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TIN: 13-2898805

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

internai	Reven	iue Service					
A Fo	r th	e 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-	31-2023	_			
<b>B</b> Chec	k if a	applicable: C Name of organization PUBLIC ART FUND INC		D Employe	r identif	ication number	
○ Add	lress	change		13-2898	805		
O Nai		Belleville description					
O Init		turn boiling business as					
_		d return  Number and street (or P.O. box if mail is not delivered to street address)   Room/	suite	E Telephone	number		
		on pending ONE EAST 53RD STREET 12 FL	Suite	(212) 22	23-7800		
		City or town, state or province, country, and ZIP or foreign postal code					
		NEW YORK, NY 10022		<b>G</b> Gross rec	eipts \$ 8	,019,531	
		F Name and address of principal officer:	H(a) Is thi	s a group ret			
		SUSAN K FREEDMAN		dinates?	ui i i i i i i	□Yes ✓No	
		ONE EAST 53RD STREET 12 FL NEW YORK, NY 10022	<b>н(ь)</b> Are а	ll subordinate	25		
I Tax	-exer		includ			☐ Yes ☐No	
		npt status:		o," attach a list o exemption i			
J W	ebsii	te: WWW.PUBLICARTFUND.ORG	in(e) Group	exemption i	lullibei		
			L Year of form	ation: 1977	M State	of legal domicile: NY	
<b>K</b> Form	of o	rganization: 🗹 Corporation 🗌 Trust 🔲 Association 🗍 Other	- rear or rorm	acion: 1577	• • State	or regar dominene. 141	
Pa	rt I	Summary					
1 0		Briefly describe the organization's mission or most significant activities:					
Ф		PUBLIC ART FUND IS NEW YORK'S LEADING PRESENTER OF ARTISTS' PROJECTS A	ND EXHIBITION	IS IN PUBLIC	SPACES	S.	
nc	•						
E	,						
Ve	2	Check this box					
5		Number of voting members of the governing body (Part VI, line 1a)			3	27	
×8	4	4	26				
Activities & Governance	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) .	5	34			
EL MI	6	Total number of volunteers (estimate if necessary)			6	26	
Aci	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0	
				or Year	+	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		3,496,13	31	5,744,443	
Revenue		Program service revenue (Part VIII, line 2g)		307,38	_	974,831	
N.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,06	_	164,462	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	352,32		11,333		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,219,91		6,895,069	
				7,213,3			
		Grants and similar amounts paid (Part IX, column (A), lines 1–3 )			0	0	
		Benefits paid to or for members (Part IX, column (A), line 4)			0	0	
88		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,701,68		3,207,852	
Exp enses		Professional fundraising fees (Part IX, column (A), line 11e)			0	0	
άx	b	Total fundraising expenses (Part IX, column (D), line 25) 916,562					
Œ.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,659,11	10	2,349,284	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,360,79	5,360,791 5,557,1		
	19	Revenue less expenses. Subtract line 18 from line 12		-1,140,88	31	1,337,933	
S of			Beginning	of Current Ye	ar	End of Year	
anc							
Bal	20	Total assets (Part X, line 16)		8,654,48		10,243,666	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,680,60	)2	1,472,193	
Zī	22	Net assets or fund balances. Subtract line 21 from line 20		6,973,88	34	8,771,473	

Part II Signature Block

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

	1	Signature of officer Date											
Sign													
Here	_	SUSAN K FREEDMAN PRESIDENT Type or print name and title											
Paid	-	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN P00881958							
Pre	parer	Firm's name LUTZ AND CARR CPA	AS LLP		Firm's EIN 13-1655065								
Use	Only	Firm's address 551 FIFTH AVENUE S	UITE 400		Phone no. (212	2) 697-2299							
		NEW YORK, NY 1017	'6										
May t	he IRS disc	cuss this return with the preparer s	shown above? See Instructions.			. Ves 🗆 No							
For P	Paperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2023							
			——————————————————————————————————————										
Form	990 (2023)					Page 2							
Pai		atement of Program Servic	·			-							
1		eck if Schedule O contains a respondance or scribe the organization's mission:	nse or note to any line in this Pa	rt III		<u> </u>							
BY M	OUNTING A	IN ITS FIELD, PUBLIC ART FUND E MBITIOUS FREE EXHIBITIONS OF RBAN ENVIRONMENT.											
2	Did the or	ganization undertake any significa	nt program services during the y	ear which were not l	isted on								
	•	Form 990 or 990-EZ?				🗌 Yes 🛂 No							
_		escribe these new services on Sch											
3	services?	ganization cease conducting, or m	ake significant changes in now it	conducts, any progr	am	. Yes 🗸 No							
		escribe these changes on Schedule	• O.			. Tes Willo							
4	Describe t Section 50	he organization's program service 01(c)(3) and 501(c)(4) organizatio ue, if any, for each program servic	accomplishments for each of its ns are required to report the am										
4a	(Code:	) (Expenses \$	3,437,011 including grants of	· \$	) (Revenue \$	983,547 )							
	DIVERSITY INTERNATIO WORKS OF PARKS, PLA O)EACH YEA EXISTING S ARTISTS; IT CONSIDERA WHEREIN II AND OFFER PROJECTS A PROGRAMS DIDACTIC N ART PROJEC IT IS ESTIM MOUNTING AND SOCIA INFORMATI VIEWERS TO SERIES, PU	N PROGRAMPUBLIC ART FUND (PAF) ENOF NEW YORK CITY, PAF'S MAJOR INITIONAL ROSTER OF ARTISTS AT ALL POIN ART OUTSIDE THE TRADITIONAL CONFIZAS, OUTDOOR ADVERTISING VENUES AR, PAF WORKS WITH ARTISTS TO CRESCULPTURES AND INSTALLATIONS. COME TO AN TAKE FROM A FEW MONTHS TO STATIONS INVOLVED IN PRESENTING NEW NOITIDUAL ARTISTS RESPOND TO A SICOPPORTUNITIES TO SEE THESE SITES ARE LOCATED BOTH IN HIGHLY TRAFFIC PAF'S OUTREACH PROGRAMS EXPAND UNITIES TO SUBJECT OF THE STATE OF T	ATIVES INCLUDE DYNAMIC EXHIBITION TS IN THEIR CAREERS FROM EMERGII INES OF MUSEUMS AND GALLERIES, I. AND OTHER UNEXPECTED SITES-WHATE SITE-RESPONSIVE WORKS FOR V. IMISSIONING NEW WORKS INVOLVES SEVERAL YEARS TO DEVELOP A PROJECT OF THE WORKS IN THE PUBLIC REALM.PAF WITE IN NEW WAYS. TO MEET THE ORGANICKED LOCATIONS AND SPREAD ACROSOF OF THE SEARCH OF THE PROJECT OF THE SEARCH OF THE SEARC	INS, INSTALLATIONS, A IG TO GLOBALLY RECOV INTECTLY TO PLACES W ERE THEY CAN BE EXPE ARIED LOCATIONS THR DEVELOPING LONG-TEI CT AND ADDRESS THE ( AINTAINS A COLLABOR AF'S INSTALLATIONS A ZATION'S GOAL OF REA S NEW YORK CITY'S FI! MAKING THEM ACCESS ECTS, AND TO AID AUD BE AS THE MAKE-UP OF PROGRAM IN THE LAST TO ENGAGING WITH IT! ION ON EACH EXHIBIT! ION ON EACH EXHIBIT! IONS, TUBLIC ART FUND IRATION WITH THE COU	IND NEW COMMISS GNIZED. THESE PER NEW YORKE INTERPRES PER NEW YORKE INTERPRES PER NEW YORKE INTERPRES PER NEW YORKE INTERPRES PER NEW YORK ELATIVE APPROACH IN THE BROAUTH OF THE BROAUTH OF THE WORK CITY" YEAR. GIVEN THE SONLINE AUDIEN ION AND ARTIST, AND OFFER CONTINUES TO PER UNION, THE	SIONS OF ARTWORK BY AN ROJECTS BRING IMPORTANT RS LIVE AND WORK-INCLUDING F CHARGE. (SEE SCHEDULE DRK CITY, AND TO DEBUT SETWEEN PAF AND INDIVIDUAL CAL AND LOGISTICAL TO DEVELOPING PROJECTS, GRATED INTO THEIR LOCATIONS. DEST POSSIBLE AUDIENCE, DUCATION AND OUTREACH AUDIENCE. PAF PRODUCES ING AND UNDERSTANDING PUBLIC S RESIDENTS AND VISITORS, AND UNIQUE CHALLENGES OF ICE THROUGH BOTH ITS WEBSITE AS WELL AS MAPS AND GENERAL ROPPORTUNITIES FOR ONLINE RESENT ITS SIGNATURE LECTURE							
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)							
4c	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)							

4d	Other program services (Describe in S	schedule O.)			
	(Expenses \$	including grants of \$	) (Revenue \$	)	
4e	Total program service expenses	3,437,011			

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Par	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 <i>Schedule B, Schedule of Contributors</i> ? 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes,"</i> 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, VIII, 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	Yes	
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		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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
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	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	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? <i>If "Yes," complete Schedule G, Part I.</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? 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
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

P	a	a	Р	4

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Pa	THIV Checklist of Required Schedules (continued)			rage -
			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		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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		
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? <i>If "Yes," complete Schedule L, Part I </i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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	Yes	
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

10/27/2	5, 7:15 PM Public Art Fund Inc - Full Filing - Nonprofit Explorer - ProPublica							
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					
Pai	· · · · · · · · · · · · · · · · · · ·			_				
	Check if Schedule O contains a response or note to any line in this Part V							
15	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   30		Yes	No				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Yes	<b>0</b> (2023)				
		•	01111 22	(2023)				
	Page 5							
Form	990 (2023)			Page <b>5</b>				
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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?	2b	Yes					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No				
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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).							
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		No				
	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).	OD						
	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					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
c	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?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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:							
	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  [10b]  Section F01(c)(12) organizations. Enter:							
11	Section 501(c)(12) organizations. Enter:			I				

12b

												1 1	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done								12c	Yes			
13	Did the organization have a written whistle	eblower policy?									13	Yes	
14	Did the organization have a written docum	nent retention a	nd dest	ructio	on po	olicy	·? .				14	Yes	
15	Did the process for determining compensations, comparability data, and contemp									dependent			
а	The organization's CEO, Executive Directo	r, or top manag	ement c	officia	ı .						15a	Yes	
b	Other officers or key employees of the org	anization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	5a 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	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?												
Se	ction C. Disclosure												
17	List the states with which a copy of this Fo	orm 990 is requ	ired to b	oe file	ed		NY						
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspe	make its Form 1	.023 (10	)24 o	r 10 le th	24-	A, if a	pplic	cable), 990, and 99	0-T (section			
	Own website Another's website		· _						• •	-7-			
19	Describe in Schedule O whether (and if so	, how) the orga	nization	mac	le its	s go				of interest			
20	policy, and financial statements available t State the name, address, and telephone n	•	-		•		the c	rgai	nization's books and	d records:			
	CYNTHIA PRINGLE ONE EAST 53RD STRE	ET NEW YOR	K, NY 10	0022	(212	2) 2	23-78	00					• (2222)
												Form <b>99</b> 0	<b>U</b> (2023)
				Page	7								
Form	990 (2023)												Page <b>7</b>
Par	Compensation of Officers, E and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, I	Highest Compe	nsated Emp	oloye	es,	
	Check if Schedule O contains a res		o anv lir	ne in	this	Part	t VII .						
Se	ction A. Officers, Directors, Truste												
<b>1a</b> Co	mplete this table for all persons required to	o be listed. Rep	ort com	pens	atior	n for	the c	aler	ndar year ending wi	th or within th	ne orga	anization'	's tax
year.	ist all of the organization's current officer	s, directors, tru	stees (v	vheth	ner in	ndiv	iduals	or	organizations), rega	ardless of amo	ount		
of cor	npensation. Enter -0- in columns (D), (E),	and (F) if no co	mpensa	tion v	was	paid	l.		,, ,				
	st all of the organization's <b>current</b> key em												
who r	st the organization's five <b>current</b> highest of eceived reportable compensation (box 5 of ganization and any related organizations.											n \$100,0	00 from
• L	st all of the organization's former officers,						sated	emp	ployees who receive	ed more than	\$100,0	000	
	ortable compensation from the organizatio	,						-: <b>-</b> -:-			6 LL a		
orgar	st all of the organization's <b>former directo</b> ization, more than \$10,000 of reportable c ne instructions for the order in which to list	ompensation fro	om the								rtne		
	heck this box if neither the organization no	•		ion c	omr	anc	ated a	anv i	current officer dire	ctor or truste	Δ		
	(A)	(B)	garnzat	LIOIT	(C)		ateu e	ally '	(D)	(E)	<u>.                                    </u>	(F	`
	Name and title	Average	Positio		o no	t che			Reportable	Reportable		Estim	ated
		hours per week (list					inless office		compensation from the	compensati from relate		amount o	
		any hours	and	a di		r/tr	ustee	)	organization (W-	organizatio		from organizat	
		for related organizations	유	=	₽.	<u>&amp;</u>	유품	Fo	2/1099- MISC/1099-	(W-2/1099 MISC/1099		organizat relat	
		below dotted line)	died	stitu	Officer	en	Highest o employee	Former	NEC)	NEC)		organiz	ations
			dividual t	Institutional		항		~					
			~ £	1		Key employee	ğ						
			Individual trustae or director	Truste		*	ěns						
				99			compensated e						
				-		1	۵						
	ZABETH FEARON PEPPERMAN	6.00	x		х				0		0		0
CHAIR					Ĺ			L	Ŭ				
(2) SL	SAN K FREEDMAN	40.00											4
PRESI	DENT	·	Х		Х				337,294		0		18,929
		1			1	1			ı				

(3) ANDREW R BROWNSTEIN ESQ

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Page 8

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

1.00

1.00

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Χ

Form 990 (2023)

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

(17) RONAY MENSCHEL

(16) RAFAEL LOZANO-HEMMER

Page **8** 

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•		•		•		_		•		,	
(A) Name and title	(B) Average hours per week (list any hours	than d	one b oth a	(C) In (do not check more ne box, unless person oth an officer and a director/trustee)			son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(18) RUTHARD C MURPHY BOARD MEMBER	1.00	Х						0	0	0	
(19) DOUGLAS POLLEY BOARD MEMBER	1.00	Х						0	0	0	
(20) FARAH AL QASIMI BOARD MEMBER	1.00	Х						0	0	0	
(21) RASIKA REDDY	I	l	I	1 1	l	l	I	I	I	l	

(21) 10 (210) (1220)	1.00	×					0	0	0
BOARD MEMBER (22) ALLISON RUSSO									
(22) ALLISON RUSSU	1.00						0	0	0
BOARD MEMBER									
(23) KAREN SEYMOUR	1.00	X					0	0	0
BUARD MEMBER									
(24) PATRICIA SILVERSTEIN	1.00	X					0	0	0
BOARD MEMBER		····^`					0	Ŭ	
(25) MICHAEL STERNBERG	1.00	×					0	0	0
BOARD MEMBER		····^					U	U	U
(26) AI WEIWEI	1.00								
BOARD MEMBER		×					0	0	0
(27) DAVID WINE	1.00								
BOARD MEMBER		. X					0	0	0
(28) NICHOLAS BAUME	40.00								
,	40.00			Х		398,	933	0	14,480
ARTISTIC & EXECUTIVE DIRECTOR (29) LARRY GIANNECHINI		1							
	40.00				х	160,	000	0	0
DEPUTY DIRECTOR - PROGRAMS/OPERATION		ļ							
1b Sub-Total		•		•	· •			T	
c Total from continuation sheets to Pa	rt VII, Section A								
d Total (add lines 1b and 1c)						896,227	'	0	33,409
2 Total number of individuals (including l	out not limited to	those li	sted a	bove)	who re	ceived more than \$1	.00,000		
of reportable compensation from the o	rganization 3								
								Ye	s No
<b>3</b> Did the organization list any <b>former</b> of	fficer director or t	ructoo	kov o	mnlov	oo or h	ighest compensated	Lemployee on	<del>-  </del>	-
line 1a? If "Yes," complete Schedule J	•		•			•		3	Na
, ,							<u> </u>	3	No
4 For any individual listed on line 1a, is t organization and related organizations							m the		
individual		•		•				4 Ye	c
								<b>-</b>	3
							المناطنية المناط		
5 Did any person listed on line 1a receive services rendered to the organization?	•					-		_	
services rendered to the organization?.	If "Yes," complete					-		5	No
services rendered to the organization?  Section B. Independent Contractor	If "Yes," complete	Sched	ule J f	or suc	th persoi	7			No
services rendered to the organization?  Section B. Independent Contractor  Complete this table for your five highe	If "Yes," complete  ors  st compensated in	Schedi	ule J fo	or suc	tors tha	t received more tha	n \$100,000 of comp		No
services rendered to the organization?  Section B. Independent Contractor	If "Yes," complete  OFS  st compensated ir sation for the cale	Schedi	ule J fo	or suc	tors tha	t received more tha	n \$100,000 of comp n's tax year.		
Section B. Independent Contracto  Complete this table for your five higher from the organization. Report compens	If "Yes," complete  ors  st compensated in	Schedi	ule J fo	or suc	tors tha	t received more tha	n \$100,000 of comp	pensation	No (C) ppensation
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services rendered to the organization?  Section B. Independent Contractor  Complete this table for your five higher from the organization. Report compenses  Name are FOURTH STATE LLC	ors st compensated ir sation for the cale  (A)	Schedi	ule J fo	or suc	tors tha	t received more tha ithin the organizatio	n \$100,000 of compositions tax year.	pensation	(C)
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Section B. Independent Contracto  1 Complete this table for your five highe from the organization. Report compens  Name ar  FOURTH STATE LLC  194 COTTAGE STREET POUGHKEEPSIE, NY 12601	ors st compensated in sation for the cale  (A) and business address	e Schedo	dent co	or suc	tors tha	t received more tha ithin the organization  Des  ART INSTALLAT	n \$100,000 of composition of stax year.  (B)  cription of services  ION/DEINSTALLATION	com	(C) npensation 349,055
Section B. Independent Contractor  1 Complete this table for your five higher from the organization. Report compensions  Name are FOURTH STATE LLC  194 COTTAGE STREET POUGHKEEPSIE, NY 12601  2 Total number of independent contractors	ors st compensated in sation for the cale  (A) and business address	e Schedo	dent co	or suc	tors tha	t received more tha ithin the organization  Des  ART INSTALLAT	n \$100,000 of composition of stax year.  (B)  cription of services  ION/DEINSTALLATION	com	(C)
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Section B. Independent Contractor  1	If "Yes," complete  ITS  st compensated ir sation for the cale  (A)  and business address  (including but not	e Schedo	dent coear end	on succession of	stors that it is the person with or wi	t received more tha ithin the organization  Des ART INSTALLAT  INSTALLAT  INSTALLAT  INSTALLAT  INSTALLAT  INSTALLAT  INSTALLAT	n \$100,000 of composition of stax year.  (B) cription of services  ION/DEINSTALLATION  Fore than \$100,000  Unrelated business	oensation  Com  of  Form  Ree exclutax und	Page 9  (C) npensation 349,055  Page 9
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10	0/27	/25, 7:15 PM
	Ī	864,630
	d	Related organi
	е	Government gra

izations 1d

grants (contributions) 1e

192,707

**f** All other contributions, gifts, grants, and similar amounts not included above

4,687,106

Noncash contributions included in

y	lines 1a - 1f:\$	Liuue	1g					
h	Total. Add lines 1a-1f	٠.			5,744,443			
					Business Code			
9	2a CONSULTATION FEES	5			900099	974,831	974,831	
Corriero Dossonio								
Con Con	201							
Description	=							
	<ul><li>f All other program</li><li>g Total. Add lines 2</li></ul>				974,831			
	3 Investment income similar amounts) .	(inc	luding divider			181,189		181,189
	4 Income from invest				nd proceeds			
				-	i -			
	•		(i) Rea	-	(ii) Personal			
	<b>6a</b> Gross rents	6a	<del></del>		(", " = " = " = " = " = " = " = " = " = "			
	<b>b</b> Less: rental	6b						
	expenses c Rental income or (loss)	6с						
	<b>d</b> Net rental income	e or	(loss)					
			(i) Securit	ies	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	7a	82	6,661				
Revenue	<b>b</b> Less: cost or other basis and sales expenses	7b	84	3,388				
	_	7с	-1	6,727				
ther	. ,					-16,727		-16,727
ŧ	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	864,630 of line 1c).	8a	260,901			
	<b>b</b> Less: direct expen	ises		8b	260,901			
	c Net income or (los			g eve	nts	0		
	9a Gross income from See Part IV, line 19	gam	ing activities.	9a				
	<b>b</b> Less: direct expen	ises		9b				
	c Net income or (los	ss) fr	om gaming a	ctivitie	es			
	<b>10a</b> Gross sales of invergence returns and alloware.	entoi	ry, less	10a	28,889			
	<b>b</b> Less: cost of good	ls so	ld	10b	20,173			

	C Net income or (loss) from sales of inventor	ry	8,716	8,716		
	11a <sub>OTHER</sub> INCOME	Business Code 900099	2,617			2,617
Oth	b er <b>R</b> evenueMiscAmt					
	d All other revenue e Total. Add lines 11a–11d		2,617			
			6,895,069	983,547	0	167,079

Form 990 (2023) Page **10** 

Section $501(c)(3)$ and $501(c)(4)$ organizations must of		All other organization	ins must comblete con	ımn (A).
Check if Schedule O contains a response or note to a		_	-	
o not include amounts reported on lines 6b, b, 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				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	769,636	261,284	310,273	198,0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
<b>7</b> Other salaries and wages	1,954,541	1,117,228	369,611	467,7
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	271,748	145,212	61,916	64,6
. <b>0</b> Payroll taxes	211,927	107,786	52,474	51,6
1 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	11,570		11,570	
<b>c</b> Accounting	35,267		35,267	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,759		30,759	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	602,078	479,228	109,100	13,7
2 Advertising and promotion	60,519	56,400	4,119	
3 Office expenses	76,034	23,705	32,148	20,1
4 Information technology				
<b>.5</b> Royalties				
.6 Occupancy	176,017	89,522	43,583	42,9
<b>7</b> Travel	67,758	20,736	42,968	4,0
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
20 Interest				

41	rayments to anniates	Ī		İ	1
22	Depreciation, depletion, and amortization	10,192	5,184	2,523	2,485
23	Insurance	41,207	20,958	10,203	10,046
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 ART INSTALL/FABRICATION	674,852	656,875	17,902	75
	<b>b</b> PRINTING AND TYPOGRAPHY	143,310	128,417	12,834	2,059
	c OFF-SITE SHIPPING AND S	130,834	117,883	12,951	
	d PHOTOGRAPHY,VIDEO AND A	101,385	94,035		7,350
	e All other expenses	187,502	112,558	43,362	31,582
25	Total functional expenses. Add lines 1 through 24e	5,557,136	3,437,011	1,203,563	916,562
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720).				

———— Page 11 ——

Form 990 (2023) Page **11** 

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			1,407,490	1	1,500,304
	2	Savings and temporary cash investments .		[	999,633	2	510
	3	Pledges and grants receivable, net			916,589	3	1,491,943
	4	Accounts receivable, net		[		4	9,434
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial (	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$				6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ĄS,	9	Prepaid expenses and deferred charges			139,742	9	189,698
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	939,839			
	b	Less: accumulated depreciation	10b	749,030	19,747	<b>10</b> c	190,809
	11	Investments—publicly traded securities .			3,598,318	11	5,440,534
	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		[	1,572,967	15	1,420,434
	16	<b>Total assets.</b> Add lines 1 through 15 (must eq	ual line	33)	8,654,486	16	10,243,666
	17	Accounts payable and accrued expenses		•	168,951	17	113,075
	18	Grants payable				18	
	19	Deferred revenue			1,250	19	1,250
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, o	r 35% controlled entity		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part Y of Schedule D		to related third parties,	1,510,401	25	1,357,868

	Complete Fait A of Schedule D		Ī			
26	Total liabilities. Add lines 17 through 25	1,680,602	26		1	,472,193
	Organizations that follow FASB ASC 958, check here					
27	lines 27, 28, 32, and 33.	4 683 008	22		1	773.687
			<u>-</u>			997,786
20	Net assets with donor restrictions	2,290,700	26		<u> </u>	991,100
	Organizations that do not follow FASB ASC 958, check here ► □ and					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building or equipment fund		30			
31	Retained earnings, endowment, accumulated income, or other funds		31			
32	Total net assets or fund balances	6,973,884	32		8	771,473
33	Total liabilities and net assets/fund balances	8,654,486	33		10	,243,666
	ı	ı		F	orm <b>99</b>	<b>0</b> (2023
	Page 12 —————					
990	(2023)					Page <b>1</b> 2
rt XI	Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			1		6	,895,06
						,557,13
			$\vdash$			,337,93
		•	$\vdash$			,973,88
			$\vdash$			459,65
	·		-			
			$\vdash$			
	· · · /		10			
	t assets of faile bulliness at the of year combine miles 5 through 5 (mast equal fail by miles				8	771 47
	Financial Statements and Reporting	72, column (B))	10		8,	,771,47
rt XII						,771,47
	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				 Yes	,771,47
ırt XII	Check if Schedule O contains a response or note to any line in this Part XII			· -		
Acce	• •			· -		
According to the Sch	Check if Schedule O contains a response or note to any line in this Part XII	ain on				No
Acco	Check if Schedule O contains a response or note to any line in this Part XII	ain on		2a		
According to the School Wern If 'Y	Check if Schedule O contains a response or note to any line in this Part XII	ain on		2a		No
According to the School Wern If 'Y	Check if Schedule O contains a response or note to any line in this Part XII	ain on nt? led or reviewed		2a		No
According the School Wern If 'Y sepa	Check if Schedule O contains a response or note to any line in this Part XII	ain on nt? led or reviewed			Yes	No
Accordiff the School Wern	Check if Schedule O contains a response or note to any line in this Part XII	ain on nt? led or reviewed	on a	2a		No
Accordiff the School Wern Separate Wern If 'Y	Check if Schedule O contains a response or note to any line in this Part XII	ain on nt? led or reviewed	on a		Yes	No
Accordiff the School Wern Separate Wern If 'Y	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate	on a		Yes	No
According to the separate of t	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate	on a		Yes	No
According to the separate of t	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  proversight	on a		Yes	No
Account XIII  Account If the School Were If 'Y' separate Connection If 'Y' of the School If ''' of the School If ''' is a separate If ''' of the School If ''' is a separate If '	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  proversight accountant?	on a basis,	2b	Yes	No
Account XIII  Account If the School Were If 'Y' sep.  Were If 'Y' of till If the If th	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  or oversight accountant?  g explain in Sche	on a basis,	2b	Yes	No
According to the second of the	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  or oversight accountant?  g explain in Sche	on a basis,	2b	Yes	No
According to the second of the	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  or oversight accountant?  c, explain in Sche  et forth in the U  ndergo the requ	on a basis,	2b 2c	Yes	No No
According to the second of the	Check if Schedule O contains a response or note to any line in this Part XII	ain on  nt?  led or reviewed  pasis  d on a separate  pasis  or oversight accountant?  c, explain in Sche  et forth in the U  ndergo the requ	on a basis,	2b 2c 3a	Yes	No
	30 31 32 33 rt XI Tot Tot Net Net Do Inv	27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  ocmplete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Total liabilities and net assets/fund balances  Page 12  Page 12  Page 12  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments	lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	lines 27, 28, 32, and 33.  7 Net assets without donor restrictions

Additional Data Return to Form

# Software ID:

### **Software Version:**

Form 990, Special Condition Description:

**Special Condition Description** 

efile Public Visual Render

ObjectId: 202413029349300826 - Submission: 2024-10-28

TIN: 13-2898805

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

		he organization					Employer identific	ation number
PUBLI	CARIF	FUND INC					13-2898805	
	rt I rganiz	Reason for Public ration is not a private four					See instructions.	
1		A church, convention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research organame, city, and state:	anization operat	ed in conjunction with	a hospital descr	ribed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca			scribed in <b>secti</b>	on 170(b)(1)(A	۱)(v).	
7	<b>✓</b>	An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc			(Complete Part	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (	described in section 5	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	rganization oper er to regularly a	rated, supervised, or composite or elect a major	ontrolled by its	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiz	ervised or controlled i ation vested in the sar				
c		Type III functionally supported organization(	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	<b>d.</b> A supporting organing organic	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this box if the organization				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III r r the number of supporte			-			
g		de the following informat						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2023
				Pa	ge 2 ———			
				14	J- <del>-</del>			
Sched	dule A	(Form 990) 2023						Page <b>2</b>
Pa	rt II			rations Described ne box on line 5, 7,				L)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

	7/25, 7:15 PM	I	Public Art Fund Inc -	Full Filing - Nonpr	ofit Explorer - ProP	ublica	
	r fiscal year beginning in) 🕨	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	2,187,731	4,848,579	1,200,792	3,496,131	5,744,443	17,477,676
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4 5	<b>Total.</b> Add lines 1 through 3  The portion of total contributions by	2,187,731	4,848,579	1,200,792	3,496,131	5,744,443	17,477,676
3	each person (other than a governmental unit or publicly supported organization) included on						1,825,287
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						15,652,389
-	Section B. Total Support						
	lendar year r fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,187,731	4,848,579	1,200,792	3,496,131	5,744,443	17,477,676
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,081	52,703	32,560	77,521	181,189	407,054
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI.)	78,271	9,894	7,630	203,202	2,617	301,614
11	<b>Total support.</b> Add lines 7 through 10						18,186,344
12		etc. (see instruction	ons)			12	4,415,479
13	First 5 years. If the Form 990 is for t						ization, check
	this box and <b>stop here</b>					▶□	
	Section C. Computation of Public			(0)			
14 15	Public support percentage for 2023 (lin Public support percentage for 2022 Sc	, , ,				14	86.070 % 92.990 %
	a 33 1/3% support test—2023. If the						
	and <b>stop here.</b> The organization quali 33 1/3% support test—2022. If the	fies as a publicly s e organization did	supported organiza not check a box o	ation n line 13 or 16a, a	and line 15 is 33 1		.. <b>▶ ✓</b> k this
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact	t <b>—2023.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	), and line 14 is 10	% or more,
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets to	t-2022. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
18	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organizati	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	x and see	
_	instructions		<u> </u>		· · · · · · · · ·		Form 990) 2023
			——— Page 3				
			-				
Sch	nedule A (Form 990) 2023						Page <b>3</b>
	Part III Support Schedule for (Complete only if you the organization fails	checked the bo	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support	to quality under	the tests listed	below, please (	Complete rait II	• /	
Ca	lendar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(o 1	membership fees received. (Do not		10, 2=2	1	,		.,
2	include any "unusual grants.") . Gross receipts from admissions,	<u> </u>		+	+	+	
2	merchandise sold or services	1		1		1	
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3		e					

Schedule	Δ	(Form	9901	2023	

provide detail in Part VI.

answer line 10b below.

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C 6

b

Schedule A (Form 990) 2023

1 (11	t IV Supporting Organizations (continued)		Yes	No
			163	110
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 on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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 <b>Part VI</b> 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.			
	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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations	•	•	
			Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed t	v contr	ol or management of the	1		_
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the			
	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 e					
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support			2		
3	By reason of the relationship described in line 2 above, did the organization's support					
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	ou sup	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
-	Did substantially all of the organization's activities during the tax year directly further	the ex	remnt nurnoses of the		162	140
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	/I identify those supported how the organization was			
	substantially all of its activities.	iat tire:	se activities constituted	2a	1	
b	Did the activities described on line 2a, above constitute activities that, but for the org					
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t					
	organization's involvement.	iicse e	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
a	Did the organization have the power to regularly appoint or elect a majority of the off	icers,	directors, or trustees of each of	3a		
	the supported organizations?If "Yes" or "No", provide details in <b>Part VI</b> .	,	,			
b	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz.</li> </ul>			3b		
			Schedule A		n 990)	2023
				•	,	
	Page 6 ————					
Sche	dule A (Form 990) 2023				F	Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				e:e	
		2010113	· · · · · · · · · · · · · · · · · · ·		rent Yea	ır
	Section A - Adjusted Net Income		` ,	` ´(opti	ional)	
_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		rent Yea ional)	ır
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			_	
	Average monthly value of securities	1a				
	,					
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
•	I Total (add lines 1a, 1b, and 1c)	1d	i l			

			<u>-</u>
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	Section C - Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1 2		1 2	
	Adjusted net income for prior year (from Section A, line 8, Column A)		
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4	

Schedule A (Form 990) 2023

– Page 7 **–** 

Schedule A (Form 990) 2023

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported orga excess of income from activity	inizations, in 2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	5	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	6	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive ( details in <b>Part VI</b> ). See instructions	(provide 8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (i)	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			

<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line	4.		
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line If the amount is greater than zero, <i>explain in See</i> instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is g than zero, explain in <b>Part VI</b> . See instructions	reater		
<b>7 Excess distributions carryover to 2024.</b> Add 3j and 4c.	d lines		
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			
	Page	8 -	
Schedule A (Form 990) 2023			Page
Part VI Supplemental Information. Provide	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line Id 6. Also complete this pa	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information. Provide Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line Id 6. Also complete this pa	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information. Provide Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line Id 6. Also complete this pa	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information. Provide Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line Id 6. Also complete this pa	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information. Provide Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line Id 6. Also complete this pa	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information. Provide Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part instructions).	a, 6, 9a, 9b, 9c, 11a, 11b IV, Section E, lines 1c, 2a V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line id 6. Also complete this par estances Test	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; e 1; Part V, Section B, line 1e; Part V

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render	ObjectId: 202413029349300826 - Submission: 2024-10-28		TIN: 13-2898805				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest inform	ation.	2023				
Name of the organization PUBLIC ART FUND INC			dentification number				
Organization type (check of	one):	13-289880	5				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pr	ivate foundation					
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation					
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation					
Special Rules							
contributions.	pperty) from any one contributor. Complete Parts I and II. See ins	structions for determining	a contributor's total				
under sections 509(a received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that me a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 one contributor, during the year, total contributions of the greater on, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	r 990-EZ), Part II, line 13	, 16a, or 16b, and that				
during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 contributions of more than \$1,000 <i>exclusively</i> for religious, char prevention of cruelty to children or animals. Complete Parts I, II,	itable, scientific, literary,	ny one contributor, or educational				
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 tributions exclusively for religious, charitable, etc., purposes, but d, enter here the total contributions that were received during the plete any of the parts unless the <b>General Rule</b> applies to this orgetc., contributions totaling \$5,000 or more during the year	no such contributions tot year for an exclusively r panization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>				
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules donust answer "No" on Part IV, line 2, of its Form 990; or check the , line 2, to certify that it doesn't meet the filing requirements of So	box on line H of its Form					
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		o. 30613X So	chedule B (Form 990) (2023)				
	Page 2						
Schedule B (Form 990) (202	23)	Page <b>2</b>					
Name of organization		Employer identifi	cation number				

https://projects.propublica.org/nonprofits/organizations/132898805/202413029349300826/full

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	(Form 990) (2023)		Page 3
Name of org PUBLIC ART		Employer identification 13-2898805	on number
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.  (b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-				<u>\$</u>		
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given				
-			<u> </u>			
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received			
-				<u> </u>		
(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		
-				<u> </u>		
	D (5	Page 4 ————				
Name of o	B (Form 990) (2023) rganization RT FUND INC		Employer id	Page 4 dentification number		
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the total of exclusively religious, charactions.) \( \bigsim \) \( \bigsim_{\text{colorest}} \)	rough (e) and the follow	), (8), or (10) that total more wing line entry. For		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-	Transferee's name, address, and	Relationship of transfero	or to transferee			
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift				
-		(a) Tanzafara af a'''				
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transfero	or to transferee		
(a)						

0/27/25, 7:15 PM No. from Part I	(b) Purpose of gift		d Inc - Full Filing - Nonprofit (c) Use of gift	-	r - ProPublica (d) Description of how gift is held		
. =	Transferee's name, address, and		e) Transfer of gift Relati	onship of transferor to t	ransferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descript	ion of how gift is held		
• =	Transferee's name, address, and		e) Transfer of gift Relati	onship of transferor to t	ransferee		
				Sche	dule B (Form 990) (202		
Additiona	ıl Data				Return to Form		

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202413029349300826 - Submission: 2024-10-28

TIN: 13-2898805

### **SCHEDULE D**

(Form 990)

### **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.

OMB No. 1545-0047

**Open to Public** 

	tment of the Treasury		Attach to Form 990. 990 for instructions and the late	act information	Open to Public
	al Revenue Service me of the organ		ior instructions and the late		Inspection tification number
	BLIC ART FUND INC				
-			15 1 01 6: 11 5	13-2898805	
Ра		izations Maintaining Donor Advisete if the organization answered "Yes			
	30p.c		(a) Donor advised funds		ind other accounts
1	Total number at	end of year			
2	Aggregate value	e of contributions to (during year)			
3	Aggregate value	e of grants from (during year)			
4	Aggregate value	e at end of year			
5		ration inform all donors and donor adviso property, subject to the organization's ex			e 🗆 Yes 🗆 No
6	charitable purp	ation inform all grantees, donors, and do oses and not for the benefit of the donor ?	or donor advisor, or for any other p	ourpose conferring impermis	ssible Yes No
Pa		rvation Easements.	s" on Form 000 Port IV line 7		
1		ete if the organization answered "Yestonservation easements held by the organ			
-		ion of land for public use (e.g., recreation		ion of an historically import	ant land area
			,	, ,	
		of natural habitat	Preservati	ion of a certified historic str	ucture
_		ion of open space			
2	easement on th	2a through 2d if the organization held a ne last day of the tax year.	•	Held at t	the End of the Year
а		f conservation easements			
b	_	estricted by conservation easements		<b> </b>	
С		servation easements on a certified historic	. ,		
d		servation easements included in (c) acquire listed in the National Register	red after July 25, 2006, and not on	a <b>2d</b>	
3		servation easements modified, transferre	d, released, extinguished, or termin	nated by the organization d	uring the
4	Number of state	es where property subject to conservatio	n easement is located 🕨		
5		ization have a written policy regarding th nt of the conservation easements it holds		_	Yes No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enf	forcing conservation easem	
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcin	g conservation easements o	during the year
8		servation easement reported on line 2(d) 0(h)(4)(B)(ii)?			☐ Yes ☐ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's finan		
Par	t III Organi	izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures,	or Other Similar Asse	ets.
1a	If the organizat	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial statem	C 958, not to report in its revenue slic exhibition, education, or research	statement and balance shee	
b	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:			
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1		<b>&gt;</b> \$_	
		d in Form 990, Part X			
2	If the organizat	tion received or held works of art, historic nts required to be reported under FASB A	cal treasures, or other similar assets		the
а		ed on Form 990, Part VIII, line 1			
b	Assets included	l in Form 990, Part X		<b>&gt;</b> \$	
For	Paperwork Redi	uction Act Notice, see the Instruction	ns for Form 990.	Cat. No. 52283D Sched	ule D (Form 990) 20

---- Page 2 -----

Sche	dule D	(Form 990) 2022								Page <b>2</b>
Part	III	Organizations Main	taining Col	lections of Art,	Historical Tre	asures	, or Other Sin	nilar Assets	(continu	ıed)
3		the organization's acquisit (check all that apply):	tion, accession	, and other records		ne followi	ng that are a sigr	nificant use of	its collec	tion
а		Public exhibition			<b>d</b>	oan or e	xchange program	ns		
b		Scholarly research			e 🗌	Other				
C		Preservation for future ge	nerations							
4	Provid	de a description of the orga	anization's coll	ections and explain	how they furthe	r the org	anization's exem <sub> </sub>	pt purpose in		
5	Durin	g the year, did the organiz s to be sold to raise funds								
Par	t IV	Escrow and Custodi Complete if the organ line 21.	ial Arrange	ments.				n amount on		<b>No</b> 90, Part X,
1a		organization an agent, tru led on Form 990, Part X? .							Yes (	□ No
b	If "Ye	s," explain the arrangeme	nt in Part XIII	and complete the f	ollowing table:			Amour	nt	
c		ning balance		•	3		1c			
d	Additi	ons during the year					1d			
е	Distri	outions during the year .					1e			
f	Endin	g balance					1f			
2a	Did th	ne organization include an	amount on Fo	rm 990, Part X, line	21, for escrow	or custodi	al account liabilit	v? 🔘	Yes	□ No
b		s," explain the arrangemen			•					
Pai	rt V	Endowment Funds.								
		Complete if the organ	ization answ	ered "Yes" on Fo	rm 990, Part I	V, line 1	0.			
				(a) Current year	(b) Prior year			Three years bac		ur years back
	_	ing of year balance		1,266,872	1,498,	947	1,446,468	1,172,99	)1	1,147,625
		utions		210,009	-232,	75	52,479	330,23	22	78,956
		estment earnings, gains, a		210,009	-232,	1/3	52,479	330,23	)2	76,930
		or scholarships								
		expenditures for facilities ograms		67,687				56,75	55	53,590
		strative expenses								
g	End of	year balance		1,389,606	1,266,	372	1,498,947	1,446,46	58	1,172,991
2		le the estimated percentag	•	nt year end balanc	e (line 1g, colum	n (a)) he	ld as:			
а		designated or quasi-endo	wment 🕨							
b			8.575 %							
С		endowment 51.425								
За	-	ercentages on lines 2a, 2b nere endowment funds not			ation that are he	d and ad	ministered for the	2		
Ja		ization by:	ill tile posses	sion of the organiza	ition that are he	u anu au	ministered for the	=	7	Yes No
	<b>(i)</b> Ur	related organizations .						Ī	3a(i)	No
		elated organizations .							3a(ii)	No
b		s" on 3a(ii), are the related		•				[	3b	
4		ibe in Part XIII the intende			owment funds.					
Par	t VI	Land, Buildings, and Complete if the organ			rm 000 Part I	/ line 1	1a See Form 0	ION Dart V I	line 10	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Cos	st or other basis (ot		Accumulated depre		( <b>d)</b> Book	value
12	and									
		gs								
		old improvements			546	,786		363,307		183,479
		nent				,873		178,543		7,330
						,180		207,180		0
-		ines 1a through 1e. <i>(Colui</i>	mn (d) must e	aual Form 990 Par				207,100		190,809
. 0	,		(a) mast c	9441 101111 220, 141	:, colullii (D),	10(0	,,, • • •	0.1		190,009

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3** 

	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV	line 11h See For	m 990 Part '	X line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of or end-of-year	valuation:
<ul><li>(1) Financial (</li><li>(2) Closely-he</li><li>(3)Other</li></ul>	derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo		
	(a) Description of investment		(b) Book value		thod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col.(B) line 13.)	•			
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, P	art IV,	line 11d. See For	m 990, Part 1	X, line 15.
	(a) Description				(b) Book value
(1)SECURITY (2)ARTWORK	DEPOSIT				15,066 47,500
(3)OPERATING (3)	G LEASE RIGHT-OF-USE ASSET				1,357,868
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	in (h) must equal Form 900 Part V col (R) line 15 \			. •	1 420 424
	n (b) must equal Form 990, Part X, col.(B) line 15.)	• •		. •	1,420,434
	Complete if the organization answered 'Yes' on Form 990, P	art IV,	line 11e or 11f.S	ee Form 990,	
1. (1) Fodoral in	(a) Description of liability				(b) Book value

7/25, 7:15 PM ERATING LEASE L	IABILITY	2 done / It I did ine - I t	g	- Nonprofit Explorer - Pro		1,357,868
tal (Column (h) mus	t equal Form 990, Part X, col.(B) line 25.	)				1,357,868
	ain tax positions. In Part XIII, prov		to the or	ganization's financial st	atements that	
•	y for uncertain tax positions under			-		
gamzacion 5 nabine	, rei uncertain tax positions under	The to (Noc 7 to): check he	10 11 010	text of the foother has		(Form 990) 2022
						(* ****** *****************************
		——————————————————————————————————————				
hedule D (Form 99	•					Page <b>4</b>
	nciliation of Revenue per Au				Return.	
	lete if the organization answer gains, and other support per audit				1	10.216.070
•	• , , ,				-	10,216,870
	ded on line 1 but not on Form 990,		1 22 1	450.65	6	
	gains (losses) on investments .		2a	459,65	-	
	ces and use of facilities		2b	2,892,90	4	
	orior year grants		2c		-	
-	e in Part XIII.)		2d		4 _ 1	
	hrough <b>2d</b>				2e	3,352,560
	Re from line 1				3	6,864,310
	ded on Form 990, Part VIII, line 12					
	penses not included on Form 990,	•	4a	30,75	9	
•	e in Part XIII.)		4b		_	
	nd <b>4b</b>				4c	30,759
	Add lines <b>3</b> and <b>4c.</b> (This must equ				5	6,895,069
	nciliation of Expenses per A lete if the organization answer				r Return.	
•	and losses per audited financial st		ILIV, III	le 12a.	1	8,419,281
	ded on line 1 but not on Form 990,				-	0,413,201
	ces and use of facilities	•	2a	2,892,90	4	
	estments		2b	2,032,30	<del>-</del>	
	istilients		2c		-	
			2d		-	
•	e in Part XIII.)		Zu		<b>⊣</b> ₃.	2 002 004
	hrough <b>2d</b>				2e 3	2,892,904
	le from line 1				3	5,526,377
	ded on Form 990, Part IX, line 25,		1 1	20.75		
	penses not included on Form 990,	•	4a	30,75	9	
•	e in Part XIII.)		4b		4 _ 1	
	nd <b>4b</b>				4c	30,759
	s. Add lines <b>3</b> and <b>4c.</b> (This must ed	qual Form 990, Part I, line 1	8.) .	<u> </u>	5	5,557,136
Part XIII Sup	pplemental Information					
	tions required for Part II, lines 3, 5, d Part XII, lines 2d and 4b. Also co				rt V, line 4; Pa	t X, line 2; Part XI,
	•	implete this part to provide a	niy addit			
	Return Reference			Explanation		
ART V, LINE 4:		IN ACCORDANCE WITH THE POLICY OF CONSIDERING				
		VALUE OF ENDOWMENT F	UNDS O	F THE PRIOR TWO YEAR	RS THROUGH T	THE YEAR-END PREC
		I				IE I ONIO TERM DAE
		THE FISCAL YEAR IN WHI EXPECTS THE CURRENT S				

Additional Data Return to Form

Software ID: Software Version:

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ObjectId: 202413029349300826 - Submission: 2024-10-28

TIN: 13-2898805

**SCHEDULE G** (Form 990)

# **Supplemental Information Regarding** Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

2023

	organization entered more than \$15,000 on Form 990-EZ, line 6a.  Pattach to Form 990 or Form 990-EZ.  Attach to Form 990 or Form 990-EZ.  Go to www.irs.gov/Form990 for instructions and the latest information.					,	Open to Public Inspection		
	ne of the organization LIC ART FUND INC							Employer ide	ntification number
								13-2898805	
Pa		_	<b>ties.</b> Complete if ire not required t	_		answered "Yes" on Fo part.	orm 990,	Part IV, line 1	.7.
1	Indicate whether the	e organiza	tion raised funds th	rough an	y of the fo	ollowing activities. Check	all that a	oply.	
а	☐ Mail solicitations				•	Solicitation of non	-governm	ent grants	
b	☐ Internet and em	ail solicitat	tions		1	Solicitation of gov	ernment g	ırants	
С	Phone solicitatio	ns			g	Special fundraisin	g events		
d	☐ In-person solicit	ations							
2a	Did the organization or key employees lis	have a w sted in For	ritten or oral agree m 990, Part VII) or	ment with entity in	any indi connectio	vidual (including officers, on with professional fund	directors, raising ser		es 🗆 No
b	If "Yes," list the 10 to be compensated				draisers)	pursuant to agreements	under whi	ch the fundraise	er is
(i)	Name and address of or entity (fundraise		(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Γot	al				. ▶				
	List all states in which licensing.	the organ	nization is registere	d or licens	sed to sol	icit contributions or has l	peen notifi	ed it is exempt 1	from registration or
===	=======================================	:======			======				
or	Paperwork Reduction A	ct Notice, :	see the Instructions	for Form	990 or 99	<b>0-EZ.</b> Cat. No.	50083H	So	chedule G (Form 990) 2023
Sch	edule G (Form 990) 20	)23			—— Pa	ge 2 —————			
	,,-								

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more **Part II** 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>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		PUBLIC ART FUND			col. <b>(c)</b> )
		PARTY (event type)	(event type)	(total number)	
ue					
Revenue					
æ					
		1 125 521			4.425.524
	1 Gross receipts	1,125,531			1,125,531
	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus</li></ul>	864,630			864,630
	line 2)	260,901			260,901
	<b>4</b> Cash prizes				
S	<b>5</b> Noncash prizes				
ause	<b>6</b> Rent/facility costs	95,201			95,201
Direct Expenses	<b>7</b> Food and beverages	115,120			115,120
ţ	8 Entertainment	2,440			2,440
5	9 Other direct expenses	48,140			48,140
	<b>10</b> Direct expense summary. Add lines 4 t	hrough 9 in column (d)			260,901
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	0
Pai	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е	on roini 930 EZ, iiie da.				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul><li>(d) Total gaming (add col.</li><li>(a) through col.(c))</li></ul>
Sev.					
	1 Gross revenue				
enses	2 Cash prizes				
Expe	3 Noncash prizes				
m ts	4 Rent/facility costs				
Direct	4 Kent/racinty costs				
	5 Other direct expenses				
		☐ Yes%	☐ Yes	☐ Yes <u>%</u>	
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	line 7 from line 1. colum	n (d)		
_	•				
9 a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				
				S	chedule G (Form 990) 2023

cned	aule G (Form 990) 2023 Page
1	Does the organization conduct gaming activities with nonmembers?
.2	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?
3	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name Name
	Address
.5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \( \) \( \) \( \) \( \) \( \) \( \) and the amount of gaming revenue retained by the third party \( \) \(
c	If "Yes," enter name and address of the third party:
	Name Name
	Address
.6	Gaming manager information:
. •	
	Name Name
	Gaming manager compensation ► \$
	Description of services provided
	☐ Director/officer ☐ Employee ☐ Independent contractor
7	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	Return Reference Explanation
	Schedule G (Form 990) 2023
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Schedule J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service	
Name of the organiza	atio
PUBLIC ART FUND INC	

	BLIC ART FUND INC	on num	ber
PUE	13-2898805		
Pa	ort I Questions Regarding Compensation		
		Y	es No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
b 2	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b 2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	✓ Compensation committee ✓ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	Form 990 of other organizations  Approval by the board or compensation committee		
4 a	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4a	No
a b	Receive a severance payment or change-of-control payment?	4a 4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		110
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
а	The organization?	5a	No
b	Any related organization?	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
а	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section		No
	53.4958-6(c)?	9	
or I	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (	(Form 9	90) 2023

Page 2

Page 2

Schedule J (Form 990) 2023 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			of W-2, 1099-MIS and/or 1099-NEC	C compensation,	and other	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 SUSAN K FREEDMAN PRESIDENT	(i)	327,294	10,000	0	0	18,929	356,223	0
	(ii)	0	0	0	0	0	- 0	0
2 NICHOLAS BAUME ARTISTIC & EXECUTIVE DIRECTOR	(i)	388,933	10,000	0	0	14,480	413,413	0
	(ii)	0	0	0	0	0	- 0	0
3 LARRY GIANNECHINI DEPUTY DIRECTOR - PROGRAMS/OPERATION	(i)	150,000	10,000	0	0	0	160,000	0
	(ii)	0	0	0	0	0	- 0	0

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						9	Schedule J (Fo	orm 990) 2023
		Pa	age 3 ———					
Schedule J (Form 990) 2023								Page <b>3</b>
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Pa	art I, lines 1a, 1b	, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, a	nd 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference			Ex	planation				
						•	Schedule J (Fo	orm 990) 2023
Additional Data							Ret	urn to Form

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ObjectId: 202413029349300826 - Submission: 2024-10-28

TIN: 13-2898805

OMB No. 1545-0047

2023

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### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or 990-EZ.

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

Name of the organization PUBLIC ART FUND INC

Employer identification number

13-2898805

13-2898803
Explanation
PAF'S EXECUTIVE COMMITTEE EXERCISES POWERS OF THE BOARD IN RELATION TO MATTERS THAT ARISE BETWEEN REGULARLY SCHEDULED BOARD MEETINGS OR WHEN IT IS NOT PRACTICAL OR FEASIBLE FOR THE BOARD TO MEET. THE COMMITTEE IS DELEGATED THE AUTHORITY TO ACT AS THE FULL BOARD WHEN EXERCISING THE POWERS AND AUTHORITY UNDER ITS CHARTER, SUBJECT TO CERTAIN LIMITATIONS. THE COMMITTEE CONSISTS OF THE PRESIDENT AND TWO OR MORE ADDITIONAL MEMBERS OF THE BOARD, AS SELECTED BY THE BOARD ON AN ANNUAL BASIS.
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS. A DRAFT IS REVIEWED BY THE FINANCE MANAGER, THE DIRECTOR, THE PRESIDENT, THE BOARD TREASURER, AND THE AUDIT AND FINANCE COMMITTEE. THE FINAL FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
THE AUDIT AND FINANCE COMMITTEE EVALUATES DISCLOSURES MADE IN ACCORDANCE WITH PAF'S CONFLICT OF INTEREST POLICY, TO DETERMINE WHETHER THEY INVOLVE MERELY THE APPEARANCE OF A CONFLICT OF INTEREST OR WHETHER AN ACTUAL OR POTENTIAL MATERIAL CONFLICT OF INTEREST EXISTS. AFTER DISCLOSURE OF THE POTENTIALLY CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANSWERING ANY QUESTIONS, THE INTERESTED DIRECTOR SHALL RECUSE HIM OR HERSELF FROM DISCUSSION, OR OTHERWISE EXERTING ANY INFLUENCE ON, AND VOTING RELATING TO THE MATTER. HOWEVER, AS A MEMBER OF THE BOARD OF DIRECTORS, THE INTERESTED DIRECTOR MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT SUCH A MEETING.
THE COMPENSATION COMMITTEE CONSISTS OF THREE OR MORE MEMBERS OF THE BOARD, EACH OF WHOM HAS BEEN EMPOWERED TO INQUIRE INTO ANY MATTER IT CONSIDERS APPROPRIATE TO CARRY OUT ITS RESPONSIBILITIES, WITH ACCESS TO ALL BOOKS, RECORDS, FACILITIES AND PERSONNEL OF PAF. THE COMMITTEE MEETS AT LEAST ONCE PER YEAR AND PAF SHALL PROVIDE ADEQUATE RESOURCES TO SUPPORT THE COMMITTEE'S ACTIVITIES, INCLUDING COMPENSATION OF PAF'S COUNSEL, CONSULTANTS AND OTHER ADVISORS RETAINED BY THE COMMITTEE. THE COMMITTEE REVIEWS AND AUTHORIZES ANY EMPLOYMENT, COMPENSATION, BENEFIT OR SEVERANCE AGREEMENT FOR THE PRESIDENT AND THE DIRECTOR AND CHIEF CURATOR, OR FOR ANY OTHER EXECUTIVE OFFICER; REVIEWS COMPARABILITY DATA IN RELATION TO THE COMPENSATION OF PAF'S EXECUTIVE OFFICERS, SUCH DATA BEING BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR OUTSIDE COMPENSATION STUDIES BY INDEPENDENT EXPERTS.
DOCUMENTS ARE AVAILABLE UPON REQUEST.
CONSULTING FEES: PROGRAM SERVICE EXPENSES 378,683. MANAGEMENT AND GENERAL EXPENSES 109,100. FUNDRAISING EXPENSES 13,750. TOTAL EXPENSES 501,533. ARTIST FEES: PROGRAM SERVICE EXPENSES 100,545. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 100,545.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

**Additional Data** 

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(c) Legal domicile (state or foreign country)

NY

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(a)
Name, address, and EIN (if applicable) of disregarded entity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b) Primary activity

CONSULTING

TIN: 13-2898805 OMB No. 1545-0047

2023

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(f) Direct controlling

entity

PUBLIC ART FUND INC

**SCHEDULE R** (Form 990)

PUBLIC ART FUND INC

(1) PUBLIC ART FUND CREATIVE PARTNERS LLC 1 E 53RD ST NEW YORK, NY 10022 84-2341108

Part I

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Department of the Treasury Internal Revenue Service

**Employer identification number** 13-2898805

(e) End-of-year assets

383,056

(d) Total income

985,674

I Identification of Related Tax related tax-exempt organization			• Complete	e if the orga	anization answe	ed "Yes"	on Forn	n 990, Pa	rt IV, line :	34 because	it had	one or n	nore
(a) Name, address, and EIN of related orga		x yeur.		b) activity	(c) Legal domicile (stat or foreign country)		(d) ot Code sec		(e) olic charity sta ection 501(c)		(f) rect contro entity	olling	Section (13) co en Yes
rwork Reduction Act Notice, see the	Instructions fo	or Form 990	0.		Cat. No. 50	)135Y				Scho	edule R	(Form 9	90) 2
R (Form 990) 2023	anizations Ta	— Page 2	Partners		(e) Predominant income(related, unrelated, excluded from tax under sections		(g) Share of end-of- year assets	Dispro	(h) (prtionate autions?		ne 34, l ( Gene man		Pa
(a) Name, address, and EIN of	anizations Ta	Page 2  xable as a partnershi  (b)  Primary	a Partners ip during t  (c) Legal domicile (state or foreign	(d) Direct controlling	(e) Predominant income(related, unrelated, excluded from tax	ization a  (f) Share of total	(g) Share of end-of- year	Dispro	(h) prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1	ne 34, l ( Gene man	because  j) eral or laging	it had
R (Form 990) 2023  I Identification of Related Org one or more related organization  (a)  Name, address, and EIN of	anizations Ta	Page 2  xable as a partnershi  (b)  Primary	a Partners ip during t  (c) Legal domicile (state or foreign	(d) Direct controlling	(e) Predominant income(related, unrelated, excluded from tax under sections	ization a  (f) Share of total	(g) Share of end-of- year	Dispro	(h) prtionate cations?	(i) Code V-UBI amount in box 20 of Schedule K-1	ne 34, t ( Gene man part	because (j) eral or aging tner?	it had
R (Form 990) 2023  I Identification of Related Org one or more related organization  (a)  Name, address, and EIN of	anizations Ta	Page 2  xable as a partnershi  (b)  Primary	a Partners ip during t  (c) Legal domicile (state or foreign	(d) Direct controlling	(e) Predominant income(related, unrelated, excluded from tax under sections	ization a  (f) Share of total	(g) Share of end-of- year	Dispro	(h) prtionate cations?	(i) Code V-UBI amount in box 20 of Schedule K-1	ne 34, t ( Gene man part	because (j) eral or aging tner?	it had
R (Form 990) 2023  I Identification of Related Org one or more related organization  (a)  Name, address, and EIN of	anizations Ta	Page 2  xable as a partnershi  (b)  Primary	a Partners ip during t  (c) Legal domicile (state or foreign	(d) Direct controlling	(e) Predominant income(related, unrelated, excluded from tax under sections	ization a  (f) Share of total	(g) Share of end-of- year	Dispro	(h) prtionate cations?	(i) Code V-UBI amount in box 20 of Schedule K-1	ne 34, t ( Gene man part	because (j) eral or aging tner?	it had
R (Form 990) 2023  I Identification of Related Org one or more related organization  (a)  Name, address, and EIN of	anizations Ta ns treated as a	xable as a partnershi (b) Primary activity	a Partners p during t  (c) Legal domicile (state or foreign country)	he tax year.  (d) Direct controlling entity	(e) Predominant income/related, unrelated, excluded from tax under sections 512-514)	ization a  (f) Share of total income	(g) Share of end-of- year assets	Pisprogramme alloc	(h) pprtionate attions?	O, Part IV, lin  (i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ne 34, t (Geneman man part	because  j)  j)  radior aging tner?  No	Pai it had

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		Page 3 -										•	,
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chedule R (Form 990) 2023													Page 3
Part V Transactions With Related Organ	izations. Com	plete if th	ne organizatio	on answe	ered "Yes" o	on Form 9	990. Part	IV. line 34.	35b. or	36.			
<b>Note.</b> Complete line 1 if any entity is listed in Pa							,	,	,			I	Yes No
L During the tax year, did the orgranization engage in				o or more	rolated org	anizations	licted in Da	rtc II_I\/2				-	103 110
	-	-			-		iisteu iii Pa	II LS 11-1V ?				12	
a Receipt of (i) interest, (ii) annuities, (iii) royalti			· ·								•	1a 1b	
<b>b</b> Gift, grant, or capital contribution to related org												1c	
c Gift, grant, or capital contribution from related of											•	1d	
d Loans or loan guarantees to or for related organ											•	1a 1e	
Loans or loan guarantees by related organization	n(s)											16	
& Dividenda forma   1   1   1   1   1   1   1   1   1												1.	
									•			1f	
g Sale of assets to related organization(s)									•			1g 1h	
<b>h</b> Purchase of assets from related organization(s)										•			
i Exchange of assets with related organization(s)												1i	
<b>j</b> Lease of facilities, equipment, or other assets to	related organizat	tion(s) .										1j	
<b>k</b> Lease of facilities, equipment, or other assets from	=											1k	
I Performance of services or membership or fundr	aising solicitation	s for relate	ed organizatior	n(s)								11	
<b>m</b> Performance of services or membership or fundr	aising solicitation	s by relate	ed organization	n(s)								1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or	other assets with	related or	rganization(s)									1n	
<ul> <li>Sharing of paid employees with related organization</li> </ul>	ition(s)											10	
<b>p</b> Reimbursement paid to related organization(s) f	or expenses .											1р	
<b>q</b> Reimbursement paid by related organization(s)	for expenses .											1q	
${f r}$ Other transfer of cash or property to related org	anization(s) .											1r	
<b>s</b> Other transfer of cash or property from related of	organization(s) .											1s	
2 If the answer to any of the above is "Yes," see the	ne instructions fo	r informati	ion on who mu	st complet	te this line, i	ncluding co	overed rela	tionships an	d transact	ion threshol	ds.		
, (a						_ (b)		(c)			(d)		
Name of relate	d organization					Transacti type (a-		Amount involv	ed	Method of d	etermining	amount in	ivolved
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					+		+		+				
										Sch	edule R	(Form 9	90) 2023
		Page 4 -											
chedule R (Form 990) 2023													Page <b>4</b>
	Dt	l.! C.			- Li			. 000 Pt	TV line 5	27			ruge -
Part VI Unrelated Organizations Taxable ovide the following information for each entity taxed											esets or	arnes rev	enue) that
is not a related organization. See instructions regard					aucteu moi	C GIGII IIVE	Perceile U	cs activitie	. (measur	ca by total c	.550.5 01 9	g. 033 16V	criacy tila
(a)	(b)	(c)	(d)	(	(e)	(f)	(g)	(H		(i)	(	j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income		l partners ection	Share of total	Share of end-of-year	Dispropi allocat		Code V-UBI amount in		ral or aging	Percenta ownersh
		(state or	(related,	501	1(c)(3)	income	assets	3		box 20		ner?	
		foreign country)	unrelated, excluded from	organ	izations?					of Schedule K-1			
		• • •	tax under sections 512-							(Form 1065)			
	Ì		514)	Yes	No	1	1	Yes	No	†	Yes	No	1
	l l		ĺ	165	140		ļ	162	INO	1	165	NO	

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		— Page 5											,
		rage 5											
Schedule R (Form 990) 2023													Page <b>5</b>
Part VII Supplemental Infor													
Provide additional inform	ation for responses to qu	estions on Sch	nedule R. See	instructions									
Return Reference					E	xplanatio	n				C-b-d-d	I- D (F	n 990) 2023
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