 0	0 (2016)

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Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L. Part IV</i>	280 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		No
		31		No
32	If "Yes," complete Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 124			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
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 e-file (see instructions)	2 b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
, a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
~	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Ľ		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
•		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2016)

				Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			\checkmark
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			110
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	120	Yes	
13	Did the organization have a written document retention and destruction policy?	13	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Tes	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes	
	The organization's CEO, Executive Director, or top management official			
D	Other officers or key employees of the organization	15b	Yes	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
Se 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed►			
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed► Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records Shannon Johnson 901 Broadway Suite 700 Tacoma, WA 984024415 (253) 591-5578 20

orm 990 (2016)

Part VI	Governance	Manage
Form 990 (2016)	

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n ofi	t che Inles ficer	s pers and a	ion	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•							•	•	E

Par	t VII Section A. Officers, Direc	tors, Trustees	s, Key I	Emp	loye	ees,	and	Higł	hest Compe	nsate	ed Employees	(cont	inued)	
	(A) Name and Title	than c ıs b	one b	ox, ι in of	t ch unle: ficer	and a	son	(D) Reportab compensat from the organization	oortable Reportable consation compensation om the from related zation (W- organizations (N			(F) Estimated amount of otheir compensation from the organization and		
	organizations below dotted line) Dricer Dricer Dricer Dricer In stitutional Trustee Instance Instance Instance Instance									2/1099-MISC		organizati relati organiza	ed	
See	Addıtıonal Data Table													
С	Sub-Total Total from continuation sheets to P Total (add lines 1b and 1c)		nA.	•	•	•			360,2	53		0		54,457
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	o rece	,		00,000	_		
3	Did the organization list any former	officer. director	or trust	ee, k	ev e	mple	ovee.	or hi	ahest comper	sated	employee on		Yes	No
	line 1a? If "Yes," complete Schedule .			•	•	•	• •	•	• • •	• •	• •	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Vee	
5	Did any person listed on line 1a recein services rendered to the organization								-	or indi	vidual for	5	Yes	No
S	ection B. Independent Contract	tors										5		110
1	Complete this table for your five high from the organization Report compe	est compensate										mpen	sation	
	Name	(A) and business addre	955							Desc	(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2016)	Form	990	(2016)
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Part VIII Statement of Revenue

Page **9**

Part					lune in 11	un D) (77						
	Check if Schedul	e U contains a	respo	nse or note to any	line in th (/ Total re	۹)	(B) Related or exempt function revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
st	1a Federated campaig	ns	1a			•		•				
ant	b Membership dues	L	1b									
Gr Mg	c Fundraising events	· · [1c	273,239								
fts. ⊦r∆	d Related organizatio	ns	1d									
, Gi	e Government grants (co	ontributions)	1e	127,255								
Sins	f All other contributions, and similar amounts no	, gifts, grants,										
utic 1er	above		1f	1,575,559								
0th Oth	g Noncash contribution in lines 1a-1f \$	ons included	37,5	73								
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1	¢										
	n Total. Add lines 1a-1		•••	Business		976,053						
Program Service Revenue	2a SPONSORED EVENTS				711110	1,7	08,993	1,708,993				
Re <	b RENTAL & PRODUCTION				711110	7	49,689	749,689				
Ce	c FACILITIES MANAGEMEN	NT FEES			711110	7	40,360	740,360				
ker vi	d TICKET OFFICE				711110		14,914	514,914				
ນ S	e MARKETING				541100		73,644	173,644				
gra	f All other program se	rvice revenue			I	1	25,120	125,120				
ă	gTotal. Add lines 2a-2f	f	ł	► 4,0	012,720							
	3 Investment income (ir				1	21,705	5			21,705		
	sımılar amounts). 4 Income from ınvestme			nd proceeds	·	21,70	,					
	5 Royalties		•		·							
	,	(ı) Real	_	(II) Personal								
	6a Gross rents				1							
	b Less rental expenses				-							
	D Less Tentar expenses											
	c Rental income or (loss)											
	d Net rental income of	r (loss)			4							
		(I) Securiti		(II) Other								
	7a Gross amount from sales of		2 200		1							
	assets other	2	3,300									
	than inventory				_							
	b Less cost or other basis and	2	3,097									
	sales expenses C Gain or (loss)		203		-							
	d Net gain or (loss) .		•	•	-	203	3			203		
	8a Gross income from fi	-		-	1							
anı	(not including \$ contributions reporte	273,239 o d on line 1c)	t									
ven	See Part IV, line 18		a	10,232								
Other Revenue	b Less direct expenses		Ъ	237,182								
her	c Net income or (loss)			ents 🕨		-226,950				-226,950		
off	9a Gross income from g See Part IV, line 19		s									
			a									
	b Less direct expenses		b									
	c Net income or (loss) 10aGross sales of invent		ictiviti I	es 🕨								
	returns and allowanc											
			a	130,051	4							
	b Less cost of goods s		ь	54,735		75 34				75.010		
	<u>c</u> Net income or (loss) Miscellaneous		nvento	Business Code		75,316				75,316		
	11a	Revenue		Busiliess Code	-							
	b											
	с						1					
	d All other revenue .		<u> </u>									
	e Total. Add lines 11a	-11d	· ·	· · •								
	12 Total revenue. See	Instructions	• •	· · · •		5,859,047	7 4,0	12,720	0	-129,726		
									-	Form 990 (2016)		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			J	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	335,561	233,356	18,891	83,314
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	1,677,112	1,166,297	94,417	416,398
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,535	21,930	1,775	7,830
9	Other employee benefits	215,029	149,535	12,106	53,388
10	Payroll taxes	181,138	125,967	10,198	44,973
11	Fees for services (non-employees)				
	a Management				
		11,751		11,751	
				,	
	Lobbying				
	Professional fundraising services See Part IV, line 17	15,000			15,000
		15,000			15,000
	Investment management fees	196,083	75,564	25,679	94,840
12	Advertising and promotion	427,230	391,835	1,004	34,391
	Office expenses	297,975	265,463	20,292	12,220
	· · · · ·	257,575	203,403		12,220
	Information technology				
	Royalties	245 020	245 420		400
	Occupancy	245,839	245,439		400
	Travel	31,694	30,493	1,201	
	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	41,541	25,133	13,595	2,813
20	Interest	38,451	3,067	20,721	14,663
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,861	81,861		
23	Insurance	19,514		19,514	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PRODUCTION SERVICES	1,603,945	1,570,106	15,071	18,768
	b Theatre design and cons	87,855			87,855
	c Capital Campaign Expens	38,536			38,536
	d Miscellaneous	37,175	26,579	6,564	4,032
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,614,825	4,412,625	272,779	929,421
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

Form 990 (2016)

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

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Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	,859,047
2	Total expenses (must equal Part IX, column (A), line 25)	2			,614,825
3	Revenue less expenses Subtract line 2 from line 1	3			244,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			469,932
5	Net unrealized gains (losses) on investments	5			5,553
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			719,707
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	na			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schee	lule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed	Зb		

Form **990** (2016)

Additional Data

Software ID: Software Version: EIN: 91-1106878 Name: Broadway Center for the Performing Arts

Form 990 (2016)

Form 990, Part III, Line 4a:

The Broadway Center served approximately 237,584 people through the presentation of performances, community events and outdoor programs for entertainment, enrichment and education Those numbers include over 71,000 Broadway Center patrons and approximately 166,800 other patrons through the use of its facility by other organizations. The Broadway Center Programs enable 7 resident arts organizations, educate and train 49,700 students and teachers from 14 school districts, 10 Private Schools, 15 Home Schools, and host community engagement dialogues serving the broadly diverse population of the south sound region of Washington State

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent,Cont	ractor	s	(C))	,	-,-	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha persi	n (do an on on is	o not e bo both ecto	t che ox, u n an or/tr	nless office ustee]	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations
Deanna Keller Immediate Past President	2 00	x		x				0	0	0
Tiffany Harmon President	2 00	x		×				0	0	0
Amanda Nathan Secretary	2 00	x		×				0	0	0
Clınt Johnson Treasurer	2 00	x		×				0	0	0
Judy Baerg Trustee	1 00	x						0	0	0
Genie Jefferson Trustee	1 00	x						0	0	0
Lisa Jangard Trustee	1 00	x						0	0	0
Holly Hayes Trustee	1 00	x						0	0	0
Kım Fısher Trustee	1 00	x						0	0	0
Stephanie Howe Trustee	1 00	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent,Cont	ractor	s	(C))	,	-,-	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha pers	in (do an on on is	o not e bo both ecto	t che ox, u n an or/tr	nless office ustee	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Jumi Sakurai Trustee	1 00	х						0	0	0
Nicole Hume Trustee	1 00	x						0	0	0
Kelly Lane Trustee	1 00	х						0	0	0
Sara Kendall Trustee	1 00	х						0	0	0
Darriel Meneffe Trustee	1 00	x						0	0	0
Christopher Algeo Trustee	1 00	х						0	0	0
Kathy Keele Trustee	1 00	х						0	0	0
Jon Bowser Trustee	1 00	x						0	0	0
Vic Sweberg Trustee	1 00	x						0	0	0
Mark Pinto Trustee	1 00	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engployees, and Independent, Contractors

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Positio tha persi	n (da in oni on is	o not e bo both ecto	: che x, u n an or/tri	nless office ustee)	er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Connie Ladenburg Trustee	1 00	x						0	0	0
Mike Wark Trustee	1 00	x						0	0	0
Brooke Johnson Trustee	1 00	x						0	0	0
Kristen Sawin Trustee	1 00	x						0	0	0
Julie Krilich Finance Director	40 00			×				60,262	0	3,558
David Fischer Executive Director	40 00			×				199,965	0	39,350
Robyn Engleking Finance Director	40 00			×				0	0	0
Lacey Wright Assoc Executive Director	40 00					x		100,026	0	11,549

Т

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efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493134076838
	HED m 990	ULE A 0 or	Con		Charity Statu				OMB No 1545-0047
990E	EZ)			•	4947(a)(1) nonexe	mpt charitable	trust.		2010
Interns	d Reven	the Treasury		ormation abou	▶ Attach to Form It Schedule A (Form <u>www.irs.go</u>			ictions is at	Open to Public Inspection
Nam	e of th	ne organiza Inter for the Per						Employer identific	ation number
	,		· · · · · · · · · · · · · · · · · · ·					91-1106878	
	rt I				us (All organization: a it is (For lines 1 thro			See instructions.	
1			•		•	-		(•) (;)	
_					sociation of churches			(A)(I).	
2					1)(A)(ii). (Attach Sch				
3			•	•	vice organization descr			-	
4			esearch orga and state _		ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operate (iv). (Compl		t of a college or univer	rsity owned or op	perated by a gov	rernmental unit descri	ped in section 170
6		A federal, s	tate, or local	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7	\checkmark	-		rmally receives (vi). (Complete	a substantial part of it: • Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter f				ege or university or a
10		from activit	ncome and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organiz	ed and operated	exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or see	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
а		organızatıo	n(s) the pow		ated, supervised, or co appoint or elect a majo				
Ь		manageme	nt of the sup		ervised or controlled ii ation vested in the san and C.				
С					supporting organization ions) You must com				ted with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satisi r t IV, Sections A and	fy a distribution i	requirement and		
e					ved a written determin integrated supporting		RS that it is a Ty	уре I, Туре II, Туре II	[functionally
f	Enter	the number	of supported	d organızatıons					
g					pported organization(
(i)Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(in Is the organız your governır	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see ınstructions)		
							N -		
						Yes	No		

Total

Schedule A (Form 990 or 990-EZ) 2016

Page **2**

Р	art II Support Schedule for						
	(Complete only if you ch III. If the organization f						under Part
5	III. If the organization fa ection A. Public Support	ans to quanty und	ler the tests liste	ed below, please	e complete Part	111.)	
	Calendar year	(-)2012	(1)2012	(-)2014	(4)2015	(0)2016	
	(or fiscal year beginning in) ►	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,415,678	1,973,095	1,204,536	1,412,346	1,976,053	8,981,708
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	23,896	21,656	26,304	26,304	26,304	124,464
4	Total. Add lines 1 through 3	2,439,574	1,994,751	1,230,840	1,438,650	2,002,357	9,106,172
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						742,581
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						8,363,591
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)⊤otal
7	Amounts from line 4	2,439,574	1,994,751	1,230,840	1,438,650	2,002,357	9,106,172
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,832	25,750	22,833	22,069	21,705	126,189
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)	5,256					5,256
11	Total support. Add lines 7 through						9,237,617
12	10 Gross receipts from related activities,	etc (see instruction	ns)			12	15,489,741
	First five years. If the Form 990 is for			d, fourth, or fifth I	tax year as a secti	on 501(c)(3) organ	
	check this box and stop here					► 🗆	
	ection C. Computation of Public	c Support Perce	entage				
	Public support percentage for 2016 (In			olumn (f))		14	90 540 %
	Public support percentage for 2015 Sc					15	92 710 %
16 a	33 1/3% support test—2016. If the	e organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	
b	and stop here. The organization qual 33 1/3% support test—2015. If th	ifies as a publicly su ne organization did i	upported organizat not check a box on	ion i line 13 or 16a, ar	nd line 15 is 33 1/3	3% or more, check	_
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t-2016. If the org	anization did not c and-circumstances	heck a box on line s" test, check this	box and stop her	e. Explain	▶□
b	organization 10%-facts-and-circumstances tee 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here.	
18	supported organization Private foundation. If the organizati	ion did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see	▶□
	Instructions						

Part IIII 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.)

	ection A. Public Support	quality under t		below, piedse et	Simplete Full II.)	
	Calendar year						
	(or fiscal year beginning in)	(a) 2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 performed, 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 business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/a	3 received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ►	(-7	(-)	(-/	(-/	(-)	(
9							
10a	Gross income from interest, dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources						
b	Unrelated business taxable income	1					
	(less section 511 taxes) from	1					
	businesses acquired after June 30, 1975	1					
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,	1					
	whether or not the business is						
	regularly carried on Other income. Do not include cain or						
12	Other income Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI)	·					
13	, , , , , , , , , , , , , , , , , , , ,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's first, second, ti	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) o	· ·
	check this box and stop here						
Se	ection C. Computation of Public						
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	.6 (line 10c, colu	mn (f) dıvıded by	lıne 13, column (f))	17	
18	Investment income percentage from 2	015 Schedule A,	Part III, line 17			18	
19a	331/3% support tests-2016. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more thai	n 33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	-					
	33 1/3% support tests—2015. If the						3% and line 18 is
5	not more than 33 1/3%, check this box						
20		-	-			-	
	Private foundation. If the organization	n dia not check a	a box on line 14, 1	iga, or 19b, check		Instructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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			
	describe the designation in historic and continuing relationship, explain	1		
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)	2		
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	2		
34	below	2-		
L.	Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied	3a		
D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	30		
C	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	2.		
4-	When any experimental eventuation and eventuation the United Charles ("Generate symposited eventuation") 2 T6 "Wee" and (Gyres)	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
		4a		
D	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	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			
	(c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
-	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9 a	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.	9 a		
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.	9b		
с	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.	9 c		
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	10a		
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)	10b		
		TOD		

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- **b** A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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

Section C. Type II Supporting Organizations

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)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a ____ The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

the supported organizations? Provide details in Part VI.

3

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of th supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those si organizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities constitut	upported n was	
substantially all of its activities	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more or organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization.	for the	
involvement	2b	
Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees	s of each of 3a	

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

3b

Page	5
------	---

	res	NO
11a		
11b		
11c		

Yes

Yes

Yes

No

No

1

2

1

No

Vac Na

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- 3 Other gross income (see instructions)
- 4 Add lines 1 through 3
- 5 Depreciation and depletion
- 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)
- 7 Other expenses (see instructions)
- 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1

- a Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets

Section B - Minimum Asset Amount

- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2016

Page 7						
Ρ	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)				
Se	ection D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	10 Line 8 amount divided by Line 9 amount					
		(iii)				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
_ a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Page **8**

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Schedule A (Form 000 or 000-E7) 2016

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -				DLN:	934931340768
SCHEDULE D (Form 990)	Supple	mental Fina	ncial Sta	tements		-	OMB No 1545-004
	► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2016 Open to Public	
Internal Revenue Service	Information about Schedule		00) and its instructions is at <u>www.irs.gov/form990</u> .				Inspection
Name of the orga Broadway Center for the					Emplo	yer identi	fication number
	_				91-110		
	izations Maintaining Donor ete if the organization answere				r Acco	unts.	
		(a) Donor ac			(b) Fu	inds and ot	her accounts
1 Total number	r at end of year						
2 Aggregate va year)	alue of contributions to (during						
3 Aggregate va	alue of grants from (during year)						
4 Aggregate va	alue at end of year						
	zation inform all donors and donor organization's property, subject to				vised		🗌 Yes 🗌
used only for o	zation inform all grantees, donors, charitable purposes and not for the ermissible private benefit?					oose	🗌 Yes 🗌
	ervation Easements. Comple				n 990, F	Part IV, lır	
	conservation easements held by th	2					
	tion of land for public use (e g , red	creation or education	· _	eservation of an			
	n of natural habitat		L Pre	eservation of a c	ertified h	nistoric stru	icture
	tion of open space						
	2 a through 2d if the organization he last day of the tax year	neid a qualified cons	servation contri	oution in the for	m or a <u>c</u>		e End of the Year
a Total number o	of conservation easements				2a		
-	estricted by conservation easemer				2b		
-	servation easements on a certified servation easements included in (c		• •	n a historic	2c 2d		
	in the National Register	.) acquired after 0/1.			20		
3 Number of con tax year ►	servation easements modified, tra	nsferred, released, e	extinguished, or	terminated by	the orga	nızatıon du	rıng the
4 Number of stat	tes where property subject to cons	ervation easement is	s located ►				
	nization have a written policy regai ent of the conservation easements		onitoring, inspe	ction, handling o	of violatio		Yes 🗌 No
6 Staff and volur ▶	nteer hours devoted to monitoring,	inspecting, handling	g of violations, a	and enforcing co	onservatı	on easeme	nts during the year
7 Amount of exp ▶ \$	enses incurred in monitoring, insp	ecting, handling of v	iolations, and e	nforcing conserv	vation ea	sements d	uring the year
	servation easement reported on lir '0(h)(4)(B)(ii)?	ne 2(d) above satisfy	the requirement	nts of section 1	70(h)(4)		Yes 🗌 No
balance sheet,	escribe how the organization repor and include, if applicable, the text on's accounting for conservation ea	of the footnote to t					25
	izations Maintaining Collected etc. If the organization answer				er Simi	ilar Asset	ts.
art, historical t	ition elected, as permitted under S reasures, or other similar assets h t XIII, the text of the footnote to i	eld for public exhibit	ion, education,	or research in f			
historical treas	ition elected, as permitted under S sures, or other similar assets held f unts relating to these items						
(i) Revenue inclu	ided on Form 990, Part VIII, line 1					▶\$	
(ii)Assets include	d ın Form 990, Part X					▶\$	
	tion received or held works of art, unts required to be reported under				ncıal gaır	n, provide t	he
a Revenue inclue	ded on Form 990, Part VIII, line 1					▶\$	
b Assets include	d ın Form 990, Part X					▶ \$	

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

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

Sche	dule D (Form 990) 2016						Page 2
Par	t IIII Organizations Maintaining Col	lections of Art, His	torical Treas	sures, or Other	Similar Assets	(continue	ed)
3	Using the organization's acquisition, accession items (check all that apply)	n, and other records, ch	eck any of the	following that are a	a significant use of	its collecti	ion
а	Public exhibition		d 🗌 Loa	an or exchange pro	grams		
b	Scholarly research		e 🗌 Oth	ner			
С	Preservation for future generations						
4	Provide a description of the organization's col Part XIII	ections and explain hov	v they further t	he organızatıon's e	exempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to				_	Yes 🗌	
Pa	TELV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		990, Part IV,	line 9, or report	ed an amount o	n Form 9 ^r	90, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermediary	for contributio	ons or other assets	_	Yes 🗌] No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table		Amou	nt	
c	Beginning balance		ing casic	1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or	custodial account li	ability?	Yes 🗌	 ∃ No
b	If "Yes," explain the arrangement in Part XIII				×III	r	
Pa	ITT V Endowment Funds. Complete if	-					
1a	Beginning of year balance	(a)Current year 566,572	(b) Prior year 592,319	(c)Two years back 618,82			years back 563,016
	Contributions						
	Net investment earnings, gains, and losses	27,258	12,238	13,50	5 80,90	28	38,811
	Grants or scholarships						
	Other expenditures for facilities and programs	29,068	37,985	40,01	5 31,73	77	32,130
f	Administrative expenses						
g	End of year balance	564,762	566,572	592,31	9 618,82	28	569,697
2	Provide the estimated percentage of the curre	nt year end balance (lır	ne 1g, column ((a)) held as	•		
а	Board designated or quasi-endowment Þ	0 %					
b	Permanent endowment 🕨 100 000 %						
с	Temporarily restricted endowment > 0	%					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%					
За	Are there endowment funds not in the posses	sion of the organization	that are held a	and administered fo	or the	—	
	organization by (i) unrelated organizations				ſ	3a(i)	es No
	(ii) related organizations				-	3a(ii)	No
b	If "Yes" on 3a(II), are the related organization	s listed as required on S	Schedule R?	• •		3b	
4	Describe in Part XIII the intended uses of the				L		I
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization answ		90. Part IV.	line 11a. See Foi	m 990. Part X. I	ine 10.	
	Description of property (a) Cost or oth (investme	er basis (b)Cost or o	ther basis (other			(d)Book	value
1a	Land						
	Buildings						
	Leasehold improvements		41,05	57	30,580		10,477
	Equipment		816,42		608,089		208,333

76,925

295,735

224,531

۲

.

301,456

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	Form 990) 2016			Page 3
Part VII	Investments—Other Securities. Complete if the organiz See Form 990, Part X, line 12.	ation answ	ered 'Yes' on Form 990,	Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		of valuation year market value
(1)Financial (2)Closely-h (3)Other	derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organ See Form 990, Part X, line 13.			
	(a) Description of investment (b)	Book value		of valuation year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on F	orm 990. Pai	t IV. lune 11d. See Form 99	0. Part X. line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)			•
Part X	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Bo	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)			

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2016		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, lin		
1	Total revenue, gains, and other support per audited financial statements	e 12a 1	6,708,726
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12	_	-,
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	849,679
3	Subtract line 2e from line 1	3	5,859,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,859,047
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses p	
	Complete if the organization answered 'Yes' on Form 990, Part IV, lin	e 12a	
1	Total expenses and losses per audited financial statements	1	6,458,951
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 552,209		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	844,126
3	Subtract line 2e from line 1	3	5,614,825
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,614,825

Part XIII Supplemental Information

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

Explanation

ormation (continued)
Explanation

Schedule D (Form 990) 2016

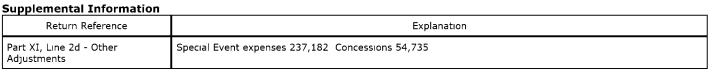
Additional Data

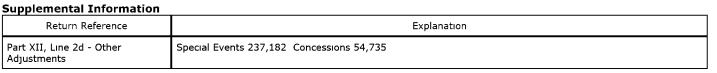
Software ID: Software Version: EIN: 91-1106878

Name: Broadway Center for the Performing Arts

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Endowment consists of one donor-restricted fund for supporting the classical music mission of the Broadway Center





ef	ile GRAPHIC print - D	O NOT PROCESS	As Fil	ed Data	a -				DLI	N: 93493134076838
(Fo	HEDULE G rm 990 or 990-EZ)	Fun Complete if the organi	drais	ing O	r G	amii	ion Reg ng Activ ^{10, Part IV, lines on Form 990-EZ}	' ities \$ 17, 18, or 1		OMB No 1545-0047 2016 Open to Public
	artment of the Treasury nal Revenue Service	Information about Schee	► At	tach to Fo	rm 99	90 or For	m 990-EZ.		aov/form990.	Inspection
	ne of the organization adway Center for the Perfo									entification number
DIU	adway Center for the Perio	Arts							91-1106878	
Pa		ctivities.Complete I lers are not required	-	-			ed "Yes" on I	Form 990,	, Part IV, line	17.
1	Indicate whether the org	ganization raised funds	through a	any of the	e foll	owing a	ctivities Cheo	ck all that a	pply	
а	Mail solicitations				е	🗌 So	licitation of no	on-governm	nent grants	
b	Internet and email s	olicitations			f	🖌 So	licitation of go	overnment	grants	
с	Phone solicitations				g	🖌 Sp	ecial fundrais	ing events		
d	In-person solicitation	าร								
2a	Did the organization hav or key employees listed								· •	es 🗆 No
Ь	If "Yes," list the ten high to be compensated at le			fundraise	ers) p	oursuant	to agreemen	its under wi		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?	(ss receipts activity	(or re fundra	iount paid to stained by) iser listed in ol (i)	(vi) Amount paid to (or retained by) organization
1		Grantwriting	Yes	No	-					
-	Stauffacher Communications 7009 53rd Street W			No			C		15,000	-15,000
2	University Place, WA 9846	57								
2										
3										
4										
5										
6										
7										
8										
9										
10										
 Tot	al			 					15,000	-15,000
				•					_2,000	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

q

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events Star Chefs Auction Wined Up 1 (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts . 248,040 29,336 6,095 283,471 2 Less Contributions . 238,248 28,896 6,095 273,239 3 Gross income (line 1 minus 9,792 440 line 2) 10,232 4 Cash prizes 48,522 7,479 225 56,226 5 Noncash prizes 440 440 Expenses 6 Rent/facility costs 2.030 1.342 3,372 7 Food and beverages 26,466 415 26,881 8 Entertainment Direct 21,900 763 22,663 Other direct expenses 109,157 17,859 584 127,600 **10** Direct expense summary Add lines 4 through 9 in column (d) ► 237,182 11 Net income summary Subtract line 10 from line 3, column (d) • . . . -226,950 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____% Yes____% Yes % 6 Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) 7 Net gaming income summary Subtract line 7 from line 1, column (d). . ► Enter the state(s) in which the organization conducts gaming activities _ Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain . b

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? h If "Yes," explain _

Schedule G (Form 990 or 990-EZ) 2016

	Schedule G (Form	990	or	990-EZ) 2016
--	--------------	------	-----	----	--------	--------

Page **3**

11	Does the organization conduct gaming	activities with nonmemb	pers?		🗌 Yes		
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		🗌 Yes		
13	Indicate the percentage of gaming acti	vity conducted in			<u> </u>		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special events books and r	ecords			
	Name 🕨						
	Address 🕨						
15a	Does the organization have a contract revenue?	with a third party from v	whom the organization receives gaming		🗌 Yes		
b			organization 🕨 \$ and t	ne			
	amount of gaming revenue retained by	the thırd party ► \$					
С	If "Yes," enter name and address of the	e third party					
	Name 🕨						
	Address ►						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation \blacktriangleright \$						
	Description of services provided						
	Director/officer	Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state	e law to make charitable	distributions from the gaming proceeds to				
	retain the state gaming license?				🗌 Yes	🗆 No	
b	•		ributed to other exempt organizations or spent				
	in the organization's own exempt activity	• •	•				
Par		5c, 16, and 17b, as a	nations required by Part I, line 2b, column pplicable. Also complete this part to provi				
	Return Reference		Explanation				

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data - DLN: 934	9313	4076	838
Sch	edule J	C	ompensation Information	3 No 1	545-0	047
(For	m 990)	For certain Offic				
		b Comulate if the or	Compensated Employees	20	1	5
		Complete if the or	Attach to Form 990.	-		
	artment of the	Information about Schedu		oen te Inspe		
Trea Inter	sury mal Revenue			<u>IIISPI</u>	eculo	1
Serv	ice					
	me of the organi: adway Center for th		Employer identificati	on nun	nber	
		-	91-1106878			
Ра	rt I Questi	ons Regarding Compens	sation			
					Yes	No
1a			on provided any of the following to or for a person listed on Form art III to provide any relevant information regarding these items			
		or charter travel	Housing allowance or residence for personal use			
	□ Travel for		Payments for business use of personal residence			
	•	ification and gross-up payment				
	Discretion	ary spending account	Personal services (e g , maid, chauffeur, chef)			
b			the organization follow a written policy regarding payment or			
2			ses described above? If "No," complete Part III to explain for to reimbursing or allowing expenses incurred by all	1b		
2			D/Executive Director, regarding the items checked in line 1a?	2		
				<u> </u>		
3	Indicate which	, if any, of the following the filing	g organization used to establish the compensation of the			
	organization's	CEO/Executive Director Chec	k all that apply Do not check any boxes for methods			
			mpensation of the CEO/Executive Director, but explain in Part III			
		tion committee	Written employment contract			
		nt compensation consultant of other organizations	Compensation survey or study Approval by the board or compensation committee			
		or other organizations				
4	During the yea or a related org		n 990, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a seve	rance payment or change-of-c	ontrol payment?	4a		No
b	Participate in,	or receive payment from, a sup	plemental nonqualified retirement plan?	4b		No
с	Participate in,	or receive payment from, an eq	uity-based compensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons	and provide the applicable amounts for each item in Part III			
	Omby E01(a)(2)	E01(a)(4) and $E01(a)(20)$ are	repizetions must complete lines E.O.			
5			ganizations must complete lines 5-9.			
-		contingent on the revenues of				
а	The organization	n ²		5a		No
b	Any related or	janization?		5b		No
	If "Yes," on lin	e 5a or 5b, describe in Part III				
6		ted on Form 990, Part VII, Sec contingent on the net earnings	ction A , line 1a, did the organization pay or accrue any of			
а	The organization	on?		6 a		No
b	Any related or	janization?		6 b		No
	If "Yes," on lin	e 6a or 6b, describe in Part III				
7		ted on Form 990, Part VII, Sec lescribed in lines 5 and 6? If "\	tion A , line 1a, did the organization provide any non-fixed (es," describe in Part III	7		No
8			t VII, paid or accured pursuant to a contract that was ibed in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		No
9		-	llow the rebuttable presumption procedure described in Regulations			
	section 53 495	ъδ-6(C) ^γ		9		

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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns		
		Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 David Fischer Executive Director	(i)	189,818	10,147	0	30,851	8,499	239,315	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

	Director						
Part I, Line 3	The Executive Director can receive an annual bonus based on the Executive Committee of the Board's annual performance review of the Executive						
Return Reference	Explanation						
Provide the information, explanation, o	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						
Part IIII Supplemental Inform	art III Supplemental Information						
Schedule J (Form 990) 2015 Page 3							



		rint - DO NOT PR	ROCESS	As Filed Data -		DLN:	9349313		
			N	Ioncash Contri	butions		OMB No 1	.545-0	047
(For	m 990)						20	16	-
	▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.								
		Attach to Form							
	tment of the Treasury	►Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u>	<u>s.gov/form990</u>	openie		
	al Revenue Service						Inspe		
	e of the organızat Iway Center for the F					Employer ident	ification n	umber	
		5				91-1106878			
Pa	rt I Types o	of Property							
			(a)	(b)	(c)		(d)		
			Check If	Number of contributions or items contributed	Noncash contribution amounts reported on		l of determi ontribution a		~
			applicable	items contributed	Form 990, Part VIII, line			mount	3
					1g				
	Art—Works of ar								
	Art—Historical tr					-			
3 4	Art—Fractional in								
-	Books and public Clothing and hou								
5	goods								
6	Cars and other v	ehicles							
7	Boats and planes								
8	Intellectual prope	-							
9	Securities—Public	,	X	2	37,57	3 FMV			
10	Securities—Close Securities—Partr	'							
11	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi structures								
14	Qualified conserv								
	contribution—O								
	Real estate—Res								
	Real estate—Cor								
17									
18 19	Collectibles . Food inventory								
20	Drugs and medic								
	Taxidermy								
	Historical artifact								
23	Scientific specim	ens							
24	Archeological art								
25	Other ► (
26	Other ► (
27	Other ► (Other ► (
28 29	•	•		tion during the tax year for	contributions	+			
29				, Part IV, Donee Acknowled		29			
	-				-			Yes	No
30 a	During the year	, dıd the organızatıc	on receive by	contribution any property i	reported in Part I, lines 1 t	hrough 28, that			
	it must hold for	at least three vears	from the da	ate of the initial contribution	, and which is not required	to be used			
							20-		N-
۲		e the arrangement					30a		No
		-			.				
31	-	-		blicy that requires the review			31		No
32a	Does the organi contributions?	zation hire or use th	nird parties o	or related organizations to s	olicit, process, or sell nonc	ash	32a	ļ	
L	If "Yes," describ				• • • • • •		JZd		No
	•		amount in	column (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part	•	. anneane m			enconcer,			

Schedule M (Form 990) (2016)



Part II Supplemental Information.

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







efile GRAPHIC print	N: 93493134076838.			
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	OMB No 1545-0047 2016 Open to Public Inspection			
Department of the Treasure www.irs.gov/form990. Internal Revenue Service Employer ide Name of the organization 8 Broadway Center for the Performing Arts 91-1106878				ntification number
990 Schedule O, Sup	pplemental Informatio		Explanation	

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Finance Committee is responsible for the initial review of the Form 990 Upon approval of the finance committee, the Form 990 shall be presented to the Board of Trustees along with a recommendation from the finance committee chair for the board approval of the Form 990 for filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	All members of the Board of Trustees and key staff of Broadway Center sign a statement of conflict of interest disclosure annually The Broadway Center's governance committee monit ors and enforces the conflict of interest policy on an ongoing basis

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Executive Director researches data, such as salary surveys and 990 information, and ma kes recommendations to the Finance Committee for compensation of key politions. The Finance e Committee approves a salary budget and authorizes the Executive Director to negotiate wi th candidates within the salary budget. The compensation of the Executive Director was est ablished by a committee of community members that formed an Executive Director search committee In 2006, the committee used 990 data and salary surveys to determine a salary level and recommended this level to the full board for approval. The board approved the salary level and authorized the committee to initiate the search. Currently the Board has establis hed a Compensation Committee designed to do annual performance and salary recommendations to the Board of Directors for Final approval. This Committee also works with the Finance C ommittee to set the appropriate compensation budget each year for the Executive Director.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Broadway Center makes its governing Documents, conflict of interest policy and financi al statements available to the public on an as requested basis. The Broadway Center websit e indicates the proper contact information to make such a request.

efile	e GF	RAPHI	C print - DO NOT F	ROCESS	As Filed Data -					DLN: 9	3493070010349		
	0		Retur	Тах	(OMB No 1545-0047							
Form S	9:	90		-	, or 4947(a)(1) of	-				ate	2017		
		of the Trea enue Servi	Do ► Do		al security numbers t Form 990 and its ii						Open to Public Inspection		
	vr th	0 2017	 calendar year, or ta	y year begin	ning 07-01-2017	and ending 06	-30-2018						
		applicable	C Name of organizatio	n	ining 07-01-2017	, and ending ou	-30-2018		D Employ	/er ideni	tification number		
		change	TACOMA ARTS LIVE						91-110				
□ Na		-	Doing business as			51-110	0070						
		eturn rn/terminat	-										
		d return		or PO box if ma	all is not delivered to str	eet address) Room,	/suite		E Telephone number				
🗆 App	olicat	ıon pendı	901 BROADWAY NO	700		(253) 5	591-545	56					
			City or town, state of TACOMA, WA 9840			C C		7 170 622					
			F Name and addr	ess of principal	officer						ceipts \$ 7,179,623		
			DAVID FISCHER		onicer				a group re dinates?	eturn fo	r 🗌 Yes 🗹 No		
			901 BROADWAY N TACOMA, WA 984						l subordina	tes			
I Tax	-exe	mpt statı		501(c) () ◀ (i	Insert no) 🗌 4947	(a)(1) or 527		nclud F "No		list (co			
JW	ebsi	te:► V			Insert no) 🗖 4947	(a)(1) Or L1 52/			exemption	•	,		
K Forn	n of c	organızatı	on 🗹 Corporation 🗌	Trust 📙 Assoc	ciation 📙 Other 🕨		L Year of	forma	ition 1979	WA Stat	e of legal domicile		
Pa	rt I	Su	mmary										
	1	Briefly o	lescribe the organization	on's mission or	most significant act	ivities							
e			SSION OF TACOMA AR SH LIVE PERFORMANC		IERLY THE BROADW	AT CENTER FOR T	HE PERFORM	ING	AR15) 15	ENGER			
anc													
em													
Governance	2	Check	assets										
	 3 Number of voting members of the governing body (Part VI, line 1a)										25		
es											25		
IMU	 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 									5			
Activities &			•					•	•	6			
•			nrelated business reve					•	•	7.			
	Ь	Net un	related business taxab	le income from	1 Form 990-1, line 3	4	· · ·	D.:	• • • • • •	7			
	8	Control	outions and grants (Par	+ VIII lung 1h)				Prie	or Year 1,976,	052	Current Year 2,921,281		
ēnt	9		m service revenue (Pai	. ,				4,012,		4,075,206			
en ne ve		-	nent income (Part VIII				21,908			22,280			
œ			evenue (Part VIII, colu						-151,		-104,780		
			evenue—add lines 8 th			•	h		5,859,		6,913,987		
			and similar amounts p				,			0	0		
			s paid to or for membe							0	0		
ş	15	Salarıe	s, other compensation	, employee ber	nefits (Part IX, colur	nn (A), lines 5-10)		2,440,	375	2,649,846		
nse	16a	a Profes	sional fundraising fees	(Part IX, colun	nn (A), line 11e) 🔒				15,	.000	33,032		
Exp enses	b	Total fu	ndraising expenses (Part I	X, column (D), lır	ne 25) ▶1,831,599								
ш	17	Other e	expenses (Part IX, colu	ımn (A), lınes :	11a-11d, 11f-24e)				3,159,	450	3,873,862		
	18	⊤otal e	xpenses Add lines 13-	-17 (must equa	al Part IX, column (A	A), line 25)			5,614,	825	6,556,740		
	19	Revenu	ie less expenses Subt	ract line 18 fro	mline 12				244,	.222	357,247		
e Se							Begin	nıng	of Current '	Year	End of Year		
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)						2,738,	533	2,742,169		
Asd			abilities (Part X, line 20						2,018,		1,659,994		
E Re			sets or fund balances	-					719,		1,082,175		
Par			nature Block						, 19,	/ • /	1,002,11,5		
Under	pen	alties of	perjury, I declare tha										
knowl any ki			lief, it is true, correct,	and complete	Declaration of prep	arer (other than o	fficer) is bas	ed o	n all inform	nation o	f which preparer has		
		 k											
<u>.</u> .		*** Sian	*** ature of officer					201 Date	9-02-28				
Sign Here													
			ID FISCHER EXECUTIVE D or print name and title	JIRECTOR									
		1	Print/Type preparer's na	me	Preparer's signature RAY HOLMDAHL		Date 2019-02-28			PTIN			
Paic	1		RAY HOLMDAHL			ck 📙 ıf employed	P001205	599					
Prep		er		SON SULLIVAN LI			•	seir-employed Firm's EIN ► 91-0605875					
Use			Fırm's address Þ 601 UN	ION ST STE 230	0			Pho	ne no (206)	382-777			
		,	SEATTI	E, WA 9810123	45			1					

May the IRS discuss this return with the preparer shown above? (see instructions)							🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.		Cat	No	11	282	Y	Form 990 (2017)

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servic	e Accomplis	hments		
	Check If Schee	lule O contains a respo	onse or note to a	any line in this Part III		🗆
1	Briefly describe the o	rganızatıon's mission				
THE I	MISSION OF TACOMA A	ARTS LIVE (FORMERLY	THE BROADWA	Y CENTER) IS ENERGIZI	NG COMMUNITY THROUGH LIVE P	ERFORMANCE
2	Did the organization u					
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sch	nedule O			
3	Did the organization o	cease conducting, or m	ake significant o	hanges in how it conduct	s, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedul	e O			
4	Section 501(c)(3) and		ons are required	to report the amount of g	gest program services, as measur grants and allocations to others, th	
	(2.)	× /=	4 49 4 99 9			(075 006)
4a	(Code See Additional Data) (Expenses \$	4,484,909	including grants of \$) (Revenue \$	4,075,206)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		es (Describe in Schedu				、
	(Expenses \$		uding grants of) (Revenue \$)
4e	Total program serv	ice expenses 🕨	4,484,9	09		Form 990 (2017)

Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔊 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	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		No
	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 😒	11 c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(i)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
		F	orm 99 0	0 (2017)

Form 990 (2017)
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \cdot . \cdot .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2017)

Form	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 144			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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		V	
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 e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
_		4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
~	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Ľ		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form **990** (2017)

onn	990 (2	517)					Page				
Par		Governance, Management, and Disclosure <i>For each "Yes" response to lines 2 t</i> 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to l	ines				
		Check if Schedule O contains a response or note to any line in this Part VI					\checkmark				
Se	ction	A. Governing Body and Management									
						Yes	No				
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	25							
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O									
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	25							
2		ny officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	ss rela	tionship with any other	2		No				
3	Did th of offic	3		No							
4		e organization make any significant changes to its governing documents since the			4		No				
5	Did th	e organization become aware during the year of a significant diversion of the organ	Nzatio	n'e accete?	5		No				
			Izacio	115 855615.	6		No				
-	 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 										
	memb	pers of the governing body?	•		7a		No				
b	persor	ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	• •		7b		No				
8		e organization contemporaneously document the meetings held or written actions i llowing	under	taken during the year by							
а	The go	overning body?	• •		8 a	Yes					
b	Each c	committee with authority to act on behalf of the governing body?			8 b	Yes					
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who e ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>		t be reached at the	9		No				
Se	ction	B. Policies (This Section B requests information about policies not requi	ired b	y the Internal Revenue	e Code	e.)					
						Yes	No				
10a	Dıd th	e organızatıon have local chapters, branches, or affiliates?			10a		No				
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b						
11a	Has th form?	e organization provided a complete copy of this Form 990 to all members of its go	vernır •	ig body before filing the	11a	Yes					
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990								
12a	Dıd th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes					
b	Were o	officers, directors, or trustees, and key employees required to disclose annually int .ts?	erests	that could give rise to	12b	Yes					
С	Dıd th	e organization regularly and consistently monitor and enforce compliance with the ule O how this was done	policy	? If "Yes," describe in	12c	Yes					
13		e organization have a written whistleblower policy?			13	Yes	<u> </u>				
14		e organization have a written document retention and destruction policy?			14	Yes					
15	Dıd th	e process for determining compensation of the following persons include a review a ns, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent		105					
а	•	rganization's CEO, Executive Director, or top management official	• • •		15a	Yes					
b	Other	officers or key employees of the organization			15b	Yes					
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a		e organization invest in, contribute assets to, or participate in a joint venture or sir e entity during the year?	nılar a	arrangement with a	16a		No				
b	in join	s," did the organization follow a written policy or procedure requiring the organizati t venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard th		164						
c -					16b						
<u>Se</u> 17		C. Disclosure e States with which a copy of this Form 990 is required to be filed►									
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990) and	990-T (501(c)(3)s only)							
10	availa	ble for public inspection Indicate how you made these available. Check all that app	oly								
	ப 0	iwn website 🗹 Another's website 🗹 Upon request 🖾 Other (explain in Sc	nedul	e O)							

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►SHANNON JOHNSON 901 BROADWAY SUITE 700 TACOMA, WA 984024415 (253) 591-5578 20

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	Positic than o is b	ne bo	ox, u n ofi	t che inles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Highest compensated employee Key employee		Former	271099-MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
See Additional Data Table											
										Farma 000 (2017)	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours	than c ıs b	one bo	ox, ι n of	t che unles ficer	and a	on	(D) Reportable compensatior from the organization (V	from related V- organizations (i W-	compensation W- from the		
		for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC	2)			
See A	Additional Data Table													
сT	ub-Total otal from continuation sheets to Pa otal (add lines 1b and 1c)	art VII, Sectio			•	•	> _ > _		439,123		0		39,690	
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos					rece	· · ·	\$100,000	<u> </u>			
			5									Yes	No	
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J				ey e	mplo	oyee, c	or hig	ghest compensat	ed employee on				
4	For any individual listed on line 1a, is organization and related organizations	the sum of repo	ortable o	comp							3		No	
	individual		• •	•		•	•••	• •		• • • •	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									ndıvıdual for	5		No	
Se	ction B. Independent Contract												_	
1	Complete this table for your five higher from the organization Report comper										mpens	sation		
	Name a	(A) nd business addre	255						D	(B) escription of services		(C) Compensation		
			-											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

Page **9**

	Check if Schedule O co	ntains a resp	onse or note to any	line in this Part VI	п			<u> </u>
				(A) Total revenue	(B Relate exen funct) ed or l npt non	(C) Jnrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns .	. 1a			rever	nue		512-514
s, Grants Amounts	b Membership dues	10 1b	<u> </u>					
Grants								
р Д	c Fundraising events		90,505					
	d Related organizations	1d						
ons, Gift Similar	e Government grants (contribut	ions) 1e	135,687					
utions er Sii	f All other contributions, gifts, g and similar amounts not inclu above		2,695,089					
Contributions, and Other Sim	g Noncash contributions inc in lines 1a-1f \$	10,3						
an	h Total. Add lines 1a-1f .		· · ▶	2,921,281				
-le			Business	Code				
มาง	2a SPONSORED EVENTS			711110 1	,709,426	1,709,426		
Ť	b RENTAL & PRODUCTION			711110	805,007	805,007		
ic e	C FACILITIES MANAGEMENT			711110	773,544	773,544		
er v	d TICKET OFFICE			711110	496,831	496,831		
Program Service Revenue	e EDUCATIONAL EVENTS			611600	175,264	175,264		
grai	f All other program service r	evenue	<u>L</u>		115,134	115,134		
Å	gTotal. Add lines 2a-2f		▶ 4,0	75,206				
	3 Investment income (includir		r	1				
	similar amounts)			22,2	80			22,280
	4 Income from investment of	tax-exempt b	ond proceeds 🔹 🕨					
	5 Royalties		🕨					
		(ı) Real	(II) Personal	_				
	6a Gross rents							
	b Less rental expenses			-				
	c Rental income or (loss)							
	d Net rental income or (loss)	• • • 🕨					
		Securities	(II) Other					
	7a Gross amount from sales of assets other than inventory							
	b Less cost or other basis and sales expenses			-				
	c Gain or (loss)			1				
	d Net gain or (loss) .		•]				
Other Revenue	8a Gross income from fundrais (not including \$\$ contributions reported on In	90,505 of						
- 8	See Part IV, line 18		24,570					
Be	b Less direct expenses .	b	209,677					
er	c Net income or (loss) from f	fundraising ev	ents 🕨	-185,1	07			-185,107
0t]	9a Gross income from gaming See Part IV, line 19							
	b Less direct expenses .			-				
	c Net income or (loss) from g		L	1				
	10a Gross sales of inventory, le	ess		1				
	returns and allowances .							
		а		-				
	b Less cost of goods sold .]	27			00.227
ŀ	<u>c</u> Net income or (loss) from s Miscellaneous Reven			80,3	~ /			80,327
	11a	lue	Business Code	-				
	114							
	b							
	c		<u> </u>	-	-			+
	-							
			ļ					
	d All other revenue	• •	L	ļ				
	e Total. Add lines 11a-11d		· · •					
	12 Total revenue. See Instru	ictions	· · · •	6,913,9	87	4,075,206		0 -82,500
				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , 1		Form 990 (2017)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Jec	clon SUI(c)(3) and SUI(c)(4) organizations must complete all co	_			
-	Check if Schedule O contains a response or note to any		(B)	<u></u> (C)	· · · ⊔
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	360,937	253,845	16,838	90,254
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	1,840,472	1,294,396	85,860	460,216
		33,202	23,351	1,549	8,302
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
	Other employee benefits	225,296	158,450	10,510	56,336
	Payroll taxes	189,939	133,583	8,861	47,495
	Fees for services (non-employees)				
á	Management				
) Legal	9,784		9,784	
•	Accounting				
0	lLobbying				
•	Professional fundraising services See Part IV, line 17	33,032			33,032
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	160,634	50,791	21,500	88,343
12	Advertising and promotion	423,640	396,638		27,002
13	Office expenses	290,350	262,384	20,843	7,123
14	Information technology				
15	Royalties				
16	Occupancy	268,927	268,927		
17	Travel	18,655	16,618	1,356	681
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	47,601	27,601	15,194	4,806
20	Interest	37,772	1,914	6,777	29,081
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,797	67,797		
23	Insurance	18,453		18,353	100
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PRODUCTION SERVICES	1,555,120	1,502,200	16,123	36,797
	b THEATRE DESIGN AND CONS	926,220			926,220
	c DUES, SUBSCRIPTIONS, AN	34,297	11,802	6,684	15,811
	d SCHOLARSHIP ASSISTANCE	14,612	14,612		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,556,740	4,484,909	240,232	1,831,599
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► 🗌 If following SOP 98-2 (ASC 958-720)				
					Earm 990 (2017)

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Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX 🔒 🔒			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	• •		172,753	1	147,345
	2	Savings and temporary cash investments .	• •		933,536	2	530,811
	3	Pledges and grants receivable, net	• •		349,801	3	880,525
	4	Accounts receivable, net		140,043	4	80,631	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	nployees Complete Part		5		
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	B(c)(3)(B), and of section 501(c)(9) istructions) Complete		6		
ssets	7	Notes and loans receivable, net				7	
Ase	8	Inventories for sale or use		•	20,175	8	15,647
	9	Prepaid expenses and deferred charges	· ·	, · ·	261,728	9	235,159
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,186,088			
	b	Less accumulated depreciation	10 b	930,997	295,735	10c	255,091
	11	Investments—publicly traded securities			564,762	11	596,960
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	2,738,533	16	2,742,169
	17	Accounts payable and accrued expenses	•		598,945	17	443,057
	18	Grants payable			18		
	19	Deferred revenue			603,017	19	408,575
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iat		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted th	ird parties	816,864	23	808,362
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D		s to related thırd partıes,		25	
	26	Total liabilities. Add lines 17 through 25 .			2,018,826	26	1,659,994
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			36,450	27	73,692
ala	27			-	118,495		445,265
Ξ.	28	Temporarily restricted net assets	· · · · · ·	564,762	28	563,218	
un	29	Permanently restricted net assets	(058)	504,702	29	503,216
		Organizations that do not follow SFAS 117 check here ► □ and complete lines 30 th	-	•			
ts or	30	Capital stock or trust principal, or current funds	•	📘		30	
Assets	31	Paid-in or capital surplus, or land, building or ec	• •			31	
	32	Retained earnings, endowment, accumulated in	or other funds		32		
Net	33	Total net assets or fund balances	• •	· · · · · ·	719,707	33	1,082,175
-	34	Total liabilities and net assets/fund balances .	•		2,738,533	34	2,742,169

Form 990 (2017)

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	_ • _•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	,913,987
2	Total expenses (must equal Part IX, column (A), line 25)	2			,556,740
3	Revenue less expenses Subtract line 2 from line 1	3			357,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			719,707
5	Net unrealized gains (losses) on investments	5			5,221
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,082,175
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a	2a	Yes	No
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis	basıs,			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	-	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	зb		

3b Form **990** (2017)

Additional Data

Software ID: Software Version: EIN: 91-1106878 Name: TACOMA ARTS LIVE

Form 990 (2017)

Form 990, Part III, Line 4a:

TACOMA ARTS LIVE (FORMERLY THE BROADWAY CENTER FOR THE PERFORMING ARTS) SERVED APPROXIMATELY 233,000 PEOPLE THROUGH THE PRESENTATION OF PERFORMANCES, COMMUNITY EVENTS AND OUTDOOR PROGRAMS FOR ENTERTAINMENT, ENRICHMENT AND EDUCATION THOSE NUMBERS INCLUDE OVER 83,000 TACOMA ARTS LIVE PATRONS AND APPROXIMATELY 150,000 OTHER PATRONS THROUGH THE USE OF ITS FACILITY BY OTHER ORGANIZATIONS TACOMA ARTS LIVE PROGRAMS ENABLE 7 RESIDENT ARTS ORGANIZATIONS, EDUCATE AND TRAIN 49,700 STUDENTS AND TEACHERS FROM 17 SCHOOL DISTRICTS, 21 PRIVATE SCHOOLS, 30 HOME SCHOOLS, AND HOST COMMUNITY ENGAGEMENT DIALOGUES SERVING THE BROADLY DIVERSE POPULATION OF THE SOUTH SOUND REGION OF WASHINGTON STATE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn on is	e bo both ecto	: che x, u n an or/tri	m ss ce Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TIFFANY HARMON PRESIDENT	2 00	x		x				0	0	0
NICOLE HUME SECRETARY	2 00	х		x				0	0	0
CLINT JOHNSON TREASURER	2 00	х		x				0	0	0
MARK PINTO VICE PRESIDENT	2 00	x		x				0	0	0
CHRISTOPHER ALGEO TRUSTEE	1 00	x						0	0	0
JUDY BAERG TRUSTEE	1 00	x						0	0	0
JON BOWSER TRUSTEE	1 00	x						0	0	0
STEPHANIE HOWE TRUSTEE	1 00	x						0	0	0
BROOKE JOHNSON TRUSTEE	1 00	x						0	0	0
GENIE JEFFERSON TRUSTEE	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	in on on is	e bo botł	t che ox, u n an or/tr	nless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KATHY KEELE TRUSTEE	1 00	x						0	0	0
KELLY LANE TRUSTEE	1 00	х						0	0	0
CONNIE LADENBURG TRUSTEE	1 00	х						0	0	0
DARRIEL MENEFEE TRUSTEE	1 00	x						0	0	0
JUMI SAKURAI TRUSTEE	1 00	x						0	0	0
KRISTEN SAWIN TRUSTEE	1 00	x						0	0	0
DANENE SPAETH TRUSTEE	1 00	x						0	0	0
HOLLY HAYES TRUSTEE	1 00	x						0	0	0
LISA JANGARD TRUSTEE	1 00	x						0	0	0
BRIAN BERGREN TRUSTEE	1 00	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òne on is	e bo botł	t che ix, u n an or/tr	nless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MIKE HUTCHINSON TRUSTEE	1 00	x						0	0	0
LOREN COHEN TRUSTEE	1 00	х						0	0	0
CHRIS MCPHAIL TRUSTEE	1 00	x						0	0	0
MIKE WARK TRUSTEE	1 00	x						0	0	0
DAVID FISCHER EXECUTIVE DIRECTOR	40 00			x				224,065	0	16,047
ROBYN ENGLEKING FINANCE DIRECTOR	40 00			x				105,769	0	8,669
LACEY WRIGHT ASSOCIATE EXECUTIVE DIRECTOR	40 00					x		109,289	0	14,974

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	HED m 99	ULE A	Cor		Charity Statu				OMB No 1545-0047		
990I			CO	ipiete il tile o	4947(a)(1) nonexe	empt charitable	trust.	a section	ZUI /		
Denari	ment of	the Treasury	► Inf	ormation about	Attach to Form at Schedule A (Form			ictions is at	Open to Public		
Interna	l Reven	ue Service ne organiza	tion		<u>www.irs.g</u>	<u>ov/form990</u> .		Employer identifi	Inspection		
	MA ARTS		uon								
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part) 9	91-1106878			
					e it is (For lines 1 thro						
1		A church, c	onvention of	churches, or as	sociation of churches	described in seci	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))				
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).			
4			esearch orga and state	anızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	Enter the hospital's		
5			ation operate (iv). (Compl		t of a college or unive	rsity owned or op	erated by a gov	ernmental unit descr	ibed in section 170		
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).			
7		section 17	'0(b)(1)(A)	(vi). (Complete	,		-	init or from the genei	ral public described in		
8		A communi	ty trust desc	ribed in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in 170(b)(1) ee instructions Enter				llege or university or a		
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11		An organiza	ation organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supportine	09(a)(1) or sec	tion 509(a)(2). See section 509(he purposes of one or a)(3). Check the box		
а		organizatio	n(s) the pow		ated, supervised, or c appoint or elect a majo						
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.						
с		Type III f	unctionally	integrated. A	supporting organizatio ions) You must com				ated with, its		
d		functionally	integrated	The organizatio	d. A supporting organ n generally must satis r t IV, Sections A and	fy a distribution i	requirement and		nızatıon(s) that ıs not quırement (see		
e		Check this	box if the or	ganization recei	ved a written determir integrated supporting	nation from the I		ре I, Туре II, Туре I	II functionally		
f	Enter			d organizations		-		_			
g					upported organization(<u> </u>		(v) Amount of			
	(1) N	lame of supp organization		(ii) EIN	(iii) Type of organızatıon (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your govern	(vi) Amount of other support (see instructions)				
						Yes					
				1							
Tota	1										
-		vork Reduc	tion Act No	tice, see the I	nstructions for	Cat No 11285	if s	Schedule A (Form 9	990 or 990-EZ) 2017		
		or 990-EZ.						•	•		

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

S	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	. ,	. ,	.,		. ,	<u> </u>	
T	membership fees received (Do not	1,973,095	1,204,536	1,412,346	1,976,053		2,921,281	9,487,311
	include any "unusual grant ")			. ,	, ,			
2	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf							
3	The value of services or facilities	21,656	26,304	26,304	26,304		26,304	126,872
	furnished by a governmental unit to the organization without charge	21,050	20,504	20,304	20,304		20,304	120,072
4	Total. Add lines 1 through 3	1,994,751	1,230,840	1,438,650	2,002,357		2,947,585	9,614,183
5	The portion of total contributions by	1,551,751	1,230,010	1,130,030	2,002,557		2,517,505	5,011,105
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							878,731
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
~	Public support. Subtract line 5 from							
6	line 4							8,735,452
S	ection B. Total Support							
	Calendar year				(1) = = (1)			
	(or fiscal year beginning in)	(a)2013	(b) 2014	(c)2015	(d)2016	(e)	2017	(f) ⊤otal
7	Amounts from line 4	1,994,751	1,230,840	1,438,650	2,002,357		2,947,585	9,614,183
8	Gross income from interest,							
	dividends, payments received on	25,750	22,833	22,069	21,705		22,280	114,637
	securities loans, rents, royalties and	25,750	22,033	22,005	21,705		22,200	114,037
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI)							
11	Total support. Add lines 7 through							9,728,820
	10						L	9,720,020
12	Gross receipts from related activities,	etc (see instructio	ns)			12		17,083,278
13	First five years. If the Form 990 is for	or the organization	's first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501	(c)(3) orgai	nization,
	check this box and stop here						► 🗆	
S	ection C. Computation of Public							
	Public support percentage for 2017 (In			umn (f))		14		89 790 %
	Public support percentage for 2016 Sc					15	<u> </u>	
					14		<u> </u>	90 540 %
16 a	33 1/3% support test—2017. If the				14 is 33 1/3% or	more, c	neck this b	
	and stop here. The organization qual							
b	33 1/3% support test—2016. If the	e organization did	not check a box or	i line 13 or 16a, ai	nd line 15 is 33 1/	3% or n	nore, check	
	box and stop here. The organization	i qualifies as a pub	licly supported orga	anızatıon				
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organizatio							
	in Part VI how the organization meets	the "facts-and-circ	umstances" test T	he organization q	ualifies as a public	ly supp	orted	_
	organization							
b	10%-facts-and-circumstances tes	st—2016. If the or	ganization did not	check a box on lın	e 13, 16a, 16b, o	r 17a, a	nd line	
-	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organization	on meets the "facts	-and-circumstance	s" test The organ	ization qualifies a	s a publ	ıcly	
	supported organization							
18		on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	ŀ	
	Instructions							

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ►	(4) 2020	(2) 2021	(0)	(4) 1010	(0) =0=0	(.)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions,						
~	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) 🕨	(4) 2013	(0) 2011	(0) 2013	(4) 2010	(0) 2017	(1) rotar
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)		 - £			-h	
14	First five years. If the Form 990 is fo	r the organization	i s first, secona, ti	hira, fourth, or fift	n tax year as a se	ction SUI(c)(3) o	
	check this box and stop here						
Se	ection C. Computation of Public						
15	Public support percentage for 2017 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage			- I I	
17	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 2	•	•••••••	, (1	· ·		
18	· · · · · · · · · · · · · · · · · · ·			مما سم 14	a 15 in march 41	18	a 17 ia nat
	331/3% support tests—2017. If the						_
	more than 33 1/3%, check this box and s	· ·	-				
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line :	19a, and line 16 is	s more than 33 1/	_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	
20	Private foundation. If the organization	on did not check a	box on line 14 1	9a. or 19b. check	this box and see	Instructions	
	ate roundation in the organizatio	ala not check a	. 20X on mic 14, 1	, or 190, check		A (Form 990 c	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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			
	describe the designation in historic and continuing relationship, explain	1		
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)	2		
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	2		
34	below	2-		
L.	Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied	3a		
D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	30		
C	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	2.		
4-	When any experimental eventuation and eventuation the United Charles ("Generate symposited eventuation") 2 T6 "Wee" and (Gyres)	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
		4a		
D	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	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			
	(c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
-	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9 a	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.	9 a		
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.	9b		
с	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.	9 c		
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	10a		
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)	10b		
		TOD		

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?						
b	A family member of a person described in (a) above?	11b					
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c					
-	ation B. Tone I Connection Operations						

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔲 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 📋 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's		
	involvement	2 b	

- **3** Parent of Supported Organizations **Answer (a) and (b) 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? *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

Зa

Зb

Yes

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 1 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 4 instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 2 Enter 85% of line 1 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 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) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions	Current Year							
 Amounts paid to supported organizations to accomplish 	exempt purposes							
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in						
3 Administrative expenses paid to accomplish exempt pu	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval require								
6 Other distributions (describe in Part VI) See instruction								
7 Total annual distributions. Add lines 1 through 6								
 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions 								
9 Distributable amount for 2017 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
Distributable amount for 2017 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2017								
a								
b From 2013								
d From 2015								
e From 2016								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2017 distributable amount								
 Carryover from 2012 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2017 from Section D, line 7								
\$\$								
a Applied to underdistributions of prior years								
b Applied to 2017 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions								
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions								
7 Excess distributions carryover to 2018. Add lines 31 and 4c								
8 Breakdown of line 7								
a Excess from 2013								
b Excess from 2014								
c Excess from 2015 d Excess from 2016								
d Excess from 2016								
		1						

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: Software Version: EIN: 91-1106878

Name: TACOMA ARTS LIVE

Schedule A (Form 990 or 990-EZ) 2017

Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

	HEDULE D				OMB No 1545-0047
	m 990)	Supplemen	ital Financial Statements		2017
Dure	and the Torresson	Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," on Form 990 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990.	ZUI / Open to Public	
	rtment of the Treasurv nal Revenue Service	s.gov/form990			
	me of the organ	ization		Employer ider	tification number
				91-1106878	
Pa		zations Maintaining Donor Advi te if the organization answered "Ye	sed Funds or Other Similar Funds o	r Accounts.	
	compie		(a) Donor advised funds	(b)Funds	and other accounts
1	Total number at	end of year			
2	Aggregate value	of contributions to (during year)			
3	Aggregate value	of grants from (during year)			
4	Aggregate value	at end of year			
5		ation inform all donors and donor adviso roperty, subject to the organization's ex	rs in writing that the assets held in donor ad clusive legal control?	vised funds are th	ne 🗌 Yes 🗌 No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose c		ussible
Pa	rt III Conser	vation Easements. Complete If th	ne organization answered "Yes" on Form	1 990, Part IV,	line 7.
1	Purpose(s) of co	onservation easements held by the organ	nızatıon (check all that apply)		
	Preservation	on of land for public use (e g , recreation	n or education) 🛛 🗌 Preservation of an	historically impor	tant land area
	Protection	of natural habitat	Preservation of a c	ertified historic st	ructure
	Preservation	on of open space			
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the for		on the End of the Year
а	Total number of	conservation easements		2a	
b	Total acreage re	stricted by conservation easements		2b	
С		ervation easements on a certified histori	, ,	2c	
d	structure listed i	n the National Register	ired after 8/17/06, and not on a historic	2d	
3	Number of cons tax year ►	ervation easements modified, transferre	d, released, extinguished, or terminated by t	he organization d	luring the
4	Number of state	es where property subject to conservation	n easement is located ►		
5		zation have a written policy regarding th it of the conservation easements it holds	ne periodic monitoring, inspection, handling c s?		🗆 Yes 🔲 No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easen	nents during the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements/	during the year
8	Does each cons and section 170		above satisfy the requirements of section 17	'0(h)(4)(B)(ı)	
9	In Part XIII, des balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	ervation easements in its revenue and exper footnote to the organization's financial state	ise statement, an ments that descr	Yes No d ibes
Pa		n's accounting for conservation easemen zations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Ass	ets.
ď		te if the organization answered "Ye			
1a	art, historical tr	easures, or other similar assets held for	.6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in function incial statements that describes these items		
b	historical treasu		.6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furthe		
1	-	led on Form 990, Part VIII, line 1		▶ \$	
(ii)Assets included	ın Form 990, Part X			
2	If the organizati		cal treasures, or other similar assets for finar 116 (ASC 958) relating to these items		
а	Revenue include	ed on Form 990, Part VIII, line 1		► \$	
b	Assets included	ın Form 990, Part X		▶ \$	

e Other .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Sche	edule D (Form 990) 2017									Page 2
Par	rt IIII Organizations Maintain	ing Collections of	Art, Histor	ical Treas	sures, o	r Other	Similar As	sets (con	tinued)	
3	Using the organization's acquisition, items (check all that apply)	accession, and other re	ecords, check	any of the	following	that are a	significant u	se of its co	llection	
а	Public exhibition		d	🗌 Loa	in or exch	ange prog	grams			
b	Scholarly research		e	🗌 Oth	ner					
С	Preservation for future general	lons								
4	Provide a description of the organiza Part XIII		xplain how th	ey further t	he organı:	zation's e:	xempt purpos	se in		
5	During the year, did the organization assets to be sold to raise funds rathe						nılar	🗌 Yes		0
Pa	ITT IV Escrow and Custodial A Complete if the organizati X, line 21.	on answered "Yes" o						nt on For	m 990,	Part
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or other int	ermediary foi	- contributic	ons or oth	er assets	not	🗌 Yes		0
b	If "Yes," explain the arrangement in	Part XIII and complete	the following	table			Ar	nount		_
с		·				1c				_
d	• •					1d				-
е	- ,					1e				-
f						1f				-
2a	-	int on Form 990. Part)	K. line 21. for	escrow or o	custodial a	account lia	ability?			_
	-						,	🗌 Yes		0
b										
Pa	art V Endowment Funds. Com								15	
1-	Beginning of year balance	(a)Current y	ear (b) 64,762	rior year 566,572	1	ears back 592,319	(d)Three year	rs back (e	Four year	rs back 569,697
			,,,02	500,572		552,515		10,020		
	Contributions		26,934	27,258		12,238		13,506		80,908
	Net investment earnings, gains, and lo	osses -	.0,554	27,230		12,250				
	Grants or scholarships									
e	Other expenditures for facilities and programs	2	28,478	29,068		37,985		40,015		31,777
f	Administrative expenses									
	End of year balance		53,218	564,762		566,572	5	592,319		618,828
-						,	-	,		
2	Provide the estimated percentage of Board designated or guasi-endowme		alance (line I	g, column (a)) neid a	15				
a										
b										
С		0 %								
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in th			t are held a	nd admin	istored fo	r tha			
34	organization by		Janization the	t are neiu a		istered to	i ule		Yes	No
	(i) unrelated organizations							Ja(i	<u>, </u>	No
	(ii) related organizations							3a(ii)	No
b					• •	• • •		Зb		
4	Describe in Part XIII the intended us	-	s endowment	funds						
Ра	Art VI Land, Buildings, and Eq					C	000 De.	+ 1/ 1/20	10	
	Complete if the organizati Description of property (a) (b) Cost or othe				depreciation		Book value	e
12	Land									
	Buildings				-					
	Leasehold improvements			41,05	7		18,348			22,709
	Equipment			843,57			628,300			215,275
	Other			301,45			284,349			17,107
-				202,10	1					/ /

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Sche	edule	D	(Form	9901	2017

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255,091

Schedule D (Form 990) 2017					Page 3
Part VII	Investments—Other Securities. Complete if the organ	iizat	ion answ	vered "Yes" or	i Form 990, Pa	
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of v t or end-of-year	
 (1) Financial (2) Closely-I (3)Other 	held equity interests	· ·				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	•	art IV Ju	ne 11c See F	orm 990 Part	X line 13
			ok value		(c) Method of v t or end-of-year	aluation
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' on (a) Description	Forn	n 990, Pa	rt IV, line 11d	See Form 990, P	art X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered	 d'Ye	• • • s' on Fo	 rm 990, Part :	► IV, line 11e or	
1.	See Form 990, Part X, line 25. (a) Description of liability	—		ook value		
(1) Federal II	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)		Γ				
(8)						
(9)						

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Pa	dule D (Form 990) 2017		Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	7,638,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, , ,
а	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities	1	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	6	
е	Add lines 2a through 2d	2e	724,168
3	Subtract line 2e from line 1	3	6,913,987
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,913,987
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete of the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Complete in the organization answered res on Form 990, Part IV, line Iza.		
	Total expenses and losses per audited financial statements	1	7,275.687
	Total expenses and losses per audited financial statements	1	7,275,687
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7,275,687
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		7,275,687
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments		7,275,687
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	1	7,275,687
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)		
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d 265,63 Add lines 2a through 2d . .	1	718,947
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1	1 6 2e	718,947
2 b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 6 2e	7,275,687 718,947 6,556,740
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 6 2e	718,947
2 b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)	1 6 2e	718,947
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7,275,6
2 b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 6 2e 3	718,94 6,556,740

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

Return Reference	Explanation
See Addıtıonal Data Table	

Part XIIII Supplemental Info	ormation (continued)
Return Reference	Explanation

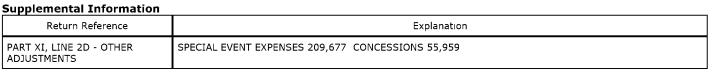
Schedule D (Form 990) 2017

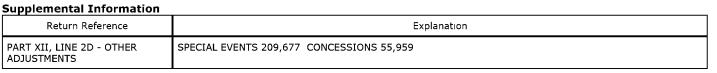
Additional Data

Software ID: Software Version: EIN: 91-1106878 Name: TACOMA ARTS LIVE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT CONSISTS OF ONE DONOR-RESTRICTED FUND FOR SUPPORTING THE CLASSICAL MUSIC MISSION OF THE BROADWAY CENTER





efile GRAPHIC print - DO NO	T PROCESS	DLN	DLN: 93493070010349										
SCHEDULE G	Supple		OMB No 1545-0047										
(Form 990 or 990-EZ)	Fund	draisin	g or		2017								
Cor					m 990, Part IV, lines 1 100 on Form 990-EZ, li		9, or if the	Open to Public					
Department of the Treasury Internal Revenue Service Infor	Inspection												
Name of the organization Employer identifi TACOMA ARTS LIVE													
							91-1106878						
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
		•											
1 Indicate whether the organizat	ion raised funds t	hrough any	of the f		-								
a 🗹 Mail solicitations			e		Solicitation of non-	-governm	ent grants						
b Internet and email solicitat	lions		f	f 🔽	Solicitation of gove	ernment g	grants						
c Phone solicitations			g	. 1	Special fundraising	g events							
d 🗹 In-person solicitations													
2a Did the organization have a wr or key employees listed in Forr							· · ·	es 🗆 No					
 If "Yes," list the ten highest pa to be compensated at least \$5 			draisers)) pursı	uant to agreements	under wi							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or rol of outions?) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization					
1 KAREN PICKETT 3719 SMITHERS AVE S RENTON, WA 98055	GRANT WRITER	Yes	No No	-	390,000		26,032	363,968					
2 JOHN HAYNES 0 3707 SE 60TH AVE 0	CAMPAIGN CONSULTANT		No		0		7,000	-7,000					
PORTLAND, OR 97206													
5													
4													
5													
6													
7													
8													
9													
10													
 Total			•		390,000		33,032	356,968					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

WA _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

chedule	G	(Form	000	or	000-E7	0 2017
chequie	G	(FOIIII	330	UI.	990-EZ) 2017

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a)Event #1 (c)Other events (d) Total events STAR CHEFS WINED UP (add col (a) through AUCTION (total number) (event type) col (c)) (event type) Revenue 1 Gross receipts . 102,690 12,385 115,075 2 Less Contributions . 78,120 12,385 90,505 3 Gross income (line 1 minus 24,570 line 2) 24,570 4 Cash prizes 5 Noncash prizes 25,620 25,620 Direct Expenses 6 Rent/facility costs 444 1,521 1,965 7 Food and beverages 6,097 29,239 35,336 8 Entertainment 17,000 17,000 Other direct expenses 104,444 25,312 129,756 **10** Direct expense summary Add lines 4 through 9 in column (d) ► 209,677 11 Net income summary Subtract line 10 from line 3, column (d) . • . -185,107Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) 7 Net gaming income summary Subtract line 7 from line 1, column (d). . . . ► Enter the state(s) in which the organization conducts gaming activities _ Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain . b 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

h If "Yes," explain _

Direct

q

Schedule G (Form 990 or 990-EZ) 2017

Sche	dule G (Form 990 or 990-EZ) 2017					F	age 3
11	Does the organization conduct gaming	activities with nonmember	's?		🗌 Yes		
12	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□ Yes		
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the orga	inization's gaming/special events books and re	cords			
	Name 🕨						
	Address 🖻						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		🗌 Yes		
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganızatıon ► \$ and th	e			
С	If "Yes," enter name and address of the	e third party					
	Name 🕨						
	Address 🕨						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation ▶ \$						
	Description of services provided ►						
	Director/officer	Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		□ _{Yes}		
b	•		uted to other exempt organizations or spent				
Da	in the organization's own exempt activity	. .	\$ tions required by Part I, line 2b, columns	<u>, ()</u>		nd Dart	
Fal			plicable. Also provide any additional infor				5).
	Return Reference		Explanation				
			Schedu	ule G (F	orm 990 or	990-EZ)	2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	1 -	DLN: 934	9307	0010)349
Sch	edule J	Co	ompensati	on Information	ON	1B No	1545-0	0047
(Forr	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.						7
	iment of the Treasury il Revenue Service	Information al		(Form 990) and its instructions gov/form990.	is at		to Pul ectio	
Nar	ne of the organiz	ation			Employer identificat			
	oma arts live	ons Regarding Compensa	tion		91-1106878			
Га	Questi	ons Regarding compensa	tion				Yes	No
1a				the following to or for a person liste relevant information regarding the				
	_	s or charter travel		Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		nification and gross-up payment	_	Health or social club dues or initiati				
		nary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described abi		llow a written policy regarding payn olete Part III to explain	nent or reimbursement	1 b		
2				r allowing expenses incurred by all , regarding the items checked in line	- 1-2	2		
	unectors, truste	ees, oncers, including the CLO/I		, regarding the items checked in inc	- 14.			
3				d to establish the compensation of t ot check any boxes for methods	he			
				EO/Executive Director, but explain	ın Part III			
	Compensa	ation committee		Written employment contract				
		ent compensation consultant		Written employment contract Compensation survey or study				
) of other organizations		Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Sec	tion A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonquali	fied retirement plan?		4b		No
с		r receive payment from, an equ		5		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the appl	icable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)) organizations r	nust complete lines 5-9.				
5		ed on Form 990, Part VII, Sectic contingent on the revenues of	on A, line 1a, did t	he organization pay or accrue any				
а	The organizatio	n?				5a		No
b	Any related orga					5b		No
		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section contingent on the net earnings of		he organization pay or accrue any				
а	The organizatio					6 a		No
b	Any related orga If "Yes," on line	anızatıon? 6a or 6b, describe in Part III				6b		No
7		ed on Form 990, Part VII, Sectic lescribed in lines 5 and 67 If "Ye		he organization provide any nonfixe t III	d	7		No
8				ed pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line	8 did the organization also follo	w the rebuttable .	presumption procedure described in	Regulations section	- °		
	53 4958-6(c)?				Regulations section	9		

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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation i	
		(i) Base compensation	(ii) Bonus & incentive compensation compensation compensation		other deferred compensation	benefits	(E) Total of columns (B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1 DAVID FISCHER EXECUTIVE DIRECTOR	(i)			0	7,000	9,047	240,112	0	
	(ii)	0	0	0	0	0	0	0	
	-								
<u>ا </u>									

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017			
Part IIII Supplemental Inform	nation		
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 informati			
Return Reference	Explanation		
,	THE EXECUTIVE DIRECTOR CAN RECEIVE AN ANNUAL BONUS BASED ON THE EXECUTIVE COMMITTEE OF THE BOARD'S ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR		



efile GRAPHIC print -	LN: 93493070010349			
SCHEDULE O Supplemental Information to Form 990 or 990-EZ				OMB No 1545-0047
(Form 990 or 990- EZ) Complete to prov Form 990 or		vide information for r 990-EZ or to provi Attach to Forn	responses to specific questions on de any additional information. 990 or 990-EZ. 990 or 990-EZ) and its instructions is at	2017 Open to Public Inspection
Internal Revenue Service I Name of the organization TACOMA ARTS LIVE			Employer id 91-1106878	entification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE INITIAL REVIEW OF THE FORM 990 UPON APPROVAL
PART VI,	OF THE FINANCE COMMITTEE, THE FORM 990 SHALL BE PRESENTED TO THE BOARD OF TRUSTEES ALONG
SECTION B,	WITH A RECOMMENDATION FROM THE FINANCE COMMITTEE CHAIR FOR THE BOARD APPROVAL OF THE FORM
LINE 11B	990 FOR FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI,	ALL MEMBERS OF THE BOARD OF TRUSTEES AND KEY STAFF OF TACOMA ARTS LIVE SIGN A STATEMENT OF CONFLICT OF INTEREST DISCLOSURE ANNUALLY TACOMA ARTS LIVE'S GOVERNANCE COMMITTEE MONITOR S AND ENFORCES THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR RESEARCHES DATA, SUCH AS SALARY SURVEYS AND 990 INFORMATION, AND MA KES RECOMMENDATIONS TO THE FINANCE COMMITTEE FOR COMPENSATION OF KEY POSITIONS THE FINANC E COMMITTEE APPROVES A SALARY BUDGET AND AUTHORIZES THE EXECUTIVE DIRECTOR TO NEGOTIATE WI TH CANDIDATES WITHIN THE SALARY BUDGET THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS EST ABLISHED BY A COMMITTEE OF COMMUNITY MEMBERS THAT FORMED AN EXECUTIVE DIRECTOR SEARCH COMM ITTEE IN 2006, THE COMMITTEE USED 990 DATA AND SALARY SURVEYS TO DETERMINE A SALARY LEVEL AND RECOMMENDED THIS LEVEL TO THE FULL BOARD FOR APPROVAL THE BOARD APPROVED THE SALARY LEVEL AND AUTHORIZED THE COMMITTEE TO INITATE THE SEARCH CURRENTLY THE BOARD HAS ESTABLIS HED A COMPENSATION COMMITTEE DESIGNED TO DO ANNUAL PERFORMANCE AND SALARY RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THIS COMMITTEE ALSO WORKS WITH THE FINANCE C OMMITTEE TO SET THE APPROPRIATE COMPENSATION BUDGET EACH YEAR FOR THE EXECUTIVE DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI,	TACOMA ARTS LIVE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON AN AS REQUESTED BASIS TACOMA ARTS LIVE WEBSITE INDI CATES THE PROPER CONTACT INFORMATION TO MAKE SUCH A REQUEST

2949305300608

	, 	~~	-	BLIC DISCLOSURE CO anization Exempt			⊺ax ∣	OMB No 1545-0047
• For	9	90	Under section 501(c), 527, or 4	947(a)(1) of the Internal Revenu	ie Code (e)	ccept private for	undations)	<u>2018</u>
Depa		f the Treasury nue Service		al security numbers on this forn gov/Form990 for instructions ar			14061	Open to Public Inspection
			ar year, or tax year beginning			JUN 30,	2019	
70 B (Check (f	C Name o	f organization	002 1, 2010		D Employer		on number
	Addres							
	_jchange ⊐jName		MA ARTS LIVE	·		_	91-110	6979
<u>u</u> [_ change initial return		usiness as and street (or P.O. box if mail is no	t delivered to street address)	Room/suit		·	0070
POSTMARK DATE	Finat	001	BROADWAY		700			91-5456
5 × _	termin- ated	- City or t	own, state or province, country, a			G Gross receipt		6,235,538.
	Ameno return	IACO	<u>MA, WA 98402-441</u>			H(a) Is this a		
	Applic. tion pendir		nd address of principal officer D2 AS C ABOVE	AVID FISCHER		for subo	ordinates?	Yes 🗶 No الماري ماري ماري ماري ماري ماري ماري ماري
· • • • • • • • • • • • • • • • • • • •	Tax-exe	empt status) < (insert no.) 4947(a)(1) or 🚺 52	-1 ÷		(see instructions)
<u> </u>	Nebsit	te: 🕨 WWW .	TACOMAARTSLIVE.OF			H(c) Group e	xemption nu	mber 🕨
			X Corporation Trust	Association Other ►	L Yea	ar of formation: <u>1</u>	979 м Sta	ite of legal domicile; W2
Pa	art I	Summary				MC ITVE!	MTCC1	
e	1		e the organization's mission or m ING COMMUNITY THF				2 MT221	1011 15
nan	2		× if the organization dis				s net assets	
Governance	3		ting members of the governing bo				3	24
ত ক	1 ·		lependent voting members of the				4	24
	5		of individuals employed in calend	•			5	<u> </u>
20 Activities	6 7 a		of volunteers (estimate if necessa d business revenue from Part VIII	••			6 7a	0.
2020 Acti	b		business taxable income from Fo				7b	0.
6					F	Prior Year		Current Year
ne 70	8		and grants (Part VIII, line 1h)		F	<u>2,921,</u> 4,075,		<u>1,525,308</u> . 4,540,280.
JUN 2 Revenue	9	+	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3	3.4 and $7d$	H		280.	18,839.
J, a	11		e (Part VIII, column (A), lines 5, 6d		F	-104,		-87,645
<u>. </u>			- add lines 8 through 11 (must eq			6,913,		5,996,782.
Z			milar amounts paid (Part IX, colun		F		0.	0.
A		-	to or for members (Part IX, colum r compensation, employee benefi		-	2,649,	0.	0. 3,029,067.
SCANNED JUN 2 9		-	undraising fees (Part IX, column (-		032.	8,993.
w uedx			ing expenses (Part IX, column (D)		<u>)56.</u>			
ũ	17	Other expens	es (Part IX, column (A), lines 11a-1	11d, 11f-24e)		3,873,		3,595,317.
	18	Total expense	es Add lines 13-17 (must equal Pa expenses Subtract line 18 from I	art IX, column (A), line 25)	<u> </u>	<u>6,556,</u> 357,		6,633,377.
or		Revenue less	expenses Subtract line 18 from I			, 337 Beginning of Curre		-636,595. End of Year
sets c	20	Total assets (Part X, line 16)	FEB 1 0 202	ା ଝା	2,742,		2,338,602.
t Ass			s (Part X, line 26)	FEB 1 0 202	၂ ကြို	1,659,		1,878,560.
			fund balances Subtract line 21 fr		╤┙╩Г	1,082,	175.	460,042.
	art II	Signatur	I declare that I have examined this ret			ments and to the h	est of my know	wledge and helief it is
			Declaration of preparer (other than p					mouge and bond, it is
				IX				
Sig			E of officer			Date	2-31-	19
Her	e		D FISCHER, EXECUT print name and title	IVE DIRECTOR		•	~ 01-	
		Print/Type pre		Preparer's signature		Date	Check	PTIN
Paid	i	RAY HOL	MDAHL	RAY HOLMDAHL		01/07/20		P00120599
-	parer		BDO USA, LLP			Firm's	EIN 🛌 1	3-5381590
Use	Only	Firm's address	601 UNION ST, S SEATTLE, WA 981			Dhar	nn 120E) 382-7777
May	v the IF	I RS discuss thi	s return with the preparer shown			I Phone	10. 1 200	X Yes No
	01 12-3		For Paperwork Reduction Act N		ions.			Form 990 (2018
	S	EE SCHE	DULE O FOR ORGANI	ZATION MISSION S	TATEME	ENT CONTI	NUATIO	NG (34)
								$\langle \cdots \rangle$

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If "Yes," describe these new services on Schedule O 3 Did the organization cases conducting; or make significant changes in how it conducts, any program services, as measured by expenses Section 510(3) and 501(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported 4a (code) (forewast 4,984,501. YEAR 2018-19 THROUGH ALL PROGRAMS AND PARTNERS THROUGHOUT TACOMA 'S HISTORIC THRAFTER DISTRICT. SRAVICES PROVIDED BY TACOMA ARTS LIVE STRICT. SRAVICES PROVIDED BY TACOMA ARTS LIVE STRICT. SRAVICES PROVIDED BY TACOMA ARTS LIVE SUPPORTANCES, SPECIAL EVENTS, AND EDUCATION THROUGH THE ARTS PROGRAMS. BULLYER TO 18 PUBLIC SCHOOL DISTRICTS AND 34 PRIVATE EDUCATIONAL ENTITIES. TACOMA ARTS SLUE SUPPORTS 8 NON-PROFT RESIDENT ARTS ORGANMS WERE DELIVER TO 18 PUBLIC SCHOOL DISTRICTS AND 34 PRIVATE EDUCATIONAL ENTITIES. TACOMA ARTS LIVE SUPPORTS 8 NON-PROFT RESIDENT ARTS ORGANMS WERE DELIVER TO 18 PUBLIC SCHOOL DISTRICTS AND 34 PRIVATE EDUCATIONAL ENTITIES. ************************************	PER) IS:	ny line in this Part III	Check if Schedu	
Benefy decorise the organization's mission THE MISSION OF TACOMA ARTS LIVE (FORMERLY THE BROADWAY CENTER) IS: ENERGIZING COMMUNITY THROUGH LIVE PERFORMANCE. Did the organization undertake any significant program services during the year which were not listed on the puor Form 990 or 990-627 If "Yes," describe these new services on Schedule 0 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes, "describe these new services on Schedule 0 Describe the organization's grangement accompletiments for each of its three largest program services, as measured by expense section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, newstrue, dary for each program service accompletiments for each of its three largest program services, as measured by expense section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, newstrue, dary for each program service second the performant of grants and allocations to others. The STECAL YEAR 2018-19 THROUGH ALL PROGRAMS AND PARTNERS THROUGHOUT TACOMA 'S HISTONIC THEATER DISTRICT. SERVICES PROVIDED BY TACOMA ARTS LIVE ANT SERVICES PROVIDED BY TACOMA ARTS LIVE SERVED ADDIVATION THROUGH THE ARTS PROGRAMS WERE DELIVENTS, AND EDUCATION THROUT THE ARTS PROGRAMS. EDUCATION THROUGH THE ARTS PROGRAMS WERE DELIVENTS AND EDUCATIONAL ENTITIES. TACOMA ARTS LIVE SUPPORTS 8 NON-PROFIT RESIDENT ARTS ORGANIZATIONS 60 (bite program services (Decorbe in Schedule 0.) (intermost distribution) (intermost distribution) (intermost distribution) (intermost distribution) (interm	PER) IS:			
THE MISSION OF TACOMA ARTS LIVE (FORMERLY THE BROADWAY CENTER) IS: ENERGIZING COMMUNITY THROUGH LIVE PERFORMANCE. 2 Dd the organization undertake any significant program services during the year which were not listed on the proform 990 or 990 ef20? \verticestample in the organization case conducting, or make significant changes in how it conducts, any program services? \verticestample in the organization case conducting, or make significant changes in how it conducts, any program services? \verticestample in the organization case conducting, or make significant changes in how it conducts, any program services, an measured by expense section 501(6)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, revenue, first, for each program services, an measured by expense section 501(6)3 and 501(6)40 organizations reported 18 (cond	PER) IS:		DUEUV DESCRIDE THE OK	
ENERGIZING COMMUNITY THROUGH LIVE PERFORMANCE. Dd the organization undertake any significant program services during the year which were not lated on the prior Form 990 or 990-E2? If "Yes," discribe these new services on Schedule O Do the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expense Section 501(6)(2) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service angoined Cose		\mathbf{F} (FODMEDIV THE DOALHING CONTINUE)		
Dd the organization undertake any significant program services during the year which were not lated on the pror Form 990 or 990-627 If 'Yes, 'decomest these new services on Schedule O				
prof Fom '980 or 990E2?		IVE PERFORMANCE.	ENERGIZING (
prof Fom '980 or 990E2?				
prof Fom '980 or 990E2?		upon during the year which were not listed on the		,
If "Yes," describe these new services an Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported If (Cost	Yes 🖸	ices during the year which were not listed on the	-	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,'' describe these changes on Schedule O 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, revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses in creating any, for each program service appointed TACOMA ARTS LIVE SERVED APPROXIMATELY 300, 265 PATRONS IN ITS FISCAL YEAR 2018-19 THROUGH ALL PROGRAMS AND PARTNERS THROUGHOUT TACOMA'S HISTORIC THRATER DISTRICT. SERVICES PROVIDED BY TACOMA ARTS LIVE AR COMPRISED OF LIVE PERFORMANCES, SPECTAL EVENTS, AND EDUCATION THROUGH THE ARTS PROGRAMS. EDUCATION THROUGH THE ARTS PROGRAMS WERE DELIVER TACOMA ARTS LIVE SUPPORTS 8 NON-PROFIT RESIDENT ARTS ORGANIZATIONS THE CITY OF TACOMA, OTHER INDOOR VENUE CLIENTS COMBINED WITH OUTDOO PARTNERS SUCH AS THE TACOMA FARMERS MARKET, TACOMA PRIDE FESTIVAL, OTHERS.				
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501c(d) and 501c(d) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported If (code				
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Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported (code			•	
revenue, flay, for each program service reported is (Code) (Exponses 1				
<pre>is (come</pre>	e total expenses, and	report the amount of grants and allocations to others, the total		
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YEAR 2018-19 THROUGH ALL PROGRAMS AND PARTNERS THROUGHOUT TACOMA'S HISTORIC THEATER DISTRICT. SERVICES PROVIDED BY TACOMA ARTS LIVE AR COMPRISED OF LIVE PERFORMANCES, SPECIAL EVENTS, AND EDUCATION THROU THE ARTS PROGRAMS. EDUCATION THROUGH THE ARTS PROGRAMS WERE DELIVER TO 18 PUBLIC SCHOOL DISTRICTS AND 34 PRIVATE EDUCATIONAL ENTITIES. TACOMA ARTS LIVE SUPPORTS 8 NON-PROFIT RESIDENT ARTS ORGANIZATIONS THE CITY OF TACOMA, OTHER INDOOR VENUE CLIENTS COMBINED WITH OUTDOO PARTNERS SUCH AS THE TACOMA FARMERS MARKET, TACOMA PRIDE FESTIVAL, OTHERS. OTHERS. (code)(Expenses	4,540,28		• / • •	la
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. Form	990 (2018) TACOMA ARTS LIVE ABJODGM 91-1106	878	P	age 3
	t IV Checklist of Required Schedules			ugo -
			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	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D. Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete	-		<u> </u>
Ŭ	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	~	
U		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19	L	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form	990 (2018) TACOMA ARTS LIVE 91	L-1106878	P	age 4
• [Par	tilly 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 curr	ent		
	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 o	f the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	e		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	ıd		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	te		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ye	s, "		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	,		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Par	rt IV 28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o	officer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	·		ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organi			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Par	Note. All Form 990 filers are required to complete Schedule O	38	X	L
10 cm	Check if Schedule O contains a response or note to any line in this Part V			
			v 1	┟┶╍┥
			Yes	I NO

				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		149			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortat	le gaming				
	(gambling) winnings to prize winners?				1c	X	
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Form **990** (2018)

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Form	990 (2018) TACOMA ARTS LIVE 91-1106	878	P	age 5
· Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
	filed for the calendar year ending with or within the year covered by this return 2a 193			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
Ь	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)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	–		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
L	•	oa		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	CL		
-		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).		X	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>^</u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	70		^
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d	<u> </u>		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>⊢</u> ≏_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			·
a	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?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	<u> </u>	<u> </u>	
	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.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
р	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand	<u> </u>		- <u></u> -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	X
	If "Yes," complete Form 4720, Schedule O		L	
		Form	990	(2018)

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· Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availat	ole
	for public inspection Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year			

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Form 990 (2018)

TACOMA ARTS LIVE

Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

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

(A) Name and Title	(B) Average hours per		not c	Pos heck	more) than (is bot)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			recto	Highest compensated stated sta	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TIFFANY HARMON	2.00									
VICE PRESIDENT		X		X			<u> </u>	0.	0.	0.
(2) KELLY LANE	2.00								•	•
SECRETARY		X		X		-		0.	0.	0.
(3) CLINT JOHNSON	2.00								0	0
TREASURER	2 00	X		X		-		0.	0.	0.
(4) MARK PINTO	2.00	x		x				0.	0.	0.
PRESIDENT (5) CHRISTOPHER ALGEO	1.00			<u> </u>				<u> </u>	0.	<u></u>
TRUSTEE	1.00	x						0.	0.	0.
(6) JUDY BAERG	1.00	A	-					0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(7) JON BOWSER	1.00		-				-			
TRUSTEE	1.00	x						0.	0.	0.
(8) STEPHANIE HOWE	1.00		╞──		┢					
TRUSTEE	1.00	x						0.	0.	0.
(9) BROOKE JOHNSON	1.00									
TRUSTEE		x						0.	0.	0.
(10) GENIE JEFFERSON	1.00	<u> </u>	<u> </u>		<u> </u>					
TRUSTEE		x			1			0.	0.	0.
(11) KATHY KEELE	1.00	<u> </u>								
TRUSTEE		x						0.	0.	0.
(12) NICOLE HUME	1.00									
TRUSTEE		x						0.	0.	0.
(13) CONNIE LADENBURG	1.00									
TRUSTEE		x						0.	0.	0.
(14) DARRIEL MENEFEE	1.00							_		
TRUSTEE		X						0.	0.	0.
(15) JUMI SAKURAI	1.00									
TRUSTEE		<u>x</u>						0.	0.	0.
(16) KRISTEN SAWIN	1.00									
TRUSTEE		X						0.	0.	0.
(17) DANENE SPAETH	1.00									
TRUSTEE		X	I I		I I	1		0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per nd a d	ition more rson i	than Is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
(18) HOLLY HAYES TRUSTEE	1.00	×	<u> </u>	0	¥.	Ξā	<u> </u>	0.	0.	
(19) LISA JANGUARD TRUSTEE	1.00	x						0.	0.	
(20) BRIAN BERGREN	1.00									
TRUSTEE (21) MIKE HUTCHINSON	1.00	X						0.	0.	
TRUSTEE (22) LOREN COHEN	1.00	X						0.	0.	
TRUSTEE (23) CHRIS MCPHAIL	1.00	X	\vdash				\vdash	0.	0.	
TRUSTEE (24) MIKE WARK	1.00	x x			-			0.	0.	
TRUSTEE (25) DAVID FISCHER	40.00	<u>^</u>		v						10 14
EXECUTIVE DIRECTOR (26) ROBYN ENGLEKING	40.00			X				205,140.	0.	19,14
FINANCE DIRECTOR 1b Sub-total c Total from continuation sheets to Part VI	l, Section A	<u> </u>	<u> </u>	X	<u> </u>	1		113,817. 318,957. 111,142.	0. 0. 0. 0.	13,800 32,943 13,933
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization)	ot limited to th	ose	liste	ed ab	ove	e) wh	► o re	430,099.		46,874
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si 4 For any individual listed on line 1a, is the su 	uch individual				•					Yes N 3 2
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue comper	nsati	on f	rom	any	unr			ual for services	4 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt co	ontra	acto			-	tion from
the organization Report compensation for t (A) Name and business			ondur DNI		<u>uth c</u>	or w	thin	i the organization's tax ye (B) Description of si		(C) Compensation
	address	11(JINI	2				/		Joinpondation
2 Total number of independent contractors (ii		othe	nito	1 + ~ ·	ther		tod	above) who received me		
\$100,000 of compensation from the organized	zation 🕨				()				
SEE PART VII, SECTION		IN	UA	TI	ON	s S	HE	ETS	I I	Form 990 (20

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Part VII Section A. Officers, Directo	ors, Trustees, Key Er	nplo	yee	s, ai	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
27) LACEY WRIGHT	40.00									
SSOC. EXECUTIVE DIRECTOR						X		111,142.	0.	13,93
· · · · · · · · · · · · · · · · · · ·										
- · · · · · · · · · · · · · · · · · · ·										

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Pai	t Vill							
		Check if Schedule O cont	ains a response	or note t <u>o</u> any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1 ,	1	1,525,308.			
Program Service Revenue		RENTAL & PRODUC FACILITIES MANA TICKET OFFICE EDUCATIONAL EVE All other program service reve Total. Add lines 2a-2f	TION GEMENT NTS nue	711110 711110 711110 611600 711110	1,718,320. 1,076,003. 812,486. 468,752. 212,644. 252,075. 4,540,280.			
	3 4 5 6 a	Investment income (including other similar amounts) Income from investment of tax Royalties Gross rents		•	18,839.			18,839.
	b c d 7 a b	Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(iı) Other				
venue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$79,4 contributions reported on line	84. of	▶ ▶				
Other Revenue	с 9 а	Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	a b Iraising events stivities See a	<u>185,571.</u> ▶	-161,271.			-161,271
	с 10 а b	Less direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a b	► 126,811. 53,185. ►	73,626.			73,626
	11 a b c d	Miscellaneous Revenu All other revenue		Business Code				
	e <u>12</u> 12-31-	Total. Add lines 11a-11d Total revenue. See instructions			5,996,782.	4,540,280.	0.	-68,806.

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Form 990 (2018) TACOMA ARTS LIVE Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	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				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22				
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,	200 000	006 510	10 000	00 465
	trustees, and key employees	388,202.	286,513.	18,222.	83,467.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	2,134,662.	1,575,491.	100,202.	458,969.
7	Other salaries and wages	2,134,002.	1,5/5,491.	100,202.	430,909.
8	Pension plan accruals and contributions (include	12 019	21 750	2,019.	0 240
•	section 401(k) and 403(b) employer contributions)	<u>43,018.</u> 237,541.	<u> </u>	11,150.	<u>9,249.</u> 51,073.
9	Other employee benefits	225,644.	166,537.	10,592.	48,515.
10	Payroll taxes	225,044.	100,557.	10,392.	40,010.
11	Fees for services (non-employees)				
a L	Management	7,883.	4,989.	2,088.	806.
b	~ F	7,005.	±,505.	2,000.	000.
c ہے					
	Lobbying Professional fundraising services. See Part IV, line 17	8,993.			8,993.
e f	Investment management fees	0,000		1	0,000
g					
Э	column (A) amount, list line 11g expenses on Sch 0.)	253,299.	53,218.	32,837.	167,244.
12	Advertising and promotion	605,479.	390,978.	17.	214,484.
13	Office expenses	331,098.	294,970.	21,018.	15,110.
14	Information technology	,			
15	Royalties				
16	Occupancy	226,423.	226,423.		
17	Travel	33,709.	31,678.	1,882.	149.
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,887.	30,064.	14,983.	840.
20	Interest	45,944.	10,195.	4,139.	31,610.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,836.	64,836.		
23	Insurance	24,457.		24,357.	100.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION SERVICES	1,658,414.	1,610,381.	12,499.	35,534.
b	THEATRE DESIGN AND CONS	258,375.		·	258,375.
c	DUES, SUBSCRIPTIONS, AN	23,483.	15,230.	6,715.	1,538.
d	AQUAL ADQUITE AQUITO AQUITO	16,030.	16,030.		
	All other expenses				· · · · · ·
25	Total functional expenses. Add lines 1 through 24e	6,633,377.	4,984,601.	262,720.	1,386,056.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 🛄 if following SOP 98-2 (ASC 958-720)				

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TACOMA ARTS LIVE

Form 990 (2018) Part X Balance Sheet 91-1106878 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		147,345.	1	127,925.
	2	Savings and temporary cash investments		530,811.	2	393,716.
	3	Pledges and grants receivable, net		880,525.	3	676,301.
	4	Accounts receivable, net		80,631.	4	76,671.
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensat	ed employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section 4	1958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		15,647.	8	11,677.
	9	Prepaid expenses and deferred charges		235,159.	9	204,432.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 1,222,879.			`
	ь	Less accumulated depreciation	10b 995,834.	255,091.	10c	227,045.
	11	Investments - publicly traded securities		596,960.	11	620,835.
	12	Investments - other securities See Part IV, line 1	l l		12	
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	2,742,169.	16	2,338,602.
	17	Accounts payable and accrued expenses		443,057.	17	530,239.
	18	Grants payable			18	
	19	Deferred revenue		408,575.	19	595,571.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former of	officers, directors, trustees,			
litie		key employees, highest compensated employees	, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelat	ed third parties	808,362.	23	752,750.
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		1 (50 004	25	1 050 500
	26	Total liabilities. Add lines 17 through 25		1,659,994.	26	1,878,560.
		Organizations that follow SFAS 117 (ASC 958)				
es		complete lines 27 through 29, and lines 33 and	34.			120 226
anc	27	Unrestricted net assets		73,692.	27	-138,336.
Bala	28	Temporarily restricted net assets		445,265.	28	21,500.
P	29	Permanently restricted net assets		563,218.	29	576,878.
Net Assets or Fund Balances	1	Organizations that do not follow SFAS 117 (AS	C 958), check here Þ 🛄			
D.		and complete lines 30 through 34.				
iets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equ			31	
Vet	32	Retained earnings, endowment, accumulated inc	ome, or other funds	1,082,175.	32	160 042
~	33	Total net assets or fund balances		2,742,169.	33	460,042. 2,338,602.
	34	Total liabilities and net assets/fund balances		4,144,109.	34_	Form 990 (2018)

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Form	990 (2018) TACOMA ARTS LIVE	91-	-1106878	Pa	_{ge} 12
· Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5 <u>,</u> 99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,63		
3	Revenue less expenses Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,08	<u>2,1</u>	<u>75.</u>
5	Net unrealized gains (losses) on investments	5	1	4,4	<u>62.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	46	<u>0,0</u>	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		. <u></u>		l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	<u> </u>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	<u>X</u>	—
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A								OMB No 1545-0047
(Form 990 or 990-EZ)			rity Status an ization is a section 501					2018
		494	17(a)(1) nonexempt cha	ritable tru	ıst.	5 4 3601011		
Department of the Treasury Internal Revenue Service	►	•	Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Name of the organization	on							identification number
Part I Reason		MA ARTS LIV	VE All organizations must co					1-1106878
The organization is not a							s	
<u> </u>	•	•	n of churches described	•		IXA)(i).		$\wedge 1$
			Attach Schedule E (Form				I	\bigcup
3 🔄 A hospital or	a cooperative	hospital service orga	inization described in si	ection 170	D(b)(1){A}(ii	i).		-
	-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	on operated fo	or the benefit of a col Complete Part II)	lege or university owned	or operat	ed by a go	vemmental u	init describe	ed in
			ental unit described in	section 17	70(b)(1)(A)	(v).		
7 X An organizati	on that normal	lly receives a substai	ntial part of its support fi				he general p	public described in
`		omplete Part II.)	1)(A)(vi). (Complete Par	E III A				
			in section 170(b)(1)(A)(-	ed in conju	inction with a	land-grant	college
•	-		ulture (see instructions)	• •	-		-	-
university								
-			than 33 1/3% of its supp t to certain exceptions,				•	
		• •	(less section 511 tax) fro				•••	-
See section	509(a)(2). (Cor	mplete Part III)						
	-	-	vely to test for public sat	•				
	-	•	vely for the benefit of, to d in section 509(a)(1) o	•			•	
•		•	f supporting organization					
a 🗌 Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anızatıon(s), t	ypically by	giving
	-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
`		complete Part IV, Se		on with it	c cuenado	d organizatio		100
		•	or controlled in connect anization vested in the sa			-		-
	-	t complete Part IV,					3- ··· Fr	
c 🗌 Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
	-		You must complete I					
	-	•	orting organization oper ation generally must sat				•	.,
	•		nplete Part IV, Sections					1000
· · ·	•	•	written determination fro				II, Type III	
-	-		nally integrated supportion	ng organiz	ation			
f Enter the number	••	-	d arganization(s)					
g Provide the followic (i) Name of supp		about the supporte (III) EIN	(iii) Type of organization	(iv) is the orga	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					<u> </u>			
<u></u>								
					1			
					<u> </u>			····
Total								
LHA For Paperwork Re	duction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 TACOMA ARTS LIVE 91-1106 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 170(b)(1)(A)(iv) 170(b)(1)(A)(iv)

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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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	1204536.	1412346.	1976053.	2921281.	1525308.	9039524.	
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	26,304.	26,304.	26,304.	26,304.	26,304.	131,520.	
4	Total. Add lines 1 through 3	1230840.	1438650.	2002357.	2947585.	1551612.	9171044.	
	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)				/		622,375.	
6	Public support. Subtract line 5 from line 4						8548669.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	1230840.	1438650.	2002357.	2947585.	1551612.	9171044.	
	Gross income from interest,							
Ť	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	22,833.	22,069.	21,705.	22,280.	18,839.	107,726.	
9	Net income from unrelated business							
Ŭ	activities, whether or not the	1						
	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			· · · · •			9278770.	
12	Gross receipts from related activities,	etc. (see instructio	(ns)	·,		12 18	,897,914.	
	First five years. If the Form 990 is for			t fourth or fifth ta	x vear as a section		<u>,,.</u>	
.0	organization, check this box and stor	0		2, 100111, 01 min 10				
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	92.13 %	
15	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2017 Schedule A, Part II, line 14						89.79 %	
	15 Public support percentage from 2017 Schedule A, Part II, line 14 15 89.79 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 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-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2017. 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-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
-								

Schedule A (Form 990 or 990-EZ) 2018

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Sche Pa	edule A (Form 990 or 990-EZ) 2018 T2 rt III Support Schedule for O	rganizations	Described in S	Section 509/a)	2		6878 Page 3
1 4	(Complete only if you checked	-				art II. If the organiz	ation fails to
	qualify under the tests listed be			iganization failed	to quality and the		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
3	organization's tax-exempt purpose Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513	\mathbf{i}					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf	\backslash					
5	The value of services or facilities						
	furnished by a governmental unit to	\backslash					1
	the organization without charge	<u> </u>	L				
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)			<u>\</u>			
Sec	ction B. Total Support		-	<u> </u>		-	
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	<u>)</u> 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6			<u>`</u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain			<u> </u>			
			1				ļ
	or loss from the sale of capital assets (Explain in Part VI)						1
13	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
13	or loss from the sale of capital assets (Explain in Part VI)	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	lation,
13 14	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	-		d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
13 14 Sec	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public	Support Per	centage		x year as a section		ation,
13 14 Sec 15	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin	Support Per ne 8, column (f), d	centage livided by line 13, d		x year as a section	15	× □
13 14 Sec 15 16	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017)	Support Per ne 8, column (f), d Schedule A, Part	centage livided by line 13, d III, line 15		x year as a section		× □
13 14 Sec 15 16 Sec	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017 ction D. Computation of Invest	s Support Per ne 8, column (f), d Schedule A, Part timent Income	centage livided by line 13, d III, line 15 Percentage	column (f)) '	x year as a section	15	▶□ %
13 14 Sec 15 <u>16</u> Sec 17	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20	c Support Per ne 8, column (f), d Schedule A, Part Ciment Income 18 (line 10c, colur	rcentage livided by line 13, d III, line 15 e Percentage mn (f), divided by li	column (f)) '	x year as a section	15 16 17	▶ □ % %
13 14 15 <u>16</u> 5ec 17	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 20	c Support Per ne 8, column (f), d Schedule A, Part trment Income 18 (line 10c, colur 017 Schedule A,	rcentage livided by line 13, d lill, line 15 e Percentage mn (f), divided by li Part III, line 17	column (f))		15 16 17 18	▶ □ % % %
13 14 15 <u>16</u> 5ec 17 18	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the	Support Per e 8, column (f), d Schedule A, Part ment Income 18 (line 10c, colur 017 Schedule A, organization did r	rcentage livided by line 13, o lill, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%, and line 1	▶ □ % % %
13 14 <u>Sec</u> 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box an	Support Per ne 8, column (f), d Schedule A, Part ment Income 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The	rcentage livided by line 13, o lill, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box o organization quali	olumn (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 1 tion	▶ □ % % 7 is not ▶ □
13 14 <u>Sec</u> 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage for 20 as 1/3% support tests - 2018. If the more than 33 1/3%, check this box an as 31/3% support tests - 2017. If the	C Support Per ne 8, column (f), d Schedule A, Part Iment Income 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r	ccentage livided by line 13, o lill, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box o organization quali not check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 3 1/3%, and line 1 tion ire than 33 1/3%, a	▶ □ % % 7 is not ▶ □
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a b	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage for 2017 Ction D. Computation of Invest Investment income percentage for 20 Investment income percentage for 20 Inve	Support Per ne 8, column (f), d Schedule A, Part Iment Income 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r k this box and st	Ccentage Invided by line 13, of III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of organization qualition to check a box on top here. The organization	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 3 1/3%, and line 1 tion ore than 33 1/3%, a orted organization	▶ □ % % % 7 is not ▶ □
13 14 <u>Sec</u> 15 16 Sec 17 18 19a b 20	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage for 20 as 1/3% support tests - 2018. If the more than 33 1/3%, check this box an as 31/3% support tests - 2017. If the	Support Per ne 8, column (f), d Schedule A, Part Iment Income 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r k this box and st	Ccentage Invided by line 13, of III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of organization qualition to check a box on top here. The organization	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo is a publicly suppo is box and see ins	15 16 17 18 3 1/3%, and line 1 tion ore than 33 1/3%, a orted organization tructions	▶ □ % % % 7 is not ▶ □

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Schedule A (Form 990 or 990-EZ) 2018 TACOMA ARTS LIVE

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5a

5b

5c

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9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	t IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)						
	below, the governing body of a supported organization?	<u>11a</u>					
ь	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c					
Sec	tion B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to						
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the						
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or						
	controlled the organization's activities If the organization had more than one supported organization,						
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported						
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in						
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.						
	supervised, or controlled the supporting organization.	2					
Sec	tion C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control						
	or management of the supporting organization was vested in the same persons that controlled or managed						
	the supported organization(s).	1					
Sec	tion D. All Type III Supporting Organizations 🧳						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s)	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-					
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3					
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction						
a	The organization satisfied the Activities Test Complete line 2 below						
b	The organization satisfied the Activities rest. Complete line 2 below						
	The organization is upported a governmental entity Describe in Part VI how you supported a government entity (see instructions).						
c 2		instructions;		N/-			
2	Activities Test. Answer (a) and (b) below.		Yes	No			
а							
	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

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

- 3 Parent of Supported Organizations Answer (a) and (b) 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? *Provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2018

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2b

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Зb

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Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qual	ifying trust on I	Nov 20, 1970 (explain in F	Part VI) See instructions
other Type III non-functionally integrated supporting organizations must	st complete Se	ctions A through E	<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		· · · · ·
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amoun	t,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1
6 Multiply line 5 by 035	6		Î
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functi	onally integrate	d Type III supporting orga	

Schedule A (Form 990 or 990 EZ) 2018 TACOMA ARTS LIVE

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) 2018

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T GI	Type III Non-Functionally integrated 509	a)(5) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive	·	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			-
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	1		
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		· ·	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	×		
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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chedule A	Form 990 or 990-EZ) 2018 TACOMA ARTS LIVE	91-1106878 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additio (See instructions)	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	· · · · · · · · · · · · · · · · · · ·	
	·····	
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SCHEDUL	ED		nental Financial f the organization answered			OMB No 1545-0047
epartment of the Trea	asurv	Part IV, line 6, 7	, 8, 9, 10, 11a, 11b, 11c, 11d, Attach to Form 990.	11e, 11f, 12a, or	12b.	Open to Public
ternal Revenue Servi	сө	Go to www.irs.gov	v/Form990 for instructions a	nd the latest info		Inspection
lame of the org		ACOMA ARTS LI	VR		En	nployer identification numb 91-1106878
Partil Or			Advised Funds or Othe	r Similar Fund	ds or Accou	
	+	red "Yes" on Form 990, P				
			(a) Donor ad	/ised funds	(b) Fu	inds and other accounts
1 Total num	ber at end of yea	ır				
2 Aggregate	value of contrib	utions to (during year)				
3 Aggregate	value of grants	from (during year)				
	value at end of	-				
-	-		visors in writing that the assets		ivised funds	
-			ization's exclusive legal contro d donor advisors in writing that		he used only	Yes N
-	-		e donor or donor advisor, or fo	•	•	
	ible private bene				ee eennening	Yes N
			If the organization answered	'Yes" on Form 99	0, Part IV, line 3	
1 Purpose(s)) of conservation	easements held by the o	rganization (check all that app	ly)		
Pres	ervation of land	for public use (e g , recrea	ation or education) 🛛 🗌 f	Preservation of a h	nistorically impo	ortant land area
Prot	ection of natural	habitat	[] F	Preservation of a c	certified historic	structure
	ervation of open	•				
	-	2d if the organization held	d a qualified conservation con	tribution in the for	rm of a conserv	_1
day of the	•					Held at the End of the Tax Ye
	ber of conservat				_ <u>2a</u>	
	• •	conservation easements			2b 2c	
			storic structure included in (a) cquired after 7/25/06, and not	on a historic stru		
	e National Regis	••	equired after 1725/00, and not	on a mistorie stru	2d	
	-		erred, released, extinguished,	or terminated by t	· –	· · · · · · · · · · · · · · · · · · ·
year ►						
• -	f states where pr	operty subject to conserv	ation easement is located			
5 Does the c	organization have	e a written policy regardin	g the periodic monitoring, insp	ection, handling	of	
violations,	and enforcemer	nt of the conservation ease	ements it holds?			🗌 Yes 📃 N
6 Staff and v	volunteer hours o	levoted to monitoring, ins	pecting, handling of violations	, and enforcing co	onservation eas	sements during the year
▶						
	f expenses incur	red in monitoring, inspecti	ing, handling of violations, and	enforcing consei	rvation easeme	nts during the year
▶\$						
			2(d) above satisfy the requirem	ents of section 17	70(h)(4)(B)(i)	<u> </u>
	n 170(h)(4)(B)(ii)					Yes N
			onservation easements in its re	•		-
	applicable, the ti on easements	ext of the loothote to the	organization's financial statem	ents that describe	es the organiza	uon's accounting for
		Maintaining Collect	ions of Art, Historical T	reasures. or	Other Simil	ar Assets.
	-	-	on Form 990, Part IV, line 8	· · · · · · · · · · · · · · · · · · ·		
1a If the orga	nization elected,	as permitted under SFAS	S 116 (ASC 958), not to report	in its revenue stat	tement and bal	ance sheet works of art,
-		•	public exhibition, education, or			
the text of	the footnote to	its financial statements the	at describes these items			
b If the organ	nızatıon elected,	as permitted under SFAS	S 116 (ASC 958), to report in it	s revenue stateme	ent and balance	e sheet works of art, historica
treasures,	or other similar a	assets held for public exhi	bition, education, or research	In furtherance of	public service,	provide the following amount
relating to	these items					
		Form 990, Part VIII, line 1				\$
••	s included in For			_		. \$
-			orical treasures, or other simila		cial gain, provid	le
			r SFAS 116 (ASC 958) relating	to these items	•	•
		1 990, Part VIII, line 1				\$
	luded in Form 99		hundrana fan Farme 000		>	_\$ Schodulo D (Earm 890) 20
•	work Reduction	n Act Notice, see the Inst	ructions for Form 990.			Schedule D (Form 990) 20
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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Sin	nilar Ass	ets (contini	led)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignific	ant use of it	ts collection i	tems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt p	urpose in P	art XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other simila	r asse	ts	_	
<u> </u>	to be sold to raise funds rather than to be ma						Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" o	n Forn	n 990, Part I	IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other assets not	includ	led	—	
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table		Г			
					-		Amount	
с	Beginning balance				-	<u>1c</u>		
d	Additions during the year					<u>1d</u>		
e	Distributions during the year				-	<u>1e</u>		
f	Ending balance	orm 000 Dort V line	01 for eccrow or ou			1f	Yes	
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII				•		res	
Par								
<u> </u>		(a) Current year	(b) Prior year	(c) Two years back		hree years ba	ick (e) Four	years back
1a	Beginning of year balance	563,218.	564,762.	566,572.		592,31		618,828.
- 14 - 14	Contributions		,		t	,		
č	Net investment earnings, gains, and losses	33,390.	26,934.	27,258.	1	12,23	8.	13,506.
ď	Grants or scholarships						-	
	Other expenditures for facilities							
	and programs	19,730.	28,478.	29,068.		37,98	5.	40,015.
f	Administrative expenses							
g	End of year balance	576,878.	563,218.	564,762.		566,57	2.	592,319.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment 100.00	%						
с	Temporarily restricted endowment	<u>.00</u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for t	he org	anization	_	
	by							Yes No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	•					3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Pai	t VI Land, Buildings, and Equipm		D (1)	-		•		
	Complete if the organization answered		·	i				
	Description of property	(a) Cost or o	1			ulated	(d) Book	value
		basis (investn	Dasis ((other) de	eprecia	auon		
	Land							
	Buildings		A	1,057.	22	,434.		,623.
	Leasehold improvements			3,190.		,434.		, 120.
d	Equipment			<u>8,632.</u>		,330.		, 302.
	Other				<u> </u>	,		,045.

Schedule D (Form 990) 2018

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Schedule D (Fo

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
Closely-held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		· · · · · · · · · · · · · · · · · · ·
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets.		
Part IX Other Assets. Complete if the organization answered "Yes" o		
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" o		
Complete if the organization answered "Yes" o		

(4) (5) (6)

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

 Part X
 Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	
• • •	hilds, fey up on to provide a section of the Dout VIII, many dotted to to the	of the feature to the arean rate

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 TACOMA ARTS LIVE			1-1106878	B Page 4
Part XI Reconciliation of Revenue per Audited Financial St		Revenue per Retu	rn.	
Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a			
1 Total revenue, gains, and other support per audited financial statements			1 6,59	L,151.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a	14,462.		
b Donated services and use of facilities	2b	341,151.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d	238,756.		
e Add lines 2a through 2d			2e 594	1,369.
3 Subtract line 2e from line 1			<u>3 5,996</u>	5,782.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b			_
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)		<u>5 5,996</u>	5,782.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a		·····	
1 Total expenses and losses per audited financial statements			1 7,213	3,284.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a	341,151.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII)	2d	238,756.		
e Add lines 2a through 2d			2e 579	9,907.
3 Subtract line 2e from line 1			3 6,633	3,377.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5 6,633	3,377.
Part XIII Supplemental Information.		·····	•••••	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide			Part X, line 2, Part	: XI,
PART V, LINE 4:				
THE ENDOWMENT CONSISTS OF ONE DONOR-REST	RICTED FUNI	D FOR SUPPOR	TING THE	
CLASSICAL MUSIC MISSION OF THE BROADWAY	CENTER.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:		<u></u>		•
SPECIAL EVENT EXPENSES			185,	571.

CONCESSIONS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTM	IENTS:	
SPECIAL EVENTS		185,571.
CONCESSIONS	~	53,185.
	30	Schedule D (Form 990) 201

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53,185.

238,756.

Schedule D (Form 990) 2018 TACOMA A Part XIII Supplemental Information (contin	ARTS LIVE	91-1106878 Pag
TOTAL TO SCHEDULE D, PART XI		238,756
Y SCHEDULE D, FART AT	1, DING 2D	250,750
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· · · ·		Schedule D (Form 990) 2
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SCHEDULE G	Supplama	ntal Information Regarding	Fund	Iraici	ing or Gaming A	eti u	ities	OMB No 1545-0047
* (Form 990 or 990-EZ)		e organization answered "Yes" on						
		organization entered more than \$15				10,		<u>2018</u>
Department of the Treasury Internal Revenue Service	•	Attach to Form 990				_		Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instru	uction	s and	the latest informatio)ก.	Employer ide	entification number
		ARTS LIVE					91-1106	878
	ing Activities. complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, In	ne 1	7. Form 990-E2	Z filers are not
 a Aail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written c ed in Form 990, P- highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pi viduals or entities (fundraisers) pursus	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fi	overnment grants nment grants events fficers, directors, trust undraising services?		Ye:	
compensated at le	ast \$5,000 by the	organization	_			_		
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(IV) Gross receipts from activity	tò (n. Employer idd 91–1106 e 17. Form 990-Ez res, or (v) Amount paid (v) Amount paid (v	(vi) Amount paid to (or retained by) organization
			Yes	No				
<u> </u>								
	<u> </u>							
<u> </u>								
	•	l	1	L				
Total 3 List all states in wh	ch the organizatio	on is registered or licensed to solicit c	contrib		or has been notified	ıt ıs	exempt from re	gistration
or licensing								
								·····
								·
	· · · · ·							
							· · ·	
								_
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z. S	che	dule G (Form s	990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 TACOMA ARTS LIVE 91-1106878 Page 2 Part(III) Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

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		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b List e	vents with gross receipt	s greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			ANNUAL GALA .			col (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	103,784.			103,784.
	2	Less Contributions	79,484.			79,484.
	3	Gross income (line 1 minus line 2)	24,300.			24,300.
	4	Cash prizes				
s	5	Noncash prizes	52,996.			52,996.
pense	6	Rent/facility costs	1,000.			1,000.
Direct Expenses	7	Food and beverages	24,376.			24,376.
Ō	8	Entertainment	20,000.			20,000.
	9	Other direct expenses	87,199.			87,199.
	10			11	•	185,571.
	11					-161,271.
Pa	rt]	III Gaming. Complete if the organization a		990, Part IV, line 19, or r	eported more than	· · · · · · · · · · · · · · · · · · ·
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
-	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No 765 76	No 76	Yes %	
	7	Direct expense summary Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
	-					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Ves No
D		No," explain		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	· · · · · · · · · · · · · · · · · · ·
	_					
		ere any of the organization's gaming licenses re Yes," explain	•	• •	ear?	Yes No
	_					
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Sch	edule G (Form 990 or 990 EZ) 2018 TACOMA ARTS LIVE	<u>91-11</u>	<u> 06878</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	1	3a	%
	An outside facility		3b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	•		<u>~~</u>
	Name			
	Address			
		Г		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
	Name			
	Address 🕨			
16	Gaming manager information			
	Name 🕨			
	· · · · · · · · · · · · · · · · · · ·			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		
-	retain the state gaming license?		_ Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v),	and Part III	, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	·		
	•			
	·····			
8320	83 10-03-18 Schedule	G (Form 99	1 0 or 990	-EZ) 2018

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Schedule G (Form 990 or 990-EZ) TACOMA ARTS LIVE Part IV Supplemental Information (continued)	91-1106878 Page 4
Part IV Supplemental Information (continued)	
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	Schedule G (Form 990 or 990-EZ
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SCHEDULE J	Compensation	n Information	OMB No	1545-004	47
(Form 990)			20	18	2
				10	
Department of the Treasury	0) For certain Officers, Diractors, Trustess, Key Employees, and Highest Compensated Employees > Complete if the organization expression Complete of the organization Attach to Form 390, Part IV, line 23. > Go to www.irs.gov/Form390 for instructions and the latest information. Employee > Go to www.irs.gov/Form390 for instructions and the latest information. 91- Questions Regarding Compensation 91- TACOMA ARTS LIVE 91- Questions Regarding Compensation 91- the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, II, Section A. Ine 1a. Complete Part III to provide any relevant information regarding these items insticlass or charter travel Pousing allowance or residence for personal use ravel for completion and gross-up payments Iscention and gross-up payments Personal services (such as maid, chauffeur, chef) of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or regarization require substantiation prior to reimbursing or allowing expenses incurred by all directors, is, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? te which, if any, of the following the filing organization used to establish the compensation of the organization to shal compensation on the CEO/Executive Director, but explain in Part III. organization require substantiation Compastion survey or study orm 930 of other organizat			o Publection	
Internal Revenue Service Name of the organizatio		ructions and the latest information.	Employer identificati		
Name of the organizatio			91-110687		mber
Part I Question			<u></u>	<u> </u>	
				Yes	No
1a Check the appropr	ate box(es) if the organization provided any of the fol	lowing to or for a person listed on Form '	990.	103	
		- ·			
			nal use		
Travel for con		•			
Tax indemnifie	ation and gross-up payments	ealth or social club dues or initiation fees	;		
Discretionary	pending account	ersonal services (such as maid, chauffeu	r, chef)		
b If any of the boxes	on line 1a are checked, did the organization follow a	written policy regarding payment or			
•	· •		 1b		
	•				<u> </u>
-			2		
· · · · · · · · · · · · · · · · · · ·	-,,,,,,,,,,,				
3 Indicate which, if a	ay, of the following the filing organization used to esta	ablish the compensation of the organizat	ion's		
establish compens	ition of the CEO/Executive Director, but explain in Pa	art III.			
X Compensation	committee 🛛 W	ritten employment contract			
Independent of	ompensation consultant	ompensation survey or study			
Form 990 of c	ther organizations	pproval by the board or compensation co	ommittee		
4 During the year, die	any person listed on Form 990, Part VII, Section A, I	ine 1a, with respect to the filing			
organization or a re	ated organization				
			4a		X
b Participate in, or re	ceive payment from, a supplemental nonqualified reti	rement plan?	<u>4b</u>		X
c Participate in, or re	ceive payment from, an equity-based compensation a	arrangement?	<u>4c</u>		X
If "Yes" to any of l	es 4a-c, list the persons and provide the applicable a	imounts for each item in Part III			
Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must c	omplete lines 5-9.			
•		nization pay or accrue any compensation	י ו		
	evenues of				
a The organization?			<u>5a</u>	\vdash	X
-	ation7				X
b Any related organiz			<u>5b</u>		1
 Any related organiz If "Yes" on line 5a 	or 5b, describe in Part III	· · · · · · · · · · · · · · · · · · ·			
 b Any related organiz If "Yes" on line 5a 6 For persons listed 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensation			
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the in 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensation	۰ 		
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the in a The organization? 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of	nization pay or accrue any compensatio	n 6a		X
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the indication of the organization? b Any related organization 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of ation?	nization pay or accrue any compensatio	۰ 		X X
 b Any related organi: If "Yes" on line 5a 6 For persons listed contingent on the indication of the organization? b Any related organization indication of the organization of the o	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of ation? or 6b, describe in Part III		n 6a		
 b Any related organi: If "Yes" on line 5a 6 For persons listed contingent on the indication of the organization? b Any related organi: If "Yes" on line 6a 7 For persons listed 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of ation? or 6b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga		6a 6b		X
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the it a The organization? b Any related organiz If "Yes" on line 6a 7 For persons listed not described on line 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of ation? or 6b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga lies 5 and 6? If "Yes," describe in Part III	nization provide any nonfixed payments	6a 6b 7		
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the it a The organization? b Any related organiz If "Yes" on line 6a 7 For persons listed not described on li 8 Were any amounts 	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of or 6b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued purs	nization provide any nonfixed payments uant to a contract that was subject to th	e		x
 b Any related organiz If "Yes" on line 5a 6 For persons listed contingent on the interpretation? b Any related organization? b Any related organization? continue for the interpretation of the inter	or 5b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga et earnings of ation? or 6b, describe in Part III on Form 990, Part VII, Section A, line 1a, did the orga lies 5 and 6? If "Yes," describe in Part III	nization provide any nonfixed payments uant to a contract that was subject to th 3)? If "Yes," describe in Part III	6a 6b 7		X

Paperwork Reduction Act Notice, see the Instructions for Form

chedule J (Form 990) 2

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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 Do not list any individuals that aren't 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 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	e rep	ported on Schedule J 390, Part VII	, report compensatix le total amount of Fc	eport compensation from the organization on row (i) and from related organizations, described in the instructio total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	tion on row (i) and fron ction A line 1a applic	n related organizations able column (D) and (E	s, described in the instr	ructions, on row (ii)
te: The sum of columns (B)(i)-(ii) for each listed	Ē		ie total amount of Fc	orm 990, Part VII, Se	ction A. Ime 1a. applic:	able column (D) and (E		
	pu p	dividual must equal th					:) amounts for that indi	vidual
		(B) Breakdown of W-	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iu) Other reportable compensation	ouner deterred compensation	oenents	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) DAVID FISCHER	Ξ	196,640.	8,500.	.0	8,500.	10,643.	224,283.	.0
EXECUTIVE DIRECTOR	(ii)	.0	0.	0.	•0	.0	.0	0.
	(i) (ii)							
	Ξ							
	B (3							
	19							
) (j)							
	Ξ							
	(ii)							
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Schedule J (Form 990) 2018 TACOMA ARTS LIVE	91-1106878 Pag	Page 3
rmation		
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	his part for any additional information	
PART I, LINE 3:		
THE EXECUTIVE DIRECTOR CAN RECEIVE AN ANNUAL BONUS BASED ON EXECUTIVE		
PERFORMANCE TO GOALS AND THE COMPENSATION COMMITTEE OF THE BOARD'S ANNUAL		
PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR.		
	Schedule J (Form 990) 2018	0) 2018

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SCHEDULE M · (Form 990)

Department of the Treasury

Noncash Contributions

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

Attach to Form 990.

18 L **Open to Public**

OMB No 1545-0047

. Inspection

	Novenue	Service	
Name	of the	organizatio	n

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

Employer identification number

91-1106878

TACOMA ARTS LIVE

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 Art - Fractio Books and p Clothing and Clothing and Cars and ot Boats and p Intellectual p Securities - Securities - Securities - trust interes Securities - Qualified co Historic strue Qualified co Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp 	Types of Property				
 Art - Historici Art - Fractio Books and p Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - trust interes Securities - Qualified co Historic strut Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Other Other Other 		(a)	(b) Number of	(c) Noncash contribution	(d)
Art - Historic Art - Fractio Books and p Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - Securities - trust interes Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►		Check if applicable	contributions or	amounts reported on	Method of determining noncash contribution amounts
Art - Historici Art - Fractio Books and p Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - Securities - trust interes Securities - Qualified co Historic stru Qualified co Historic stru Qualified co Real estate Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►		аррісаьке		Form 990, Part VIII, line 1g	
Art - Fractio Books and p Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	orks of art				
Books and p Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - Securities - Cualified coo Historic stru Qualified coo Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	storical treasures				
Clothing and Cars and ot Boats and p Intellectual Securities - Securities - Securities - trust interes Securities - dualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	actional interests				
Cars and ot Boats and p Intellectual Securities - Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	and publications				
Boats and p Intellectual Securities - Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	g and household goods				
Intellectual Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	nd other vehicles				
Securities - Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	ind planes				
Securities - Securities - trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Collect	tual property				
Securities - trust interess Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Cother Other Other	ies - Publicly traded	X	4	29,667.	FMV
trust interess Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Cher Other Other	ies - Closely held stock				
Securities - Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►	ies - Partnership, LLC, or				
Qualified co Historic stru Qualified co Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►	terests				
Historic stru Qualified co Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Other Other	ies - Miscellaneous				
Qualified co Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other Cother Other	ed conservation contribution -				
Real estate Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►	structures				
Real estate Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►	ed conservation contribution - Other				
Real estate Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ►	state - Residential				
Collectibles Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ► Other ►	state - Commercial				
Food invent Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ► Other ►	tate - Other				
Drugs and r Taxidermy Historical ar Scientific sp Archeologic Other ► Other ► Other ►	ıbles				
Taxidermy Historical ar Scientific sp Archeologic Other ► Other ► Other ►	iventory				
Historical ar Scientific sp Archeologic Other Other Other	and medical supplies				
Scientific sp Archeologic Other Other Other Other	my				
Archeologic Other ► Other ► Other ►	al artifacts				
Other Ot	fic specimens				
Other ► Other ►	logical artifacts				
Other 🕨	· · · · · · · · · · · · · · · · · · ·				
	▶ ()				
Other					
9 Number of I	r of Forms 8283 received by the organi	zation during	the tax year for co	ontributions	
for which th	ch the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29	

must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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chedule M	(Form 990) 2018	TACOMA A						91-110		Page
Part II	Supplemental is reporting in Part this part for any ac	Information t I, column (b), th dditional informa	Provide ne numbe ation.	e the informati r of contributi	on required by ons, the numbe	Part I, lines 30b, r of items receive	32b, and 33, ed, or a comb	and whether th nation of both	e organizatio Also comple	on ete
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32142 10-18-1	8							Schedul	e M (Form 9	90) 201

Page 2

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SCHEDULE O

'(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



TACOMA ARTS LIVE

Employer identification number 91-1106878

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

WE PROVIDE QUALITY EVENTS WITH DIVERSE PERFORMANCES, ENSURE OUR

CHILDRENS DEVELOPMENT THROUGH EDUCATION AND ARTS, EMPOWER OUR CITIZENS

THROUGH PARTICIPATION, ENABLE OUR HISTORIC BUILDINGS AND DRIVE THE

REVITALIZATION OF TACOMA'S HISTORIC THEATER DISTRICT.

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

THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE INITIAL REVIEW OF THE ANNUAL

INDEPENDENT AUDIT AND FORM 990. UPON APPROVAL OF THE FINANCE COMMITTEE,

THE FORM 990 SHALL BE PRESENTED TO THE BOARD OF TRUSTEES ALONG WITH A

RECOMMENDATION FROM THE FINANCE COMMITTEE CHAIR FOR THE BOARD APPROVAL OF

THE FORM 990 FOR FILING WITH THE IRS.

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

ALL MEMBERS OF THE BOARD OF TRUSTEES AND KEY STAFF OF TACOMA ARTS LIVE SIGN A STATEMENT OF CONFLICT OF INTEREST DISCLOSURE ANNUALLY. TACOMA ARTS LIVE'S GOVERNANCE COMMITTEE MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS.

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

THE COMPENSATION COMMITTEE RESEARCHES DATA, SUCH AS SALARY SURVEYS AND 990 INFORMATION, AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR COMPENSATION OF THE EXECUTIVE DIRECTOR. FOR OTHER KEY STAFF, THE FINANCE COMMITTEE APPROVES A SALARY BUDGET AND AUTHORIZES THE EXECUTIVE DIRECTOR TO NEGOTIATE WITH CANDIDATES WITHIN THE SALARY RANGE.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization TACOMA ARTS LIVE	Employer identification number 91-1106878
FORM 990, PART VI, SECTION C, LINE 19:	
TACOMA ARTS LIVE MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. CERTAI	N DOCUMENTS ARE
AVAILABLE VIA OUR WEBSITE, AND OTHER DOCUMENTS ARE AVAIL	ABLE ON AN AS
REQUESTED BASIS. TACOMA ARTS LIVE WEBSITE INDICATES THE	PROPER CONTACT
INFORMATION TO MAKE SUCH A REQUEST.	
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Schedule O (Form 990 or 990-EZ) (2018)

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		EXTENDED TO M Exempt Organization Bu	sine	ss Income Ta	ax Return	ОМВ	No 1545-0687			
		(and proxy tax un alendar year 2018 or other tax year beginning JUL 1	der se	ction 6033(e))	<i>i</i> 906	2	2018			
Department of the Treasury	- Fuita	Go to www.irs.gov/Form990T for								
Internal Revenue Service	₽	Do not enter SSN numbers on this form as it may	ny be ma	de public if your organizat	tion is a 501(c)(3).	501(c)(3)	Public Inspection) Organizations O ntification number			
A Check box if address changed		Name of organization () Check box if name	(Employees' to instructions)	rust, see						
B Exempt under section	Print									
X 501(C03) 408(e) 220(e) Type	Number, street, and room or suite no. If a P.O. b 901 BROADWAY, NO. 700				Unrelated bus (See instructio	siness activity co ons)			
408A 530(a)	City or town, state or province, country, and ZIP TACOMA, WA 98402-441		n postal code						
C Book value of all assets at end of year		F Group exemption number (See instructions.)	, ►		1					
		G Check organization type 🕨 🔀 501(c) cc	rporatio		401(a) 1		Other tru			
		ation's unrelated trades or businesses.			he only (or first) unr complete Parts I-V. If					
trade or business here describe the first in the		ace at the end of the previous sentence, complete f	Parts I ar		•		110,			
business, then complet			u. to . u							
		poration a subsidiary in an affiliated group or a par	ent-subs	idiary controlled group?	▶ [Yes [No			
		tufying number of the parent corporation.		Talanha	ne number 🕨 ()	253159	1-5578			
		de or Business Income		(A) Income	(B) Expenses	<u> </u>	(C) Net			
1a Gross receipts or sa	les		Т							
b Less returns and all	owances	c Balance	10							
2 Cost of goods sold			2							
 Gross profit. Subtra 4a Capital gain net inco 			<u>3</u> 4a							
	•	Part II, line 17) (attach Form 4797)	48 4b							
c Capital loss deduction			4c							
		ship or an S corporation (attach statement)	_ 5							
6 Rent income (Scheo			6							
 7 Unrelated debt-finar 8 Interest, annuities, re 		me (Schedule E) /// ind rents from a controlled organization (Schedule F	7 8			_				
		on 501(c)(7), (9), or (17) organization (Schedule G				·	<u></u>			
10 Exploited exempt ac			10							
11 Advertising income	•		11							
12 Other income (See in 13 Total. Combine line			<u>12</u> 13	0.	····					
		ot Taken Elsewhere (See instructions								
		utions, deductions must be directly connected			income)					
		rectors, and trustees (Schedule K)				14				
15 Salaries and wages16 Repairs and mainter						<u>15</u> 16				
17 Bad debts						17				
18 Interest (attach sch	edule) (s	ee instructions)				18				
19 Taxes and licenses						19				
		e instructions for limitation rules)		ا مد ا						
21 Depreciation (attack22 Less depreciation of		562) n Schedule A and elsewhere on return		21 22a		22b				
23 Depletion						23				
24 Contributions to de		mpensation plans				24				
25 Employee benefit p						25				
26 Excess exempt exp		-				26				
27 Excess readership (28 Other deductions (a)						<u>27</u> 28				
29 Total deductions (-				29				
		ncome before net operating loss deduction. Subtra	act line 2	9 from line 13		30				
31 Deduction for net o	perating	loss arising in tax years beginning on or after Jani ncome. Subtract line 31 from line 30	uary 1, 2	018 (see instructions)		31 32				

Бо. ́т 990-Т				91-110	6878	Page 2				
Part I	I Total Unrelated Business Taxable In	come								
33	Total of unrelated business taxable income computed from	all unrelated trades or businesses	(see instructions)		33	0.				
34	Amounts paid for disallowed fringes				34					
35	Deduction for net operating loss arising in tax years begin	ning before January 1, 2018 (see in	structions)		35					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34				36					
37	Specific deduction (Generally \$1,000, but see line 37 instr	uctions for exceptions)		36	37	1,000.				
	Unrelated business taxable income. Subtract line 37 from		ine 36.	24						
	enter the smaller of zero or line 36		· · · · ,		38	0.				
Part I	/ Tax Computation									
39	Organizations Taxable as Corporations. Multiply line 38	by 21% (0.21)			39	0.				
	Trusts Taxable at Trust Rates. See instructions for tax co		int on line 38 from:							
	Tax rate schedule or Schedule D (Form 104	1)		►	40					
41	Proxy tax. See instructions				41					
42	Alternative minimum tax (trusts only)				42					
	Tax on Noncompliant Facility Income. See instructions				43					
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever	applies			44	0.				
Part V	Tax and Payments									
45a	Foreign tax credit (corporations attach Form 1118; trusts a	ittach Form 1116)	45a							
b	Other credits (see instructions)		45b]					
c	General business credit. Attach Form 3800		45c]					
d	Credit for prior year minimum tax (attach Form 8801 or 88	327)	45d]					
e	Total credits. Add lines 45a through 45d				45e					
46	Subtract line 45e from line 44				46	0.				
47	Other taxes. Check if from: Form 4255 Form 8	8611 🔲 Form 8697 🔲 Form	8866 Other	(attach schedule)	47					
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 9	65-B, Part II, column (k), line 2			49	0.				
50 a	Payments: A 2017 overpayment credited to 2018	~	, 50a]]					
b	2018 estimated tax payments	5	506	1,693.						
c	Tax deposited with Form 8868		50c							
đ	Foreign organizations: Tax paid or withheld at source (see	instructions)	50d] [
e	Backup withholding (see instructions)		50e							
f	Credit for small employer health insurance premiums (atta	ch Form 8941)	50f							
9	Other credits, adjustments, and payments: Form 24	39								
	Form 4136 🛄 Other	Total	► 50g							
51	Total payments. Add lines 50a through 50g				5]	1,693.				
52	Estimated tax penalty (see instructions). Check if Form 22	20 is attached 🕨 📃			52					
53	Tax due. If line 51 is less than the total of lines 48, 49, and	l 52, enter amount owed			58					
54	Overpayment. If line 51 is larger than the total of lines 48,	49, and 52, enter amount overpaid	,	52.	_54	<u>1,693.</u>				
	Enter the amount of line 54 you want: Credited to 2019 es			funded>6►	55	<u>1,693.</u>				
Part V	I Statements Regarding Certain Activ	ities and Other Informat	t ion (see instru	ctions)						
56	At any time during the 2018 calendar year, did the organiz	ation have an interest in or a signati	ure or other authorit	У		Yes No				
	over a financial account (bank, securities, or other) in a for	eign country? If "Yes," the organization	tion may have to file)						
	FINCEN Form 114, Report of Foreign Bank and Financial A	counts. If "Yes," enter the name of t	the foreign country							
	here 🕨									
57	During the tax year, did the organization receive a distribut	tion from, or was it the grantor of, o	r transferor to, a for	reign trust?						
	If "Yes," see instructions for other forms the organization r	-								
58	Enter the amount of tax-exempt interest received or accrue									
Sign	Under penalties of perjury, I declare that I have examined this retu correct, and complete Declaration of preparer (other than taxpaye				dge and belief, it is t	rue,				
Here	E. MARINE	12/31/19 NEXECUT		M	ay the IRS discuss t	his return with				
HEIE			TIVE DIRE		e preparer shown be					
		Date Title			structions)? X	Yes No				
	Print/Type preparer's name Prepa	irer's signature	Date	Check I	f PTIN					
Paid				self- employed	D0010	0500				
Prepa		HOLMDAHL	01/07/20		P0012					
Use O	nly Firm's name BDO USA, LLP			Firm's EIN 🕨	13-53	81220				
	601 UNION ST,			<i>,</i>	0000 00	~ ~ ~ ~ ~ ~				
	Firm's address SEATTLE , WA 9	0101-2345		Phone no. (206) 38					
823711 01-	09-19	A A			Form	990-T (2018)				

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			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mΥ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2019
•		uary 2020)	Do not enter social security numbers on this form as it ma		Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
Α	For th	e 2019 calend		JUN 30, 2020	
в	Check if	C Name o	forganization	D Employer identificati	on number
	applicab				
	Addre		MA ARTS LIVE		
	Name	ge Doing b	usiness as	91-1106878	
	returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final	1/ <u>701</u>	BROADWAY 700	(253)591-5	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,583,530.
	Amer		MA, WA 98402-4415	H(a) Is this a group return	
	Appli tion pend		nd address of principal officer: DAVID FISCHER	for subordinates?	
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:		527 If "No," attach a list.	
				H(c) Group exemption nu	
			X Corporation	ear of formation: 1979 M St	ate of legal domicile: WA
P	art I		THE MICH		
ė	1		e the organization's mission or most significant activities: THE MISS		
anc			TO ENTERTAIN OUR COMMUNITY THROUGH TO	••	
er n	2	Check this bo			26
200	3		ting members of the governing body (Part VI, line 1a)		26
~	4		of individuals employed in calendar year 2019 (Part V, line 2a)		290
ties	6		of volunteers (estimate if necessary)		175
Activities & Governance	7 2	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
Ă	/u		business taxable income from Form 990-T, line 39		0.
	<u> </u>			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,525,308.	2,019,685.
nue	9		ce revenue (Part VIII, line 2g)	4,540,280.	3,398,913.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	18,839.	20,233.
ŭ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-87,645.	58,275.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,996,782.	5,497,106.
_	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,029,067.	2,808,699.
nse	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) – <u>653, 200.</u>	8,993.	0.
Expenses	b				
ш	17		es (Part IX, column (A), lines 11a 11d, 11f-24e)	3,595,317.	2,853,912.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,633,377.	5,662,611.
	19	Revenue less	expenses. Subtract line 18 from line 12	-636,595.	-165,505.
Net Assets or				Beginning of Current Year	End of Year
Sset		Total assets (-	2,338,602.	2,740,715.
let A	21		, (Part X, line 26)	1,878,560. 460,042.	<u>2,437,995</u> . 302,720.
	<u> 22</u> art II		fund balances. Subtract line 21 from line 20	400,042.	504,120.
		-	I declare that I have examined this return, including accompanying schedules and stat	ements and to the hest of my kno	wledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		אווסטעה מווט אפווהו, וג וא
uut	,				

Sign Here	Signature of officer DAVID FISCHER, EXECUTI Type or print name and title	VE DIRECTOR		Date						
Paid	Print/Type preparer's name RAY HOLMDAHL	Preparer's signature RAY HOLMDAHL	Date 03/16	/21 Check PTIN if self-employed P00120599						
Preparer	Firm's name 🕒 BDO USA, LLP			Firm's EIN 🕨 13–5381590						
Use Only	Firm's address 🕨 601 UNION ST, ST	E 2300								
	SEATTLE, WA 98101-2345 Phone no. (206) 382									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) TACOMA ARTS LIVE 91-1106878 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF TACOMA ARTS LIVE IS ENERGIZING COMMUNITY THROUGH LIVE
	PERFORMANCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
~	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
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$4,696,514. including grants of \$) (Revenue \$3,398,913.
4a	(Code:) (Expenses \$4,696,514. including grants of \$) (Revenue \$3,398,913. THROUGH ALL PROGRAMS AND PARTNERS, TACOMA ARTS LIVE SERVED
	APPROXIMATELY 190,272 PATRONS IN ITS FISCAL YEAR 2019-20 SEASON. THIS
	INCLUDES 68,926 FROM SERVICES PROVIDED BY TACOMA ARTS LIVE DIRECTLY,
	COMPRISED OF LIVE PERFORMANCES AND EVENTS (30,967) AND EDUCATION
	THROUGH THE ARTS PROGRAMS (37,959). OUR EDUCATION THROUGH THE ARTS
	PROGRAMS DELIVERED TO 14 PUBLIC SCHOOL DISTRICTS, 17 PRIVATE
	SCHOOLS/INDEPENDENT SCHOOLS, AND 27 HOME SCHOOLS, AS WELL AS HOSTING
	COMMUNITY ENGAGEMENT DIALOGUES SERVING THE SOUTH SOUND REGION OF
	WASHINGTON STATE. TACOMA ARTS LIVE ENABLES EIGHT TACOMA RESIDENT ARTS
	ORGANIZATIONS PLUS OTHER CIVIC AND OUTDOOR EVENTS, WHO COLLECTIVELY
	SERVED 120,096 IN VARIOUS VENUES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2019
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	2

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Form	990	(201)	9

 Form 990 (2019)
 TACOMA ARTS LIVE

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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 Form 990 (2019)
 TACOMA
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 LIVE

 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	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			- 23
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	├	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		L
	Check if Schedule O contains a response or note to any line in this Part V			
	······································		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	<u>990 (2019)</u> TACOMA ARTS LIVE 91-1106	878	Р	age 5
Par				4
			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 290			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	140		X
14a h		14a 14b		- **
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15		16		x
	excess parachute payment(s) during the year?	15		
16	Is the evention of advectional institution subject to the costion 1000 subject by an act investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2019)

932005 01-20-20

Form	990 (2019) TACOMA ARTS LIVE 91-110	5878	Р	age 6
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
5	newspaper at here the another here of	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9		00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1 23
	tion of a contract of the section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120	- 23	
C		12c	x	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?		37	
13		13	X	
14 15	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHANNON JOHNSON - (253)591-5578			
	901 BROADWAY, SUITE 700, TACOMA, WA 98402-4415			
932006	3 01-20-20	Form	1 990	(2019)
	б			
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91-1106878 Page 6

<u>Form 990 (</u>	2019) TACOMA ARTS LIVE	91-1106878	Page 7						
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization's	s tax year.						

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received 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)			((C)			(D)	(E)	(F)
Name and title	Average hours per	(do not che		Position (do not check more than on box, unless person is both a		one	Reportable compensation	Reportable compensation	Estimated amount of	
	week					r/trust		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	Institutional trustee		/ee	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual t	utiona		Key employee	ist col	ы.			organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			U U
(1) DAVID FISCHER	40.00									
EXECUTIVE DIRECTOR				Х				228,382.	0.	16,218.
(2) ROBYN ENGLEKING	40.00									
FINANCE DIRECTOR				Х				124,910.	0.	14,269.
(3) LACEY WRIGHT	40.00									
ASSOC. EXECUTIVE DIRECTOR						X		112,682.	0.	11,005.
(4) MARK PINTO	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) CLINT JOHNSON	2.00									
VICE PRES		Х		Х				0.	0.	0.
(6) MIKE HUTCHINSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) JON BOWSER	2.00								-	_
SECRETARY		Х		Х				0.	0.	0.
(8) CHRISTOPHER ALGEO	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ALISON BEASON	1.00								•	•
TRUSTEE	- 1 00	Х						0.	0.	0.
(10) BRIAN BERGREN	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(11) HOLLY BOCCHI	1.00	77						0	0	•
TRUSTEE	1 00	Х						0.	0.	0.
(12) JAMES CRAWFORD	1.00	37						0	0	0
TRUSTEE	1 0 0	Х	_					0.	0.	0.
(13) LOREN COHEN	1.00	х						0.	0.	0
TRUSTEE	1 00	Δ						0.	0.	0.
(14) MAIA ESPINOZA TRUSTEE	1.00	х						0.	0.	0.
	1 00	Δ	_					0.	0.	0.
(15) TIFFANY HARMON TRUSTEE	1.00	х						0.	0.	0.
(16) HOLLY HAYES	1.00	Δ			<u> </u>			0.	υ.	<u> </u>
TRUSTEE	1.00	х						0.	0.	0.
(17) BILL HULSEMAN	1.00	<u> </u>			-			0.	0.	<u>0 </u>
TRUSTEE	1.00	х						0.	0.	0.
932007 01-20-20		**			L			J J •	V •	Form 990 (2019)

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932007 01-20-20

Form	990	(2019
	/	

TACOMA ARTS LIVE

Part VII Section A. Officers, Directors, Trus		oloy 	ees,			ghes	st C					
(A)	(B) Average			Posi	C) itior	n		(D)	(E) Dementekie			(F)
Name and title	hours per		not c	heck ı	more	than d s both		Reportable compensation	Reportable compensation from related			mated ount of
	week					s bou pr/trus		from				ther
	(list any	ctor						the	organizations	c		ensation
	hours for	or dire	Ð			ated		organization	(W-2/1099-MISC			n the
	related organizations	Istee	truste		ە	pense		(W-2/1099-MISC)			-	nization
	below	ual tru	tiona		ploye	t com	_					re l ated izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Jigan	124110113
(18) LISA JANGARD	1.00	-	-		×	1 0				-		
TRUSTEE		x						0.	C).		0.
(19) GENIE JEFFERSON	1.00											
TRUSTEE		Х						0.	().		0.
(20) KATHY KEELE	1.00											
TRUSTEE		X						0.	().		0.
(21) RON KLEIN	1.00											0
TRUSTEE (22) LISA KREMER	1 00	X						0.).		0.
(22) LISA KREMER TRUSTEE	1.00	x						0.	C).		0.
(23) CONNIE LADENBURG	1.00							0.	L L	•		0.
TRUSTEE	1.00	x						0.	C).		0.
(24) BRETT MADDOX	1.00									+		
TRUSTEE		x						0.	C).		0.
(25) DARRIEL MENEFEE	1.00											
TRUSTEE		Х						0.).		0.
(26) ALISA O'HANLON	1.00											
TRUSTEE		X						0.).		0.
1b Subtotal								465,974.).	41	<u>,492.</u>
c Total from continuation sheets to Part VI								0.465,974.).	11	0. ,492.
d Total (add lines 1b and 1c)										•	<u>41</u>	,492.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	iste	a ab	ove	e) wn	o re	ceived more than \$100,0	Jub of reportable			3
											T	/es No
3 Did the organization list any former officer.	director, trust	ee. I	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on			
line 1a? If "Yes," complete Schedule J for s				•					•		3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	e J f	or such individual			4	х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con	plete Schedul	ə J f	or si	ich r	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•								•	isatior	1 from	ו
the organization. Report compensation for	the calendar ye	ear e	enair	ng w		or wi	<u>tnin</u>		ear.			
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Corr	(C) pens	ation
							_					
							_					
2 Total number of independent contractors (i	ncluding but n	ot l ir	nited	d to t	thos	se l is	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi					()						
SEE PART VII, SECTION	I A CONT	'IN	UA	TI	ON	S	HE	ETS		Fo	rm 9!	90 (2019)

932008 01-20-20

Location of Direct Directory (A) (B) (C)	Form 990 TACOMA AI									91-110	6878
Name and tills Average box per work (0it any) Position (work at htm apply) Reportable compensation from the organizations (W-2109-MISC) Estimated compensation from the organizations (W-2109-MISC) Estimated compensation (W-2109-MISC) 127) JLL PURDY 1.00 X I <tdi< td=""><td></td><td></td><td>nplo</td><td>yee</td><td></td><td></td><td>lighe</td><td>est (</td><td></td><td></td><td></td></tdi<>			nplo	yee			lighe	est (
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work under bours for bours for for for for for for for for for for			(Cl	heck	(all 1	that	app	y)			
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Total to Part VII, Section A, line 1c											
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932201 04-01-19

							line in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclud
								function revenue	business revenue	from tax unde sections 512 - 5
~	4.	_	Federated campaigns		1a					
nt							-			
Ŋ			Fundraising events			54,688				
P						54,000	· •			
ilai			Government grants (contri			169,122	, - I			
SIL			All other contributions, gifts,			105,122				
er	1					L,795,875				
OĦ			similar amounts not included			437				
and Other Similar Amounts	9	-	Noncash contributions included in I				• 2,019,685.			
a		n	Total. Add lines 1a-1f	<u></u>		Business Cod				
	_		SPONSORED EVE	ντιπι	a	711110		1 274 105		-
	2 8		FACILITIES MA							
ne	1						-			
/en	0		RENTAL & PROD		I'I'UN	_				
Revenue	0		TICKET OFFICE		ma					
	6		EDUCATIONAL E			611600				
			All other program service				-	69,909.		
+			Total. Add lines 2a-2f				3,398,913.			
	3		Investment income (includ	-			00 000			
			other similar amounts)				▶ 20,233.			20,23
	4		Income from investment o		•		▶			
	5		Royalties				►			
					(i) Rea	(ii) Persona	<u> </u>			
	6 a			6a			_			
	I		• •••	6b			_			
			Rental income or (loss)	6c						
			Net rental income or (loss)	<u> </u>			•			
	7 a	а	Gross amount from sales of		(i) Securitie	s (ii) Other	_			
			assets other than inventory	7a			_			
	I	b	Less: cost or other basis							
				7b			_			
	¢	С	Gain or (loss)	7c						
	(d	Net gain or (loss)		······		>			
2	8 8		Gross income from fundraisin							
3			including \$ 54	,6	88. of					
			contributions reported on	line	1c). See					
			Part IV, line 18			_{8a} 9,844				
	I	b	Less: direct expenses			_{8b} 41,214				
	Ċ	С	Net income or (loss) from t	fund	raising events	<u>s</u>	-31,370.			-31,37
	9 a	а	Gross income from gaming	g act	tivities. See					
			Part IV, line 19			9a				
	I	b	Less: direct expenses			9b				
	Ċ	С	Net income or (loss) from g	gami	ng activities	<u> </u>	•			
	10 a	а	Gross sales of inventory, le	ess r	eturns					
			and allowances			10a <mark>134,855</mark>	•			
	I		Less: cost of goods sold			юы 45,210	•			
			Net income or (loss) from s		-	Þ	▶ 89,645.			89,64
Τ						Business Coo	le			
	11 :	а								
ЪЦÉ		b				-				
evenue		c				-		Ì		
Revenue			All other revenue			-				
			Total. Add lines 11a-11d				•			
								3,398,913.	0.	78,50

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2019.05070 TACOMA ARTS LIVE

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Form 990 (2019) TACOMA ARTS LIVE
Part VIII Statement of Revenue

TACOMA ARTS LIVE

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
Ļ	Benefits paid to or for members				
;	Compensation of current officers, directors,				
	trustees, and key employees	349,623.	273,655.	24,384.	51,584
	Compensation not included above to disqualified				-
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,956,040.	1,528,483.	132,783.	294,774
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,747.	27,700.	3,145.	3,90
	Other employee benefits	34,747. 226,384.	180,471.	3,145. 20,491.	3,902 25,422
	Payroll taxes	241,905.	199,545.	22,103.	20,25
	Fees for services (nonemployees):				
а	Management				
b	Legal	1,758.	155.	1,603.	
С	Accounting	44,027.		44,027.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	95,787.	75,400.		<u>20,38</u> 85,83
	Advertising and promotion	473,652.	387,815.	10.000	85,83
	Office expenses	315,208.	288,204.	19,900.	7,10
	Information technology				
	Royalties	000 000			40 80
	Occupancy	273,862.	224,130.	1 820	49,73
		23,846.	21,236.	1,738.	87:
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 000	16 042	0 (50	1 1 0
	Conferences, conventions, and meetings	27,777. 45,557.	16,943.	<u>9,652.</u> 11,455.	<u> </u>
		43,33/.	7,037.	,400.	47,06
	Payments to affiliates	66,688.	66 600		
	Depreciation, depletion, and amortization	26,890.	<u>66,688.</u> 15,214.	8,445.	3,23
	Insurance	20,090.	IJ, 414.	0,440.	5,45.
	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.)				
а	PRODUCTION SERVICES	1,424,569.	1,357,393.	7,693.	59,48
b	DUES, SUBSCRIPTIONS, AN	23,057.	15,211.	5,478.	2,36
2	SCHOLARSHIP ASSISTANCE	11,234.	11,234.		, - •
d		, , , , , , , , , , , , , , , , , , , ,	,		
	All other expenses				
-	Total functional expenses. Add lines 1 through 24e	5,662,611.	4,696,514.	312,897.	653,20
	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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TACOMA ARTS LIVE

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	127,925.	1	618,007.
	2	Savings and temporary cash investments	393,716.	2	646,492.
	3	Pledges and grants receivable, net	676,301.	3	401,295.
	4	Accounts receivable, net	76,671.	4	113,672.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	11,677.	8	9,427.
As	9	Prepaid expenses and deferred charges	204,432.	9	168,310.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,259,265.			
	b	Less: accumulated depreciation 1,062,521.	227,045.	10c	196,744.
	11	Investments - publicly traded securities	620,835.	11	586,768.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,338,602.	16	2,740,715
	17	Accounts payable and accrued expenses	530,239.	17	315,084
	18	Grants payable		18	
	19	Deferred revenue	595,571.	19	830,993
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
~	22	Loans and other payables to any current or former officer, director,			
tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	752,750.	23	1,291,918.
	 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,878,560.	26	2,437,995.
		Organizations that follow FASB ASC 958, check here ► X	, ,		, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	-138,336.	27	-331,048.
Sala	28	Net assets with donor restrictions	598,378.	28	633,768.
Π		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
<u>c</u>	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
٩ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	460,042.	32	302,720.
z	33	Total liabilities and net assets/fund balances	2,338,602.	33	2,740,715.
			_,,		Form 990 (2019

Form **990** (2019)

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Form 990 (2019)
Part X Balance Sheet

Form	1 990 (2019) TACOMA ARTS LIVE	91	-1106878	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,497		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,662	2,61	<u>11.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-165		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),04	
5	Net unrealized gains (losses) on investments	5	3	3,18	<u>33.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	302	2,72	<u>20.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000 /	

Form **990** (2019)

932012 01-20-20

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)	
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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

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Nan	ne of t	the organization							identification number	
D -			MA ARTS LI						1-1106878	_
Ра	nrt I	Reason for Public (Sharity Status	All organizations must co	omplete th	is part.) Se	e instructions	3.		_
The	organ	ization is not a private found	ation because it is:	For lines 1 through 12, c	heck on l y	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz					•)(iii). Enter	the hospital's name.	
-		city, and state:	·	, , ,				~ /	, ,	
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in	
Ű		section 170(b)(1)(A)(iv). (0			i or opoidi	ou by u ge				
6				mantal unit described in	anation d'	70/6//4//4/	4.0			
6	X	A federal, state, or local go							au la lia alao avila adi in	
7	Δ	An organization that norma	•	initial part of its support if	rom a gove	emmental	unit or from tr	ne general	public described in	
_		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:								_
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, membersl	hip fees, ar	id gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support [.]	from gross investment	
		income and unrelated busir	ness taxab l e income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4) .			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting	
		organization. You must o	complete Part IV, S	ections A and B.						
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	n(s), by hav	/ing	
		control or management o	-				-		-	
		organization(s). You mus						90 a.e. ee.pi		
с		Type III functionally inte	-		in connect	tion with	and functional	llv integrate	ad with	
U.	·	its supported organization						ily integrate	Ja With,	
ام		¬ ·· •	.,	•				tod organi	zation(a)	
d		J Type III non-functionally						-		
		that is not functionally int	•	• •			•	i an allenti	veness	
		requirement (see instruct	-	-						
е		Check this box if the orga					Type I, Type	II, Type III		
	_	functionally integrated, or		nally integrated supporting	ng organiz	ation.				
		er the number of supported o	0							-
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) is the oro	anization listed	(v) Amount o	fmonotony	(vi) Amount of other	_
	,	organization		(described on lines 1-10		anization listed ing document?	support (see in	-	support (see instructions)	
		organization		above (see instructions))	Yes	No		lotraotiono)		_
										_
										_
										_
Tota	al									
										1

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

Schedule A (Form 990 or 990 EZ) 2019 TACOMA ARTS LIVE

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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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1412346.	1976053.	2921281.	1525308.	2019685.	9854673.				
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	26,304.	26,304.	26,304.	26,304.	26,304.	131,520.				
4	Total. Add lines 1 through 3	1438650.	2002357.	2947585.	1551612.	2045989.	9986193.				
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)						479,170.				
6	Public support. Subtract line 5 from line 4.						9507023.				
	tion B. Total Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Amounts from line 4	1438650.	2002357.	2947585.	1551612.	2045989.	9986193.				
	Gross income from interest,										
Ũ	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	22,069.	21,705.	22,280.	18,839.	20,233.	105,126.				
9	Net income from unrelated business		,								
5	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)						10091319.				
	Total support. Add lines 7 through 10		(ma)				,437,877.				
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to			, 197, 077.				
13											
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage								
_				aluman (f))		14	94.21 %				
	Public support percentage for 2019 (I										
	Public support percentage from 2018										
168	33 1/3% support test - 2019. If the c	•									
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2018. If the c	-									
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test	•									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances"	•	•		•						
b	10% -facts-and-circumstances test	•									
	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		•	•							
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b							
					Sche	edule A (Form 990	or 990-E71 2019				

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

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

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

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add l ines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	nization,
check this box and stop here	-			-		
Section C. Computation of Publ						
15 Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018	3 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2)19 (l ine 10c, co l u	mn (f), divided by l	line 13, co l umn (f))		17	%
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did ı	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and l in	e 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and l ine 16 is m	ore than 33 1/3%	%, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qua l ifies	as a publicly supp	orted organizatio	on ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
932023 09-25-19			_	Scl	hedule A (Form	990 or 990-EZ) 2019
		16	•			

1

2

За

Зb

3c

4a

Yes

No

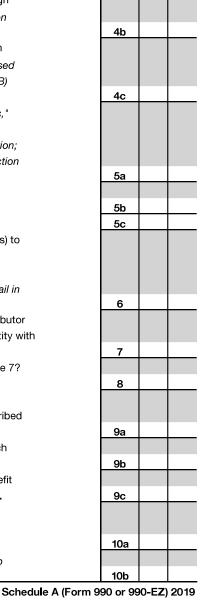
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
000			Vee	Nia
	Did the diverters tweeters or membership of one or more supported synaptications have the neuron to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)). 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
а		20		
ь.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>0</u> 1.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>	0 57	2010
932025	5 09-25-19 Schedule A (Form 9	an or as	л∪-⊏ ∠)	2019

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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970

Schedule A (Form 990 or 990 EZ) 2019 TACOMA ARTS LIVE

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section /	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
1 Net	t short-term capital gain	1		
2 Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section I	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Age	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other			
fac	tors (explain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sul	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5 Net	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by .035.	6		
7 Red	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount			Current Year
1 Adj	justed net income for prior year (from Section A, line 8, Column A)	1		
2 Ent	ter 85% of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ent	ter greater of line 2 or line 3.	4		
5 Inc	ome tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency 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) 2019

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Schedule A (Form 990 or 990 EZ) 2019 TACOMA ARTS LIVE

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	<u>1 1100070 Tage7</u>
Section D - Distributions		(Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	ne organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount	1		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c. 8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			(Farma 000 an 000 F 7) 0040

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Inform	nation Dre	بمعالجه امناب	
Schedule A (Form 990 or 990 EZ) 2019	TACOMA	ARTS	LIVE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
932028 09-25-1	۶ Schedule A (Form 990 or 990-EZ) 2019 21

Schedule B

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

Name of the organization

Organization type (check one)

η

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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

2019

Employer identification number

91-1106878

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

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

General Rule

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, II, and III.

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

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).

 $\label{eq:LHA} \ \ \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

TACOMA ARTS LIVE

Employer identification number

91-1106878

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$63,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>57,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>67,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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

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

Name of organization

Part I

TACOMA ARTS LIVE

91-1106878 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		- \$\$62,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZI P + 4	Total contributions	Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZI P + 4	Total contributions	Type of contribution
		- _ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- _ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZI P + 4	Total contributions	Type of contribution
		- _ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
923452 11-06-19		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Employer identification number

91-1106878

TACOMA ARTS LIVE

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
- =		\$	

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Page 4

tom any one contributor, Complete columns (a) through (e) and the tollowing line entry, For organizations Image: Control of Contro of Contro of Contro of Control of Control of Control of Control	Name of org	ganization		Employer identification number
Part III Exclusively relique, churtuble, etc., contributions to organizations described in section 501(d)? [8], or (10) that total more than \$1.000 for the year frame one contribution, complex down in the section 501(d)? [8], or (10) that total more than \$1.000 for the year frame one contribution of the section 501(d)? [8], or (10) that total more \$1.000 for the year frame one contribution of the section 501(d)? [8], or (10) that total more \$1.000 for the year frame one contribution of the section 501(d)? [8], or (10) that total more \$1.000 for the year frame one contribution of the section 501(d)? [8], or (10) that total more \$1.000 for the year frame one contribution of part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (find)	плсомл			91_1106878
cerected Patilities and advected register of the sec. Interfacement of	Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Form (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Form (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Form (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (d) Description of		completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or l	try. For organizations less for the year. (Enter this info.once.) \$
(b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. ((a) No	Use duplicate copies of Part III if additional	space is needed.	
	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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3454 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019		Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee
3454 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019				
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3454 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019				
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2019.05070 TACOMA ARTS LIVE

SCHEDULE D

Department of the Treasury Internal Revenue Service Name of the organization

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

TACOMA ARTS LIVE

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

|9

		91-1106878							
Funds or Accounts. Complete if the									
	(h) Funds a	nd other accounts	-					

Pa			Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		`	
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
3 4	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in w	witing that the appets hold in day	l	10
5	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
6	for charitable purposes and not for the benefit of the donor or			
			•	
Pa		anization answered "Ves" on For		
	Purpose(s) of conservation easements held by the organization		111 990, Fait IV,	
1			votion of a biot	vicelly important land area
	Preservation of land for public use (for example, recreati			brically important land area
	Protection of natural habitat		vation of a certi	fied historic structure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	he form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	d by the organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		dling of	
	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforc	ing conservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing c	onservation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial	statements that	at describes the
De	organization's accounting for conservation easements.	Aut Historical Tracerura	or Other C	imilar Acceto
Pa	t III Organizations Maintaining Collections of		, or other a	inniar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researcl	h in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				▶ \$
2	If the organization received or held works of art, historical trea		financial gain, I	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			
				► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

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<u>Sche</u>	dule D (Form 990) 2019 TACOMA	ARTS LIVE				91-11	06878) Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's ex	empt purpc	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historica l trea	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form 990), Part I V, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi		-			_	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
							Amount		
С	Beginning balance					<u> </u>			
d	Additions during the year					<u> </u>			
е	Distributions during the year					<u> </u>			
f	Ending balance				1 f	└─────			
	Did the organization include an amount on Fe				-	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>		
Par	t V Endowment Funds. Complete i					<u> </u>			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
1a	Beginning of year balance	576,878.	563,218.	564,762	•	566,572.		592,	319.
b	Contributions	20, 100	22.200	26.024		07 050		10	000
c	Net investment earnings, gains, and losses	28,180.	33,390.	26,934	•	27,258.		12,	238.
d	Grants or scholarships								
е	Other expenditures for facilities	18,290.	10 720	20 470		20 069		27	005
	and programs	10,290.	19,730.	28,478	•	29,068.		57,	985.
	Administrative expenses	586,768.	576,878.	563,218		564,762.		566,	572
g	End of year balance	·	•		•	104,702.		500,	572.
2	Provide the estimated percentage of the curr	• 0 0)) heid as:					
a L	Board designated or quasi-endowment ► Permanent endowment ► 100.00	%	_%						
D		% %							
с	·								
2-	The percentages on lines 2a, 2b, and 2c show		ion that are hold a	ad administered for	the organiz	ation			
3 a	Are there endowment funds not in the posse	ssion of the organizat	ion that are need a	la administerea for	the organiz	ation	Г	Vaa	
	by:							Yes	No X
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations	tione listed on venuive	d an Cabadula D2				3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		/ment lunas.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or ot			Accumulat	od	(d) Bool	volu	
	Description of property	basis (investm			depreciation		(u) 500	value	3
12	Land		, 200	<u>()</u>					
	Buildings								
	Leasehold improvements			7,215.	21,1	77.	2.6	5.0'	38.
				9,829.	750,8			, 0 .	
	Equipment			2,221.	290,5			L,68	
	Other							5,74	
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>quai Form 990. Part X</u>	<u> coiumn (B). line 1</u>	0c.)		Sohodulu		-	
						Schedule	ы (гогп	ະສອບ)	2019

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Complete if the organization answered "Yes	s" on Form 990, Part IV, line	a 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost of	r end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end of vear market value
(1)			,
(2)	+		
(3)	+		
(4)	+		
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u>*</u>		
Complete if the organization answered "Yes	on Form 990 Part IV line	11d Soc Form 990 Part V line 15	
	a) Description	s 110. See 10111 330, 1 att X, inte 13.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) li	ine 15.)		. 🕨
Part X Other Liabilities.			- 05
Complete if the organization answered "Yes	s" on ⊢orm 990, Part IV, line	e i i e or 11t. See ⊦orm 990, Part X, lir	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 financial statements that reports the organization's financial statements that reports the

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 TACOMA ARTS LIVE			91-3	1106878 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn∎	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,893,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,183.		
b	Donated services and use of facilities		301,429.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		86,424.		
е	Add lines 2a through 2d			2e	396,036.
3	Subtract line 2e from line 1			3	5,497,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,497,106.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	6,050,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	301,429.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		86,424.		
е	Add lines 2a through 2d			2e	<u>387,853.</u> 5,662,611.
3	Subtract line 2e from line 1			3	5,662,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,662,611.
Pa	t XIII Supplemental Information.				
-					

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

PART V, LINE 4:

THE ENDOWMENT CONSISTS OF ONE DONOR-RESTRICTED FUND FOR SUPPORTING THE

CLASSICAL MUSIC MISSION OF TACOMA ARTS LIVE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	41,214.
CONCESSIONS	45,210.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	86,424.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

30

SPECIAL EVENTS

CONCESSIONS

932054 10-02-19

45,210.

41,214.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 TACOMA ARTS LIVE Part XIII Supplemental Information (continued)	91-1106878 Page 5
TOTAL TO SCHEDULE D, PART XII, LINE 2D	86,424.
	Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990 or 990-EZ)	C) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization		ARTS LIVE					Employer ide	ntification number 878
	complete this part	Complete if the organization ans t.	swered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solic g Spec or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) put	citation of citation of cial fundra ual (incluc n professi	non-g gover aising ling of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundir have c or cor contrib	ustody itro l of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		1		L				
		on is registered or licensed to solic	cit contrib	utions	I or has been notified	it is o	exempt from re	l gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for For	m 990 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 TACOMA ARTS LIVE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Hevenue			64 530			64 520
₽	1	Gross receipts	64,532.			64,532
	2	Less: Contributions	54,688.			54,688
4	3	Gross income (line 1 minus line 2)	9,844.			9,844
	4	Cash prizes				
	5	Noncash prizes	12,644.			12,644
bense	6	Rent/facility costs	13,310.			13,310
Ulrect Expenses	7	Food and beverages		 		<u> </u>
٦	8	Entertainment	6,000.			6,000
	9	Other direct expenses				9,260
	10	Direct expense summary. Add lines 4 throu		· · · · · ·	>	41,214
	11	Net income summary. Subtract line 10 from	ı line 3, column (d)		►	-31,370
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
ANIAVAN				bingo/progressive bingo		col. (a) through col. (c
é	1	Gross revenue				
00	2	Cash prizes				
DILECT EXPENSES	3	Noncash prizes				
5						
<u></u>	4	Rent/facility costs				
	4 5	Rent/facility costs Other direct expenses				
	-	Other direct expenses	Yes%	Yes%	Yes%	, ,
	-		Yes%	│ Yes% │ No	── Yes % ── No	
	-	Other direct expenses	Yes%		No	
	6 7	Other direct expenses	gh 5 in column (d)	No	No No)
	6 7 8	Other direct expenses	Yes% No	No	No No	
•	6 7 8 Ent	Other direct expenses	Yes % No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No	N₀	
) a	6 7 8 Ent	Other direct expenses	gh 5 in column (d)	No No	N₀	
a b	6 7 8 Ent Is ti If "I	Other direct expenses	gh 5 in column (d)	states?	No	Yes N
a b	6 7 8 Is th If "I We	Other direct expenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	No	Yes N

Sch	edule G (Form 990 or 990-EZ) 2019 TACOMA ARTS LIVE	91-1	106878	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amo	ount		
	of gaming revenue retained by the third party \blacktriangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
Da	organization's own exempt activities during the tax year s s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):	and Davit		
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	m, ines 9, s	ad, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional mormation. See instructions.			
93204	ss 09-11-19 Schedule	G (Form	990 or 990-	F7) 2010
55200	34		200 01 000	, _0 19

rt IV Supplemental Information (continued)	

932084 04-01-19

SCI	HEDULE J	Compensation Infor	mation		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key E		ľ	20	40	
	-	Compensated Employee	s		20	IJ)
Demen	hannah of the Turney was	Complete if the organization answered "Yes" on Attach to Form 990.	Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions a	nd the latest information.		Inspe	ction	
Nam	e of the organizatio			Employer	identificatio	on nur	nber
		TACOMA ARTS LIVE		91-1	L10687	8	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to o	r for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information reg	arding these items.				
	First-class or c	narter travel Housing allow	vance or residence for perso	nal use			
	Travel for com	panions	business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments 📃 Health or soc	ial club dues or initiation fee	3			
	Discretionary :	pending account Personal serv	vices (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written poli	cy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," comple	ete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expense	s incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the items ch	ecked on line 1a?		2		
3	Indicate which, if a	y, of the following the organization used to establish the compe	ensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods	used by a related organization	on to			
	establish compensation	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation		oyment contract				
			n survey or study				
	·		he board or compensation c	ommittee			
		· · · ·	·				
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 re	ated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a		X
b	Participate in, or re-	eive payment from, a supplemental nonqualified retirement plar	n?		4b	Х	
с		eive payment from, an equity-based compensation arrangemen					X
		es 4a-c, list the persons and provide the applicable amounts for					
	-						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lin	nes 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay	y or accrue any compensatio	n			
	contingent on the r	venues of:					
а	The organization?				5a		X
b	Any related organiz	ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay	y or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b	Any related organiz	ation?			6b		X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pro	ovide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7	Х	
8		eported on Form 990, Part VII, paid or accrued pursuant to a co					
	-	otion described in Regulations section 53.4958-4(a)(3)? If "Yes,"			8		Х
9		d the organization also follow the rebuttable presumption proce					
	Regulations section				9		
LHA		duction Act Notice, see the Instructions for Form 990.			ule J (Forn	n 990)	2019

932111 10-21-19

Schedule J (Form 990) 2019 TACOMA		ARTS LIVE			91-1106878	878		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest C	ompensated Emple	oyees. Use duplica	te copies if additional s	pace 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.	orm 9	oorted on Schedule J 90, Part VII.	, report compensati	on from the organiz	ation on row (i) and fron	n related organizations	s, described in the instr	uctions, on row (ii).
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.	bd ind	ividual must equal th	e total amount of Fc	orm 990, Part VII, Se	ection A, line 1a, applica	able column (D) and (E	 amounts for that individual 	vidual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficients	(7)-(1)(9)	in column (b) reported as deferred on prior Form 990
(1) DAVID FISCHER	Ξ	215,882.	12,500.	.0	5,575.	10,643.	244,600.	.0
EXECUTIVE DIRECTOR		.0	.0	.0	•0	.0	.0	.0
	()							
	(ii)							
	Ξ							
	(<u>ii</u>							
	Ξ							
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932112 10-21-19

Schedule J (Form 990) 2019 TACOMA ARTS LIVE	91-1106878 Page 3	ge 3
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.	part for any additional information.	
PART I, LINE 4B:		
DAVID FISCHER, \$47,801 PAID OUT 2/5/20		
PART I, LINE 7:		
THE EXECUTIVE DIRECTOR CAN RECEIVE AN ANNUAL BONUS BASED ON EXECUTIVE		
PERFORMANCE TO GOALS AND THE COMPENSATION COMMITTEE OF THE BOARD'S ANNUAL		
PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR.		
	Schedule J (Form 990) 2019	2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TACOMA ARTS LIVE

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

PERFORMANCES, ENSURE OUR CHILDREN'S DEVELOPMENT THROUGH EDUCATION AND

ARTS, EMPOWER OUR CITIZENS THROUGH PARTICIPATION, ENABLE OUR HISTORIC

BUILDINGS AND DRIVE THE REVITALIZATION OF THE THEATRE DISTRICT.

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

THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE INITIAL REVIEW OF THE FORM

990. UPON APPROVAL OF THE FINANCE COMMITTEE, THE FORM 990 SHALL BE

PRESENTED TO THE BOARD OF TRUSTEES ALONG WITH A RECOMMENDATION FROM THE

FINANCE COMMITTEE CHAIR FOR THE BOARD APPROVAL OF THE FORM 990 FOR FILING

WITH THE IRS.

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

ALL MEMBERS OF THE BOARD OF TRUSTEES AND KEY STAFF OF TACOMA ARTS LIVE SIGN A STATEMENT OF CONFLICT OF INTEREST DISCLOSURE ANNUALLY. TACOMA ARTS LIVE'S GOVERNANCE COMMITTEE MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS.

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

THE COMPENSATION COMMITTEE RESEARCHES DATA, SUCH AS SALARY SURVEYS AND 990 INFORMATION, AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR COMPENSATION OF THE EXECUTIVE DIRECTOR. FOR OTHER KEY STAFF, THE FINANCE COMMITTEE APPROVES A SALARY BUDGET AND AUTHORIZES THE EXECUTIVE DIRECTOR TO NEGOTIATE WITH CANDIDATES WITHIN THE SALARY RANGE.

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

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization TACOMA ARTS LIVE	Employer identification number 91-1106878
TACOMA ARTS LIVE MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. CERTAIN	DOCUMENTS ARE
AVAILABLE VIA OUR WEBSITE, AND OTHER DOCUMENTS ARE AVAILA	BLE ON AN AS
REQUESTED BASIS. TACOMA ARTS LIVE WEBSITE INDICATES THE PA	ROPER CONTACT
INFORMATION TO MAKE SUCH A REQUEST.	
932212 09-06-19 Sche	edule O (Form 990 or 990-EZ) (2019