		_	EXT	ENDED TO AUG	gusi	17, 2	020 _				2. 0	• .• (	
Form 9	9C-T	E	xempt Orga	nization Bus	sine	ss Inco	me T	ax Re	turn	a	OMB No	o 1545-06	387
مرنب						190		2	046	<b>D</b>			
**	For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 201					9		א ע	5				
	nt of the Treasury venue Service	Go to www.irs.gov/Form990T for instructions and the latest information.  ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					7	Open to Pu 501(c)(3) Or	iblic Inspe rganization	ction for			
	Check box if		Name of organization (	Check box if name c						(Emple	yer identifi oyees' trus		mber
	address changed									instructions)			
	pt under section	Print	ARTSFUND						91-0839644  E Unrelated business activity code				
	)1(c)(B_ )	or Type	Number, street, and room		x, see ir	structions.					structions		Code
=	18(e) 220(e)	''	P.O. BOX 19		- 4								
=	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code  SEATTLE, WA 98109-6780												
C Book va	C Book value of all assets at end of year F Group exemption number (See instructions.)												
	4,439,7		G Check organization typ		ooration	50	(c) trust		401(a)			Other	trust
H Enter t	he number of the o	organiza	tion's unrelated trades or b	ousinesses.				the only (or					
	r business here			<del></del>			-	complete P				•	
			ce at the end of the previou	us sentence, complete Pa	ırts I an	d II, complete a	a Schedule	M for each	additiona	il trade	or		
	ss, then complete I		-V. oration a subsidiary in an a	-fileted cross or a secon	at aubai	diani controllo	d group?			] Yes		□ No	
			oration a subsidiary in an a of the paren		it-subsi	diary controlle	u group?				,	] 140	
		•	ARK JACOBS	t corporation.			Telepho	one number	▶ 2	06-2	281-	9050	
Part I			le or Business Inc	ome		(A) Inco			Expenses			(C) Net	
1a Gro	ss receipts or sale	s				<u> </u>							
	s returns and allow			c Balance	1c_								
2 Cos	st of goods sold (S	chedule	A, line 7)		2								Į
3 Gro	ss profit. Subtract	line 2 fr	om line 1c		3								
4a Cap	ntal gain net incom	ie (attac	h Schedule D)		4a								
<b>b</b> Net	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b_									
•	ital loss deduction				4c					$\rightarrow$			
	, ,	•	hip or an S corporation (al	tach statement)	5								lacktriangledown
	Rent income (Schedule C)				7					<del></del>	IVE	<del>)                                    </del>	+
	Unrelated debt-financed income (Schedule E) Interest, annurties, royalties, and rents from a controlled organization (Schedule F)			8				RE		100	<del></del>	到一	
			· ·	-				-			7 20		
≥i0 Exp	nvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)			gamzation (comodulo d)	10			\ <u>\</u>	<u>2/ 0</u>	PR P	<del>, 1 - co</del>		同一
~	ertising income (S	•	•		11			19	QI .			III	T
112 Oth	er income (See ins	truction	s; attach schedule)		12					SCI	EN.	<u>''</u>	
13 Tot	tal. Combine lines				13		0.		1 6				
Part I			t Taken Elsewher						-				
™			rtions, deductions must		with t	ne unrelated	business	income.)					
	•	cers, dir	rectors, and trustees (Sche	dule K)						14			
	laries and wages									15 16			
ب	epairs and maintena id debts	ance								17			
	terest (attach schei	dule) (se	ee instructions)							18			
	xes and licenses	uu.u, (u.	, , , , , , , , , , , , , , , , , , , ,							19		•	
		ons (See	instructions for limitation	rules)		SEE	STAT	EMENT	1	20			0.
	preciation (attach	•		,		L	21						
	ss depreciation cla	imed on	Schedule A and elsewhere	e on return			22a			22b			0.
<b>23</b> De	pletion									23			
<b>24</b> Co	entributions to defe	rred cor	mpensation plans							24			
<b>25</b> En	nployee benefit pro	grams								25			
	cess exempt exper									26			
	cess readership co	•	•							27			
	Other deductions (attach schedule)						28						
	tal deductions. Ac		-		. II 00	Manage 1 40				29			0.
			ncome before net operating				tions)			30			
	· · · · · · · · · · · · · · · · · · ·	-	oss arısıng ın tax years beç ncome. Subtract line 31 fro		ıy ı, 20	io (see instruc	auns)			31			0.
			work Reduction Act Notice							<u> </u>	Form	990-T	

18360\_\_1

Form 990-	T (2018) ARTSFUND	91-083	9644	Page 2			
Part	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.			
34	Amounts paid for disallowed fringes	·					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34	_	36				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	46	37	1,000.			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	# -	<del>                                      </del>				
	enter the smaller of zero or line 36		38	0.			
Part I			1 40 1	<del></del>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.						
70	Tax rate schedule or Schedule D (Form 1041)	_	40				
41	Proxy tax. See instructions		4/1				
42	Alternative minimum tax (trusts only)		42				
43	Tax on Noncompliant Facility Income. See instructions		43				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.			
Part \		<del></del>	144	<u>··</u>			
	<del></del>	<del></del>	<del></del>				
				١			
			}				
C	<del></del>		1				
đ	· · · · · · · · · · · · · · · · · · ·		- <u>-</u> -				
	Total credits. Add lines 45a through 45d		45e	0.			
46	Subtract line 45e from line 44		46	<u>U•</u>			
47		(attach schedule)	47				
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 105	49	<u></u>			
	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 50a 50b	1,125.	•				
	* * * * * * * * * * * * * * * * * * *	2,500.	}				
	Tax deposited with Form 8868		• }				
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d						
	Backup withholding (see instructions)  50e						
	Credit for small employer health insurance premiums (attach Form 8941)		}				
g	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total ▶ 50g			2 (25			
51	Total payments. Add lines 50a through 50g		511	3,625.			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52				
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	20	53				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	→ <b>→</b>	54	3,625.			
55		funded lo	55	3,625.			
Part V	······································	<del></del>		<del></del>			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	•		Yes No			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1					
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
_	here >			$-\frac{X}{X}$			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		X			
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			السلسلب			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge INTERIM PRESID	Dest of my knowled	ge and peller, it i	s true,			
Here		ENT & Ma	y the IRS discus	s this return with			
SIĞN HERE	CEO		preparer shown				
- Ann nent	Signature of United Date - Fille	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		Yes No			
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN				
Paid	1 ,	self- employed		F4000			
Prepa	rer COLLEEN RAMIRES COLLEEN RAMIRES 03/25/20			51320			
Use C	nly Firm's name ► MOSS ADAMS LLP	Firm's EIN	91-0	189318			
	999 THIRD AVENUE, SUITE 2800						
	Firm's address ► SEATTLE, WA 98104	Phone no. 2	<u>06-302</u>				
823711 01-	09-19		Forn	n <b>990-T</b> (2018)			

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	1
QUALIFIED CONTRIBUTIONS	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2013				
FOR TAX YEAR 2014	2,832,735			
FOR TAX YEAR 2015	2,761,182			
FOR TAX YEAR 2016	2,511,689			
FOR TAX YEAR 2017	2,524,040			
TOTAL CARRYOVER		10,629,646	2	
TOTAL CURRENT YEAR 10% (	CONTRIBUTIONS			
TOTAL CONTRIBUTIONS AVAI	LABLE	10,629,646		
TAXABLE INCOME LIMITATIO		0		
EXCESS 10% CONTRIBUTIONS		10,629,646	<del></del>	
EXCESS 100% CONTRIBUTION	is	0		
TOTAL EXCESS CONTRIBUTION	ONS	10,629,646		
ALLOWABLE CONTRIBUTIONS	DEDUCTION			(
TOTAL CONTRIBUTION DEDUC	TION			(