Form **990**

Department of the Treasury Internal Revenue Service

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

2017 Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ARTISTS FOR HUMANITY, INC. Name change **-***8434 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 617-268-7620 100 WEST SECOND STREET - 2ND FLOOR termin-ated 4,250,099. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BOSTON, MA 02127 H(a) Is this a group return Applica-F Name and address of principal officer: SUSAN RODGERSON Yes X No for subordinates? pending 100 WEST SECOND STREET 2ND FLOOR, BOSTON, MA H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L __ 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.AFHBOSTON.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1992 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH Activities & Governance WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE ARTS Check this box X if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 283 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) <u>15</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 6,887,833. 3,275,007. Contributions and grants (Part VIII, line 1h) Revenue 929,153. 1,383,992. Program service revenue (Part VIII, line 2g) 15,130. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 -66. 13,219. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,271,759 4,232,509. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 3,161,608. 3,153,999. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,051,781. 980,968. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,213,389. 4,134,967. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,058,370. 97,542. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 19,280,439. 18,171,703. 20 Total assets (Part X, line 16) 6,547,990. 609,198. 21 Total liabilities (Part X, line 26) 18,671,241. 11,623,713. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign SUSAN RODGERSON, EXECUTIVE/ARTISTIC DIR./PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed YEVGENIYA GORLOVSKY-SCHEPYEVGENIYA GORLOVSKY-|11/14/18| P01485484 Paid Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C. Preparer Firm's EIN ▶ Firm's address > 50 WASHINGTON STREET Use Only WESTBOROUGH, MA 01581 Phone no. 508 - 366 - 9100 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BRIDGE ECONOMIC, RACIAL, AND SOCIAL DIVISIONS BY PROVIDING
	UNDERSERVED YOUTH WITH KEYS TO SELF-SUFFICIENCY THROUGH PAID
	EMPLOYMENT IN THE ARTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 3,273,691. including grants of \$) (Revenue \$ 934,899.)
	ARTISTS FOR HUMANITY'S CENTRAL PROGRAM, THE YOUTH ARTS ENTERPRISE THAT
	HELPS DEVELOP 21ST CENTURY SKILLS FOR SCHOOL AND CAREERS, IS A
	YEAR-ROUND APPRENTICESHIP AND LEADERSHIP PROGRAM THAT PROVIDES 250
	UNDER-RESOURCED BOSTON TEENS ANNUALLY WITH PAID EMPLOYMENT DURING THEIR
	CRITICAL OUT-OF-SCHOOL TIME. ARTISTS FOR HUMANITY PARTNERS TEENS IN
	SMALL GROUPS WITH PROFESSIONAL ARTISTS/MENTORS TO DESIGN, CREATE,
	SHOWCASE, MARKET AND SELL THEIR FINE ART AND DESIGN SERVICES, AND
	EXHIBIT THEIR WORKS IN THE ARTISTS FOR HUMANITY LEWIS GALLERY AND A
	VARIETY OF OTHER PUBLIC ARENAS. THE ARTISTS FOR HUMANITY EXPERIENCE
	OFFERS YOUTH PROFESSIONAL, EDUCATIONAL, AND ECONOMIC EMPOWERMENT. IT
	OPENS DOORS TO ACADEMIC AND CAREER OPPORTUNITIES. WITHIN THIS IMPACTFUL
	PROGRAM, YOUNG PEOPLE PARTICIPATE IN OPERATING A COMMERCIALLY VIABLE
4b	·
40	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ▶ 3,273,691.

Form 990 (2017) ARTISTS FOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,.
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

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

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	v	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32	х	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
5 4		34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) ARTISTS FOR HUMANITY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					Ш				
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r									
	(gambling) winnings to prize winners?		 I	1c	X					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		000							
	filed for the calendar year ending with or within the year covered by this return		283		77					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		За		Х				
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country:		-t- (FDAD)							
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F-		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the lives of the liv			5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	_		6a		x				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a						
b	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 se	rvices r	provided to the payor?	7a	Х					
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b	Х					
_	to file Form 8282?			7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	1								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
	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? \dots			9b						
10	Section 501(c)(7) organizations. Enter:	ı	I							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	١	ı							
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	<u> </u>	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 12b	Í	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a						
а	Note. See the instructions for additional information the organization must report on Schedule O.			ioa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
~	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b						
	· · · · · · · · · · · · · · · · · · ·				700	(004=)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	21	
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MOSES AJOU - 617-268-7620 100 WEST SECOND STREET, 2ND FLOOR, BOSTON, MA 02127			
	TOO MEDI DECOMO DINEEI, AND FUCON, DODION, MA UZIZI			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per week			ess pe nd a d				compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK PLANETA	1.00									
BOARD CHAIR	1 00	Х		X				0.	0.	0 .
(2) DAVID NAGAHIRO	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(3) CAROLINE TAGGART MEMBER	1.00	X						0.	0.	0 .
(4) SENAM KUMAHIA	1.00	22						0.	<u> </u>	0.
MEMBER		x						0.	0.	0.
(5) NINA NICOLOSI	1.00									
MEMBER		X	4					0.	0.	0 .
(6) NICOLE RICE	1.00								•	
MEMBER	1 00	Х						0.	0.	0 .
(7) YARO PAN MEMBER	1.00	X						0.	0.	0 .
(8) NATALIE LEMLE	1.00							0.	0.	0.
MEMBER	1.00	x						0.	0.	0 .
(9) ABIGAIL OGILVY	1.00									
MEMBER		Х						0.	0.	0 .
(10) ANDREW MOTTA	40.00									
OPERATIONS DIR./ TREASURER				Х				91,730.	0.	9,030
(11) SUSAN RODGERSON	40.00			l				1.50 000		4 045
EXEC/ARTISTIC DIR./PRESIDE	26 00			Х				160,000.	0.	4,245
(12) PATRICE MAYE DIRECTOR OF INSTITUTIONAL GIVING/CLE	36.00	-		x				30,793.	0.	2,358
(13) PAOLA OZUNA	40.00			₽				30,793.	0.	2,330
DEVELOPMENT OFFICER/CLERK	40.00			X				31,731.	0.	3,351
(14) LORRAINE A JOHNSON	40.00			123				31,731.	•	3,331
DIRECTOR OF PROGRAM OPERATIONSS	1000					Х		103,846.	0.	4,245
		_	_	_	_	_				F 000 (0047

Form **990** (2017)

Section A. Officers, Directors, 1	rustees, Key Em	picy	ees,	, all	u ni	igne	St C	ompensated Employe	es (continueu)				
(A)	(B)			((Pos		1		(D)	(E)		_	(F)	
Name and title	Average hours per	hours per (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			stimat nount	
	week		cer an					from	from related		an	other	
	(list any	ector						the	organizations			pens	
	hours for related	Individual trustee or director	99:			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		rom th	
	organizations	trustee	Institutional trustee		99/	Highest compensated employee		(44-2/1099-141130)			•	_l aniza d rela	
	below	idual 1	ution:	Je	Key employee	est co oyee	er					anizat	
	line)	Indiv	Instit	Officer	Key e	High	Former						
		-											
		1											
			Н							\dashv			
					4								
										\dashv			
)					
1b Sub-total								418,100.		0.	2	3,2	29.
c Total from continuation sheets to Par			_					418,100.		0.	<u>_</u>	2 2	0. 229.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b									000 of reportabl			J , Z	429 •
 Total number of individuals (including b compensation from the organization 		iose	liste	eu ai	DOVE	e) wi	10 16	eceived more than \$100	,000 or reportable	Е			2
compensation from the organization			4									Yes	No
3 Did the organization list any former office	cer, director, or tr	uste	e, ke	y er	nplo	oyee	, or I	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J f	or such individual										3		Х
4 For any individual listed on line 1a, is th												77	
and related organizations greater than S											4	X	
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or	•				•			ed organization or indiv	idual for services		5		x
Section B. Independent Contractors	ompiete deriedai	C 0 1	Or Sc	ICIT	pers	3011							
Complete this table for your five highest	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation 1	from	
the organization. Report compensation	for the calendar y	ear	endii	ng v	vith	or w	ithir	the organization's tax	year.				
(A) Name and busin	oss addross							(B) Description of s	eonvicos	C	(C ompe		on.
BEHNISCH ARCHITEKTEN	ess address						\dashv	Description of s	iei vices		Jilipe	iisatic	JII
125 KINGSTON ST STE 5A,	BOSTON,	MZ	A (21	L1:	1	Z	ARCHITECT FE	ES		54	4,0	35.
EDUCATION DEVELOPMENT O							- 1	R & D PROGRA	M				
43 FOUNDRY AVE, WALTHAM	I, MA 024	53					_(CONSULTANTS			16	8,3	83.
							T						
2 Total number of independent contracto		not li	mite	d to		_	sted	l above) who received m	nore than				
\$100,000 of compensation from the ord	anization				4	2							

\$100,000 of compensation from the organization

Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 65,071. c Fundraising events d Related organizations 1d 490,584. e Government grants (contributions) f All other contributions, gifts, grants, and $|_{1f}|_{2,719,352}$ similar amounts not included above 31,726 g Noncash contributions included in lines 1a-1f: \$ 3,275,007. h Total. Add lines 1a-1f Business Code 452000 817,080. 2 a PRODUCT SALES 817,080. Program Service Revenue 112,073. b GALLERY RENTALS 532000 112,073. С f All other program service revenue 929,153. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 15,130 15,130. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$65,071. ofcontributions reported on line 1c). See 25,063. Part IV, line 18 a Other 17,590. b Less: direct expenses _____ b 7,473. 7,473. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 5,746. 5,746. b d All other revenue 5,746. e Total. Add lines 11a-11d

4,232,509.

934,899.

Total revenue. See instructions.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	thic Dart IV	,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	332,181.	119,252.	36,762.	176,167.
6	Compensation not included above, to disqualified		,	20,.020	= : 3 , = 3 , •
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,403,741.	2,087,532.	179,326.	136,883.
8	Pension plan accruals and contributions (include	_,,		= , 3237	
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	173,163.	138,137.	16,460.	18,566.
10	Payroll taxes	244,914.	183,686.	24,491.	36,737.
11	Fees for services (non-employees):	, = = = =		,	,
	Management				
b	Legal				
	Accounting	26,779.		26,779.	
d				.,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch O.)	191,089.	168,171.	22,918.	
12	Advertising and promotion		-	· · ·	
13	Office expenses	55,395.	30,273.	13,805.	11,317.
14	Information technology		•	,	<u> </u>
15	Royalties				
16	Occupancy	43,772.	32,829.	4,377.	6,566.
17	Travel	26,893.	20,170.	2,689.	4,034.
18	Payments of travel or entertainment expenses	-	-	•	<u> </u>
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,763.	5,928.	734.	1,101.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	159,832.	119,874.	15,983.	23,975.
23	Insurance	29,875.	22,406.	2,988.	4,481.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	239,087.	239,087.		
b	WRITE-OFF OF CAPITAL CO	62,198.		62,198.	
С	CLEANING EXPENSE	54,753.	41,065.	5,475.	8,213.
d	MISCELLANEOUS	38,935.	32,746.	2,475.	3,714.
е	All other expenses	44,597.	32,535.	4,095.	7,967.
25	Total functional expenses. Add lines 1 through 24e	4,134,967.	3,273,691.	421,555.	439,721.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
72201	n 11-28-17				Form 990 (2017)

Form 990 (2017)

Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	477,272.	1	307,912.
	2	Savings and temporary cash investments	7,383,780.	2	0.
	3	Pledges and grants receivable, net	2,283,389.	3	531,217.
	4	Accounts receivable, net	155,463.	4	200,596.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
છ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	10,785,140.
¥	8	Inventories for sale or use	10,604.	8	0.
	9	Prepaid expenses and deferred charges	7,731.	9	5,152.
	10a	Land, buildings, and equipment: cost or other			
		hasis Complete Part VI of Schedule D 10a 8, 469, 059.			
	b	Less: accumulated depreciation 10b 2,195,873.	6,433,018.	10c	6,273,186.
	11	Investments - publicly traded securities		11	
	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	2,529,182.	15	68,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,280,439.	16	18,171,703.
	17	Accounts payable and accrued expenses	591,570.	17	194,142.
	18	Grants payable		18	
	19	Deferred revenue	17,628.	19	69,678.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	6,284,170.
	26	Total liabilities. Add lines 17 through 25	609,198.	26	6,547,990.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			44 004 -04
auc	27	Unrestricted net assets	9,283,783.	27	11,004,596.
Bal	28	Temporarily restricted net assets	9,387,458.	28	619,117.
Pu	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ģ		and complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10 651	32	11 600 -16
2	33	Total net assets or fund balances	18,671,241.	33	11,623,713.
	34	Total liabilities and net assets/fund balances	19,280,439.	34	18,171,703.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,23					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,13					
3	Revenue less expenses. Subtract line 2 from line 1	3			7,5				
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O) 9 -7								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B)) 10 11								
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	t						
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		t						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ARTISTS FOR HUMANITY INC. **Employer identification number** **-***8434

Pa	rt I	Reason for Public	Charity Status (-	mplete th	is part.) Se	ee instructions.	0131				
		nization is not a private found			•							
1	l l	A church, convention of ch			•	•						
2	П	A school described in sect	,			٠,,	•////•/					
3		A hospital or a cooperative					#\					
			· ·				-	the beenitel's name				
4	ш	A medical research organiz	ation operated in co	rijuriction with a nospital	uescribed	ı III Sectio	iii iro(b)(i)(A)(iii). Enter	the nospital's name,				
_		city, and state:		Harra an continuo della compani								
5	ш	An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descri	bea in				
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	V											
7	X											
_		section 170(b)(1)(A)(vi). (C										
8		A community trust describe			A							
9		An agricultural research org										
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or				
		university:										
10		An organization that norma										
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con										
11	Н	An organization organized										
12		An organization organized										
		more publicly supported or						check the box in				
_		lines 12a through 12d that	* *			•		. with the w				
а	ı L	☐ Type I. A supporting orga										
		the supported organization		1 1 1	a majority (or the dire	ctors or trustees of the s	supporting				
		organization. You must o						u da a				
b	, _	☐ Type II. A supporting org										
		control or management o			ame perso	ons mai co	ontrol or manage the sup	oported				
		organization(s). You mus Type III functionally inte	-		in connoc	tion with	and functionally integrat	ad with				
C	, <u> </u>	its supported organizatio						eu wiiii,				
c		Type III non-functionally		•				ization(s)				
٠		that is not functionally int					• • • • •	* *				
		requirement (see instruct	-	* .	•		•					
e		Check this box if the orga	•	- ·								
•		functionally integrated, or					a type i, type ii, type iii					
f	Ent	er the number of supported of		many integrated support	ing organi	Lation.						
ç		vide the following information		ed organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (oce morradione))								
Tota	ai						I	i				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,471,522.	5,507,182.	5,944,203.	6,867,348.	3,275,007.	24,065,262.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,471,522.	5,507,182.	5,944,203.	6,867,348.	3,275,007.	24,065,262.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,491,875.
_6	Public support. Subtract line 5 from line 4.						18,573,387.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,471,522.	5,507,182.	5,944,203.	6,867,348.	3,275,007.	24,065,262.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	139.	37.			15,130.	15,306.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	40,220.	1,203.			5,746.	47,169.
11	Total support. Add lines 7 through 10						24,127,737.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,665,960.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	<u></u>				>
	ction C. Computation of Publ						
14	Public support percentage for 2017 (14	76.98 %
15	Public support percentage from 2016					15	72.43 %
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟

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

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

Sec	ction A. Public Support	· · · · · ·	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Y		
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on	V					
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>			ļ		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>			ļ		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
<u></u>							<u></u>
	etion C. Computation of Publ			(0)		Tael	
	Public support percentage for 2017 (I					15	%
	Public support percentage from 2016 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	0/
						18	<u>%</u>
	Investment income percentage from 2 33 1/3% support tests - 2017. If the			on line 14 and line			
135							
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the						
i.	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	4c		
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ŀ	9b		
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	10a		
	iva		
	10b		
m 9	90 or 99	0-EZ	2017

-	Additional Control of the Control of		- ' '	.g = 0
Pa	rt IV Supporting Organizations _(continued)		 	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	$\vdash\vdash\vdash$	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. etion B. Type I Supporting Organizations	11c		
<u> </u>	tion b. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
1.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti		Distributions		,	Current Year				
1	Amou								
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organi								
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns					
4	Amou	nts paid to acquire exempt-use assets							
5	Qualif	ied set-aside amounts (prior IRS approval required)							
6	Other	distributions (describe in Part VI). See instructions.							
7	Total	annual distributions. Add lines 1 through 6.							
8	Distrib	outions to attentive supported organizations to which the	he organization is responsive	e					
	(provi	de details in Part VI). See instructions.							
9	Distrib	outable amount for 2017 from Section C, line 6							
10	Line 8	amount divided by line 9 amount							
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distrib	outable amount for 2017 from Section C, line 6							
2	Under	rdistributions, if any, for years prior to 2017 (reason-							
	able c	ause required- explain in Part VI). See instructions.							
3	Exces	s distributions carryover, if any, to 2017							
а									
b	From	2013							
С	From	2014							
d	From	2015							
е	From	2016							
f	Total	of lines 3a through e							
g	Applie	ed to underdistributions of prior years							
h	Applie	ed to 2017 distributable amount							
i	Carry	over from 2012 not applied (see instructions)							
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distrib	outions for 2017 from Section D,							
	line 7:	\$							
		ed to underdistributions of prior years							
b	Applie	ed to 2017 distributable amount							
С		inder. Subtract lines 4a and 4b from 4.							
5		ining underdistributions for years prior to 2017, if							
		Subtract lines 3g and 4a from line 2. For result greater							
		ero, explain in Part VI. See instructions. ining underdistributions for 2017. Subtract lines 3h							
6									
	and 4								
_		/I. See instructions.							
7		ss distributions carryover to 2018. Add lines 3j							
•	and 4								
8		down of line 7:							
		s from 2013							
		ss from 2014 ss from 2015							
		ss from 2016							
		ss from 2017							
_	⊢∨∩⊆2	I II O III ZU I I							

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 ARTISIS FOR HOMANIII, INC.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ARTISTS FOR HUMANITY, INC.

Employer identification number **-***8434

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	_								
	are the organization's property, subject to the organization's									
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring							
D-										
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organizat									
	Preservation of land for public use (e.g., recreation or e		storically important land area							
	Protection of natural habitat	Preservation of a ce	rtified historic structure							
_	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn								
	day of the tax year.	· ·	Held at the End of the Tax Year							
а	Total number of conservation easements									
b	Total acreage restricted by conservation easements									
C	Number of conservation easements on a certified historic str									
d	. , .									
_	listed in the National Register									
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax							
	year									
4	Number of states where property subject to conservation ea									
5	Does the organization have a written policy regarding the pe									
_	violations, and enforcement of the conservation easements i									
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and emorcing col	nservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing consony	vation assements during the year							
′	\$	diling of violations, and emorcing conserv	valion easements during the year							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	(O/b)(A)(B)(i)							
Ü	and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservation									
•	include, if applicable, the text of the footnote to the organiza									
	conservation easements.	inor o mariola statemento trat desember	o the organization o accounting for							
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or 0	Other Similar Assets.							
	Complete if the organization answered "Yes" on Form									
	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.							
	historical treasures, or other similar assets held for public exl	-								
	the text of the footnote to its financial statements that descri		, p, p,,,							
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art. historical							
	treasures, or other similar assets held for public exhibition, e									
	relating to these items:	,	, 1							
	(i) Revenue included on Form 990, Part VIII, line 1		> \$							
	(ii) Assets included in Form 990, Part X		> \$							
2	If the organization received or held works of art, historical tre									
	the following amounts required to be reported under SFAS 1									
а	Revenue included on Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X									

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical 1	Treasures, o	or Other	Similar As	sets(continue	ed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	ne following tha	t are a sigr	nificant use of	its collection i	tems	
	(check all that apply):								
а	Public exhibition	d	Loan or ex	kchange progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	r the organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical tre	easures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?			Yes	No_	
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizat	tion answered	"Yes" on F	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributi	ons or other as	sets not in	cluded			
	on Form 990, Part X?						☐ Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					ı?	Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	en provided on	Part XIII .				
Pai	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on	Form 990, Parl	t IV, line 10				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three years ba	ack (e) Four ye	ears back	
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held	l and administe	ered for the	organization			
	by:						Y	es No	
	(i) unrelated organizations						3a(i)		
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule F	የ?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost or ot		st or other		umulated	(d) Book v	alue /	
		basis (investm	,	is (other)	depre	eciation			
	Land			65,716.			2,265		
	Buildings		5,9	00,964.	1,91	L5,459.	3,985	<u>,505.</u>	
С	Leasehold improvements		_						
d	Equipment			14,644.		L2,977.	1	,667.	
	Other			87,735.		57,437.		,298.	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	X, column (B), line	e 10c.)		▶	6,273	,186.	

Schedule D (Form 990) 2017

D 1/11	
Part VIII	Investments - Other Securities.
I GIL VIII	miredinente ether ecounties.

Complete if the organization answered "Ves"	on Form 000 Dort IV	/ line 11h See Form 000	Dart V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
(1) Financial derivatives	() = = = 1.1.00	(-,		,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		/, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			5	
Complete if the organization answered "Yes"	on Form 990, Part IV Description	/, line 11d. See Form 990,	Part X, line 15.	(b) Book value
	Description			(b) BOOK Value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	- 15)			
Part X Other Liabilities.	7 70.7			
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11e or 11f. See Forn	n 990. Part X. line 25	5.
1. (a) Description of liability	,	(b) Book value	, ,	
(1) Federal income taxes				
(2) INTERCOMPANY LEASE PAYABLE	E TO AFH			
(3) EPICENTER, INC.		6,284,170.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	6,284,170.		

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

Schedule D	(Form 990) 2017	ARTISTS	FOR	HUMANITY,	INC.	**-***8434	Pa
Part XI	Reconciliation of	f Revenue pe	r Audi	ited Financial S	tatements W	/ith Revenue per Return.	
	Complete if the organi	ization answered	"Yes" 0	n Form 990 Part IV	line 12a		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,321,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	72,273.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	-421.		
е	Add lines 2a through 2d			2e	71,852.
3	Subtract line 2e from line 1			3	4,250,099.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-17,590.		
С	Add lines 4a and 4b			4c	-17,590.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,232,509.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,224,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	89,863.
3	Subtract line 2e from line 1	3	4,134,546.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 421.		
С	Add lines 4a and 4b	4c	421.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,134,967.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE COMBINING FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINING FINANCIAL STATEMENTS AT DECEMBER 31, 2017. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ARTISTS FOR HUMANITY, INC.

Employer identification number
-*8434

6. Complete if the organization answert.	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p	tion of tion of fundra I (inclu- profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, orYes	
(ii) Activity	fund have o	raiser sustody ntrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
	7				
		•			
on is registered or licensed to solicit	contrik	outions	s or has been notifie	d it is exempt from re	egistration
	sed funds through any of the following Solicitary Solicitary Special sor oral agreement with any individual Part VII) or entity in connection with providuals or entities (fundraisers) pursue organization. (iii) Activity	sed funds through any of the following active Solicitation of Solicitation of Solicitation of Special fundrator or oral agreement with any individual (includent VII) or entity in connection with professividuals or entities (fundraisers) pursuant to error organization. (iii) Activity Yes	sed funds through any of the following activities. e Solicitation of non-g Solicitation of gover G Special fundraising or oral agreement with any individual (including of Part VII) or entity in connection with professional fividuals or entities (fundraisers) pursuant to agree e organization. (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	sed funds through any of the following activities. Check all that apply Part VII Solicitation of non-government grants	sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events or oral agreement with any individual (including officers, directors, trustees, or Part VII) or entity in connection with professional fundraising services? Viduals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be organization. (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i)

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

		of fundraising event contributions and gr	oss income on Form 990	FEZ, IIIIES I AND 6D. LIST	events with gross receip	ots greater than \$5,000.
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER	, , , ,		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	90,134.			90,134.
	2	Less: Contributions	65,071.			65,071.
	3	Gross income (line 1 minus line 2)	25,063.			25,063.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	8,303.			8,303.
Direct Expenses	7	Food and beverages	3,680.			3,680.
	8	Entertainment	4,400.			4,400.
	9	Other direct expenses	4 000			1,207.
	10	Direct expense summary. Add lines 4 through	- · · · · · · · ·		>	17,590.
	11	Net income summary. Subtract line 10 from li		<u> </u>		7,473.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		I a Dulltaka faataat		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2017 ARTISTS FOR HUMANITY, INC.	**8	434	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Vac	□ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	An outside facility	-		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
ı	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ш	Yes	└── No
•	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9.	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	ARTISTS FOR	HUMANITY,	INC.	**-***8434 Page 4
Part IV	Supplemental Info	rmation (continued)			
					_
					_
					_

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

ARTISTS FOR HUMANITY, INC.

Questions Regarding Compensation

Employer identification number **-***8434

	active adoptions riogarating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	110
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Districtionally Spending account.			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	and one of the original of the original of the original of the original ori	_		
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 X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
2	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The sto any of lines 4a-6, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a		Х
h		6b		X
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	35		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
J		Ω		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

-8434

Schedule J (Form 990) 2017

ARTISTS FOR HUMANITY, INC. **-***8434

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

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

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

	_	(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ıble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	beneiits	(B)(i)-(U)	in column (B) reported as deferred on prior Form 990
(1) SUSAN RODGERSON	≘│	160,000.	0.	0.	0.	4,245.	164,245.	0.
EXEC/ARTISTIC DIR./PRESIDE	(ii)	0.	0.	0.	0.	0.	0.	0.
	≘							
	≘							
	Ξ							
	≘							
	Ξ							
	(ii)							
	(i)							
	(ii)							
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	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							

90) 2017	Schedule J (Form 990) 2017	
	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4
- 9		Part III Supplemental Information
Page 3		Schedule J (Form 990) 2017 ARTISTS FOR HUMANITY, INC.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization Employer identification number **-***8434 ARTISTS FOR HUMANITY, INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (b) Relationship (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? То From Yes No Yes No Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 ARTIS	TS FOR HUMANITY, INC	•	**-**8	434	Page 2
Part IV Business Transactions Invol					. a.g. =
Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrgani	aring of zation's nues?
				Yes	No
HAIDAN HODGSON	DAUGHTER OF EXECUTI	78,686.	SALARY AND		X
Part V Supplemental Information					
Provide additional information for resp	oonses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
					
(A) NAME OF PERSON: HAIDA	N HODGSON				
(D) DELIBERATE DESCRIPTION					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZA'I	TON:		
DALIGUMED OF EXECUMENT ADM	DID AND DESCRIPTION I	C EMDIOVEE		NTT 17 N	тот
DAUGHTER OF EXECUTIVE ART	DIR AND PRESIDENT I	S EMPLOYEE	OF THE ORGA	МТХР	.T.T.OI
(D) DESCRIPTION OF TRANSA	CULONI CALADA AND DE	אוביבידתם האדר	FOR EMBION	мехи	1
(D) DESCRIPTION OF TRANSA	CIION: SALAKI AND BE.	NEFIIS PAIL	FOR EMPLO	меит	-
AT THE ORGANIZATION, WHIC	H TS DETERMINED BY T	HE EXECUTE	TE / ARTTSTT		
AT THE ORGANIZATION, WHICH	II IS BEIERMINES SI I	III DADCOIIV	D/ MILIDITO	•	
DIRECTOR AND PRESIDENT CO	NSTSTENT WITH THE OT	HER EMPLOYE	ES' COMPENS	ЗАТТС	N.
	WILL THE ST		DD COILL DIVE	,,,,,,,	
THE BOARD OF DIRECTORS AL	SO REVIEWS THE ORGAN	IZATION'S E	UDGET, WHIC	H	
INCLUDES PROPOSED SALARIE	S FOR ALL EMPLOYEES.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

ARTISTS FOR HUMANITY, INC. Employer identification number **-***8434

Par	t I Types of Property						
		(a)	(b)	(c) Noncash contribution	(d)		
		Check if applicable	Number of contributions or	amounts reported on	Method of det noncash contribut	•	ts
		аррисавіс	items contributed	Form 990, Part VIII, line 1g	Tierrederi certiribat		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	77	1.2	21 726	T13.67.7		
9	Securities - Publicly traded	X	13	31,726.	F'MV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		1	T
					Г	Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the date			·		00	Х
	exempt purposes for the entire holding period	?				30a	<u> ^ </u>
	If "Yes," describe the arrangement in Part II.	naliau Haat	ogujego tha eastare	of any nanataral and a section.	tions?	24	Х
31	Does the organization have a gift acceptance				itions?	31	<u> </u>
s∠a	Does the organization hire or use third parties		_			220	X
h	contributions? If "Yes," describe in Part II.					32a	
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of proport	y for which column (a) is cho	cked		
55	describe in Part II.	,o.u.i.i.i (c) 10	a type of propert	y 101 WITHOUT COLUMNITY (a) IS CITE	oncu,		
	GOOGLING HIT GILL.						

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

➤ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

➤ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Part I N Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? Become an employee of, or independent contractor for, a successor or transferee organization? Become a director or trustee of a successor or transferee organization? Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed. distributed or transaction (a) Description of asset(s) expenses paid ARTISTS FOR HUMANITY, distribution (b) Date of (c) Fair market value of asset(s) distributed or amount of transaction INC. expenses (d) Method of determining FMV for asset(s) distributed or transaction expenses (e) EIN of recipient (f) Name and address of recipient Employer identification number **-***8434 tax-exempt) or type (g) IRC section of 2d 2c 26 2a recipient(s) (if Yes S S

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

732151 09-08-17

### Applain in Part III. e this part if the organization answered "Yes" on Form 990, Part IV, line 32, or (e) EIN of recipient APH EPICENTER, INC. 100 WEST SECOND STREET **-***6425 BOSTON, MA 02127 **-***6425 BOSTON of assets? **-***6425 BOSTON of assets? **-****6425 BOSTON of assets? **-*****6425 BOSTON of assets? **-****6425 BOSTON of assets? **-******6425 BOSTON of assets? **-****6425 BOSTON of assets? **-*****6425 BOSTON of assets? **-****6425 BOSTON of assets? **-*****6425 BOSTON of assets? **-*********************************	ation answered "Yes" on Form 990, Part III. EPICENTER, INC. WEST SECOND STREET FON, MA 02127 Part III.	te laws? pt bond liabilities during the tax yr in accordance with the internal Revenue Code and state laws? see settled these liabilities, if "No" on line 6b, explain in Part III. to Organization's Assets.Complete this part if the organization answered "Yes" on Form 990, Part asset(s) distributed or transaction expenses (e) Ein of recipient (f) Name and address of recipient asset(s) distributed or transaction expenses AFH EPICENTER, INC. 100 WEST SECOND STREET 100 WEST SECOND S
itemal Revenue Code and state laws? III. Ition answered "Yes" on Form 990, Parl Part III. Part III.	itemal Revenue Code and state laws? till. Ition answered "Yes" on Form 990, Part Name and address of recipient EPICENTER, INC. WEST SECOND STREET FON, MA 02127 Part III.	itemal Revenue Code and state laws? till. Ition answered "Yes" on Form 990, Part Name and address of recipient EPICENTER, INC. WEST SECOND STREET FON, MA 02127 Part III.
(e) EIN of recipient (e) EIN of recipient (a) EIN of recipient (b) EIN of recipient (c) EIN of recipient (d) EIN of recipient (e) EIN of recipient (f) EIN of recipient	abilities during the tax yr in accordance with at these liabilities. If "No" on line 6b, explain asset(s) distributed or transaction expenses ET BOOK VALUE **-***6425 Ization? ization?	If Yes, of lith enganzation founder such notice? Dot the organization discharge or pay all of its liabilities in accordance with state blaws? Dot the organization discharge or pay all of its liabilities in accordance with state blaws? Dot the organization have any tax-exempt bonds outstanding during the year? If Yes of line 6b, described or of assets of the organization discharge or defease all of its tax-exempt bond liabilities during the laxy in accordance with he in its Accordance with residence of distribution of discharge or defease all of its tax-exempt bond liabilities during the laxy in accordance with he in its Accordance with residence of distribution of distribution of distribution of distribution of distribution of distribution or distribut
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If "Yes," did the organization have any tax-exempt bonds outstanding during the year? Did the organization have any tax-exempt bonds outstanding during the year? Did the organization have any tax-exempt bonds outstanding during the year? Did the organization have any tax-exempt bonds outstanding during the year? Did the organization have any tax-exempt bonds outstanding during the year? Did the organization have any tax-exempt bonds outstanding during the year? Did the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization defeased or otherwise settled these to repeat the organization and the organization or other settled these to repeat the organization? Did or will any officer, director, trustee, or key employee of the organization? Become a director or trustee of a successor or transferee organization? Become a director indirect owner of a successor or transferee organization? Become a director or ordines to successor or transferee organization? Become a director or ordines to successor or transferee organization? Become a director ordines to successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization? Did or will any officer of the organization or other similar payments as a result of the organization organization answered "Yes" to any of the questions on lines 2 a through 2d, provide the n.	ch notice? Lof its liabilities in according to bonds outstanding discharge or defease a lischarge or defease of distribution defease or or transferee or transferee or transferee sation or other similar to or the questions on y of the questions on	

Schedule N (Form 990 or 990-EZ) 2017 ARTISTS FOR HUMANITY, INC.	**-***8434 Page 3
Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part I Also complete this part to provide any additional information.	I, line 2e.
<u> </u>	
PART II, LINE 2E:	
YARO PAN AND SUSAN RODGERSON	
PART II, LINE 2E:	
	CUCAN DODGEDSON
YARO PAN IS A BOARD MEMBER OF BOTH AFH AND AFH EPICENTER.	SUSAN RODGERSON
IS AN OFFICER AND EMPLOYEE OF AFH AND A BOARD MEMBER AND OF	'FICER OF AFH
EPICENTER.	

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ARTISTS FOR HUMANITY, INC.

Employer identification number **-***8434

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND IN BUSINESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENTERPRISE THAT HELPS THEM DEVELOP 21ST CENTURY SKILLS FOR SCHOOL AND THE GLOBAL WORKFORCE. THE INDICATORS OF SUCCESS ARE POWERFUL: 100% OF ARTISTS FOR HUMANITY HIGH SCHOOL SENIOR EMPLOYEES GRADUATE (COMPARED WITH 65.9% OF PEERS AT BOSTON PUBLIC HIGH SCHOOLS); AND 95% DIRECTLY SEGUE TO POST-SECONDARY EDUCATION. AFH LAUNCHED A CAPITAL CAMPAIGN IN $2014\,$ TO EXPAND ITS EXISTING

THE IMPRESSIVE SUPPORT GENERATED TO-DATE IS REFLECTED IN FACILITIES. THE INCREASED GRANTS AND NET ASSETS REPORTED (\$12MM+). THE EXPANSION ALLOWS AFH TO DOUBLE THE SIZE OF THE YOUTH ENGAGEMENT (CURRENT WAITING LISTS OF 150+), HIRE MORE ARTISTS & SOCIAL ENTREPRENEURS TO LEAD PROGRAMMING, AND EXPAND PARTNERING EFFORTS WITH EDUCATIONAL INSTITUTIONS.

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

THE ORGANIZATION PROVIDES THE FORM 990 TO ALL BOARD MEMBERS AND GIVES THEM THE OPPORTUNITY TO COMMENT ON THE FORM BEFORE SUBMISSION. THE FORM 990 IS FIRST REVIEWED IN DETAIL BY SENIOR MANAGEMENT.

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

MEMBERS OF THE BOARD ARE REQUIRED TO ANNUALLY SIGN OFF ON THE CONFLICT OF INTEREST QUESTIONAIRE. ALL BOARD MEMBER RESPONSES ARE TRACKED IN A SPREADSHEET.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF SUSAN RODGERSON, EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS ALSO REVIEWS THE ORGANIZATIONAL BUDGET, WHICH INCLUDES PROPOSED SALARIES FOR ALL EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND MOST ARE ALSO AVAILABLE ON THE INTERNET. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DONATED CAPITAL CONTRIBUTION -7,145,070 FORM 990, PART XII LINE 2C:		
THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF SUSAN RODGERSON, EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS ALSO REVIEWS THE ORGANIZATIONAL BUDGET, WHICH INCLUDES PROPOSED SALARIES FOR ALL EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND MOST ARE ALSO AVAILABLE ON THE INTERNET. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DONATED CAPITAL CONTRIBUTION -7,145,070		
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DONATED CAPITAL CONTRIBUTION -7,145,07	REQUEST AND MOST ARE ALSO AVAILABLE ON THE INTERNET.	
DONATED CAPITAL CONTRIBUTION -7,145,07		
	FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FORM 990, PART XII LINE 2C:	DONATED CAPITAL CONTRIBUTION	-7,145,070.
FORM 990, PART XII LINE 2C:		
	FORM 990, PART XII LINE 2C:	
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2017

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

Open to Public Inspection

AFH EPICENTER, INC. - 81-3906425 Name of the organization BOSTON, MA 02127 100 WEST SECOND STREET, Part II Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity **a** 2ND FLOOR ARTISTS FOR HUMANITY, INC. TO SUPPORT ARTISTS FOR HUMANITY, INC. Primary activity Primary activity <u></u> MASSACHUSETTS Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ල</u> <u>ල</u> 501(C)(3) Exempt Code section <u>@</u> Total income <u>@</u> status (if section 501(c)(3)) TYPE III-FI BOX 12C -Public charity End-of-year assets **e e** N/A Direct controlling Employer identification number **-**8434 Direct controlling (g) Section 512(b)(13) Yes controlled entity? S ×

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

Schedule R (Form 990) 2017

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

													of related organization		(a)
												Primary activity		(b)	
												country)	domicile (state or		(c)
													entity	المسالم المسالم	(d)
											sections 512-514)	(related, unrelated, excluded from tax under	Drodominant income	(e)	
													income		(f)
												!	end-of-year		(a)
												Yes No	Disproportionate allocations?	1	(h)
												K-1 (Form 1065)	amount in box managing of 20 of Schedule		(i)
												Yes No	managing ownership partner?	Concern or	€
														Ē.	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

									Name, address, and EN of related organization	(a)	
									Primary activity		
								country)	Legal domicile (state or foreign	(၀)	
									Legal domicile Direct controlling (state or entity		
								01 11 2027	Type of entity (C corp, S corp, or trust)	(e)	
									Share of total income	3	
								30	Share of end-of-year		
									Percentage ownership	(h)	
								Yes No	512(b)(13) controlled entity?	Section	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

or more related organizations listed in Parts IHV? 1a	6) AFH EPICENTER, INC.	(5) AFH EPICENTER, INC.	(4) AFH EPICENTER, INC.	(3) AFH EPICENTER, INC.	(2) AFH EPICENTER, INC.	(1) AFH EPICENTER, INC.	(a) Name of related organization	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including		 Other transfer of cash or property to related organization(s) 	q Reimbursement paid by related organization(s) for expenses	4	Sharing of paid employees with related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	o related organizati		Purchase of assets from related organiz	g Sale of assets to related organization(s)	f Dividends from related organization(s)	:	Loans or loan guarantees to or for related organization(s)	Gift, grant, or capital contribution from related organization(s)		Urring the tax year, did the organization engage in any of the following transactions with one or more related organization and Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	₽.	
ns listed in Parts II-IV? 1a 1b 1c 1d 1d	Ю	×	Ħ	U	ט	В	(b) Transaction type (a-s)	o must complete th						:	,												with one or more re		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 699	,284,	,284,			,908,9	(c) Amount involved	nis line, including covered																			lated organizations listed		
	OF CIP&DEBT	INTERCOMPANY LEASE	LEASE	LOAN AGREEMENT -	NOTES PAY. OF	CAP.	(d) Method of determining amount invol	relationships and transaction thresholds.																			In Parts II-IV?		
DS		Ħ	Ħ	1	-		ved		1s	≠	Н		ð	'n	1m	=		1 j	=	1h	1 g	≠	Н		1c	-	a	\	
(C)	TEC			AWS	6821	VAL			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×		×	es No	

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Name, address, and EIN of entity Primary activity (state or foreign Legal domicile country) <u>ල</u> Predominant income particle (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Yes Are all partners sec. 501(c)(3) orgs.? S Share of income total end-of-year Share of assets <u>g</u> Disproportionate amount in box 20 managing allocations? of Schedule K-1 partner? ownership was No (Form 1055) Yes No Ξ \equiv ≘ $\widehat{\Sigma}$