

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000Open to Public
Inspection**A** For the 2000 calendar year, OR tax year period beginning **SEP 1, 2000** and ending **AUG 31, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization ARTS/BOSTON, INC. Number and street (or P O box if mail is not delivered to street address) 325 COLUMBUS AVE. City or town, state or country, and ZIP BOSTON, MA 02116	D Employer identification number 04-2563054
		E Telephone number (617) 262-8632
		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527
OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	263,745.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	39,320.	
	d Total (add lines 1a through 1c) (cash \$ 303,065. noncash \$)	1d	303,065.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	677,184.	
	3 Membership dues and assessments	3	49,584.	
	4 Interest on savings and temporary cash investments	4	1,832.	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
Expenses	8a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d			
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	49,959.	
	b Less direct expenses other than fundraising expenses	9b	11,685.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	38,274.	
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	8,785.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,078,724.		
Net Assets	13 Program services (from line 44, column (B))	13	702,288.	
	14 Management and general (from line 44, column (C))	14	261,690.	
	15 Fundraising (from line 44, column (D))	15	85,515.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,049,493.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	29,231.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	125,330.		
20 Other changes in net assets or fund balances (attach explanation)	20	0.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	154,561.		

SCANNED APR 23 2002

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ noncash \$	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	73,754.	36,877.	0.
26	Other salaries and wages	26	326,325.	249,819.	33,302.
27	Pension plan contributions	27			
28	Other employee benefits	28	29,651.	20,808.	5,184.
29	Payroll taxes	29	29,903.	21,382.	5,255.
30	Professional fundraising fees	30			
31	Accounting fees	31	8,824.		8,824.
32	Legal fees	32			
33	Supplies	33	7,616.	4,198.	3,418.
34	Telephone	34	17,087.	13,567.	2,175.
35	Postage and shipping	35	52,703.	47,747.	702.
36	Occupancy	36	112,543.	88,681.	14,324.
37	Equipment rental and maintenance	37	17,080.	13,584.	2,174.
38	Printing and publications	38	24,929.	5,242.	9,174.
39	Travel	39			
40	Conferences, conventions, and meetings	40	13,113.	2,118.	10,250.
41	Interest	41	3,263.	3,263.	
42	Depreciation, depletion, etc (attach schedule)	42	21,807.	20,267.	793.
43	Other expenses (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e	310,895.	174,735.	129,238.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1,049,493.	702,288.	261,690.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	BOSTIX- CENTRALIZED TICKET SERVICE OUTLET TO PROMOTE TICKET SALES FOR CULTURAL NON-PROFIT AND PERFORMING ORGANIZATIONS. SERVING PUBLIC AND PERFORMING ARTS.	(Grants and allocations \$)	340,938.
b	ARTS/MAIL- A MAIL DISCOUNT TICKET SERVICE. THE PURPOSE IS TO INCREASE AUDIENCES & PROVIDE EXPOSURE FOR CULTURAL & PERFORMING ARTS.	(Grants and allocations \$)	194,558.
c	ARTS/ TRAVEL- PROVIDES DISCOUNT TRAVEL TO INCREASE AUDIENCES AND PROVIDE EXPOSURE FOR CULTURAL AND PERFORMING ARTS.	(Grants and allocations \$)	81,689.
d	MEMBER SERVICES	(Grants and allocations \$)	57,593.
e	Other program services (attach schedule) STATEMENT 4	(Grants and allocations \$)	27,510.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		702,288.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	81,446.	45	75,361.
	46 Savings and temporary cash investments	27,083.	46	28,532.
	47 a Accounts receivable	47a 17,823.		
	b Less allowance for doubtful accounts	47b	47c	17,823.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	14,865.	53	16,122.
	54 Investments - securities	Cost FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 409,868.			
b Less accumulated depreciation	57b 250,447.	159,176.	57c	159,421.
58 Other assets (describe DEPOSIT)	4,500.	58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	323,791.	59	297,259.	
Liabilities	60 Accounts payable and accrued expenses	121,641.	60	71,173.
	61 Grants payable		61	
	62 Deferred revenue	30,496.	62	49,010.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 5 46,324.	64b	22,515.
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	198,461.	66	142,698.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	63,330.	67	124,561.
	68 Temporarily restricted	62,000.	68	30,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	125,330.	73	154,561.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	323,791.	74	297,259.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,080,219.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 30,726.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	30,726.
c	Line a minus line b	c	1,049,493.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,049,493.

[illegible]☐ Yes ☒ No

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	39,532.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
90 a	List the states with which a copy of this return is filed <u>MASSACHUSETTS</u>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		18
91	The books are in care of <u>THE CORPORATION</u> Telephone no <u>617-262-8632</u>			
	Located at <u>325 COLUMBUS AVE., SUITE 11, BOSTON, MA</u> ZIP code <u>02116</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a BOSTIX FEES					470,545.
b ARTS/MAIL FEES					206,639.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					49,584.
95 Interest on savings and temporary cash investments			14	1,832.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					38,274.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER					8,785.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,832.	773,827.
105 Total (add line 104, columns (B), (D), and (E))					775,659.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 6
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information which preponderates against the truth, correctness, and completeness of the information of which preparer has any knowledge. (Important: See General Instruction W)

1/15/02 Katherine Peterson Executive Director

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2000

Name of the organization

ARTS/BOSTON, INC.

Employer identification number
04 2563054

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE OVER \$50,000 -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services
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(See instructions List each one (whether individuals or firms) if there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE OVER \$50,000 -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)	4a	X

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	329,508.	226,573.	174,309.	203,068.	933,458.
16 Membership fees received	46,288.	49,347.	49,164.	31,430.	176,229.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	555,692.	613,045.	590,433.	548,650.	2,307,820.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,798.	2,030.	3,281.	2,980.	10,089.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	14,974.	11,872.	5,900.		32,746.
23 Total of lines 15 through 22	948,260.	902,867.	823,087.	786,128.	3,460,342.
24 Line 23 minus line 17	392,568.	289,822.	232,654.	237,478.	1,152,522.
25 Enter 1% of line 23	9,483.	9,029.	8,231.	7,861.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
					26a 23,050.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 29,900.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,152,522.
d Add: Amounts from column (e) for lines	18 10,089.	19	22 32,746.	26b 29,900.	26d 72,735.
e Public support (line 26c minus line 26d total)					26e 1,079,787.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.6891%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:				
(1999)	N/A	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	N/A				
(1999)		(1998)	(1997)	(1996)	
c Add: Amounts from column (e) for lines	15	16	17	20	21
d Add: Line 27a total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation		

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ If the organization belongs to an affiliated groupCheck here ☐ If you checked "a" above and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

ARTS/BOSTON, INC.

Employer identification number

04-2563054

Organization type (check one)-Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ☐ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

ARTS/BOSTON, INC.

04-2563054

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	ANONYMOUS	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

ARTS/BOSTON, INC.

04-2563054

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ 22,430.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ 13,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCHEDULE A	IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B	STATEMENT	8
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*** NOT OPEN TO PUBLIC INSPECTION ***

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	40,000.	16,950.
	36,000.	12,950.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>29,900.</u>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	49,959.		49,959.	11,685.	38,274.
TO FM 990, PART I, LINE 9	49,959.		49,959.	11,685.	38,274.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PRODUCTION EXPENSE	54,680.	54,680.		
CREDIT CARD BANK CHARGES	14,817.	13,768.	566.	483.
TICKET MASTER FEES	41,809.	41,809.		
OFFICE EXPENSE	23,555.	12,781.	5,883.	4,891.
TICKETS	8,106.	8,106.	0.	0.
COMPUTER EXPENSE	17,673.	4,101.	13,203.	369.
DUES AND SUBSCRIPTION	5,730.	592.	4,541.	597.
MISCELLANEOUS	9,966.	3,369.	6,015.	582.
MARKETING EXPENSE	24,678.	22,533.	2,145.	
CONTRACTED SERVICES	48,404.	500.	47,904.	
EVENTS	12,496.	12,496.		
STRATEGIC PLANNING	48,981.		48,981.	
TOTAL TO FM 990, LN 43	310,895.	174,735.	129,238.	6,922.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO SUPPORT GREATER BOSTON'S PERFORMING ARTS AND CULTURAL COMMUNITY BY EXPANDING THE RESEARCH AND ACCESSIBILITY OF THE ARTS.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
TOMORROW'S AUDIENCES		27,510.
TOTAL TO FORM 990, PART III, LINE E		27,510.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 5

LENDER'S NAME TERMS OF REPAYMENT

BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/31/94	08/18/02	200,000.	8.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

BUSINESS ASSETS

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	22,515.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	22,515.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A	BOSTIX PROVIDES A VISIBLE OUTLET THAT PROMOTES ACCESSIBILITY FOR MANY CULTURAL AND PERFORMING ORGANIZATIONS. IT AIDS THESE ORGANIZATIONS IN FILLING SEATS FOR THEIR CONTINUED SUPPORT AND EXISTENCE.
93B	ARTS/MAIL PROVIDES INCREASED VISIBILITY FOR SMALL AND LARGE PERFORMING ORGANIZATIONS BY MAKING TICKETS AVAILABLE AT A DISCOUNTED PRICE.
94	MEMBER SERVICES PROVIDE AID AND ACCESS TO THE CULTURAL PERFORMING ARTS COMMUNITY.
101& 103A	EVENT REVENUE AND OTHER ACTIVITIES WHICH INCREASE VISABILITY FOR PERFORMING ARTS ORGANIZATIONS

SCHEDULE A	OTHER INCOME	STATEMENT	7
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DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER	14,974.	11,872.	5,900.	0.
TOTAL TO SCHEDULE A, LINE 22	14,974.	11,872.	5,900.	0.

SUPPLEMENTAL STATEMENT
FORM 990, PART IV, LINE 57
LAND, BUILDING, AND EQUIPMENT

ASSET

Buildings and improvements	356,296
Furniture and equipment	<u>53,572</u>
	409,868
Less-accumulated depreciation	<u>250,447</u>
	<u>159,421</u>

Arts/Boston Board of Directors FY 02

Updated 8/13/01

Work	Home
<p>Ms Freya Bernstein 18 Dickson Lane Weston, MA 02493 Home Phone (781) 235-9399 Home Fax (781) 235-9399 Email freyab@mediaone net</p>	<p>Ms Freya Bernstein 18 Dickson Lane Weston, MA 02493 Home Phone (781) 235-9399 Home Fax (781) 235-9399 Email freyab@mediaone net</p>
<p>Mr Mike Bornhorst Director of Marketing Phoenix Magazine 126 Brookline Avenue Boston, MA 02215 Work Phone (617) 859-3320 Work Fax (617) 536-1463 Email mbornhorst@phx.com</p>	<p>Mr Mike Bornhorst 84 Bartlett Street, #1 Charlestown, MA 02129</p>
<p>Mr David Bryson General Counsel BizLand, Inc 70 Blanchard Road Burlington, MA 01803 Work Phone (781) 272-6470 ext 3235 Work Fax (781) 272-2915 Email dbryson@bizland-inc.com</p>	<p>Mr David Bryson 119 High Street Charlestown, MA 02129 Home Phone (617) 242-0413</p>
<p>Ms Carola Cadley Director of Corporate Sponsorships Stevens Advertising Association 2 Lyndeboro Place Boston, MA 02116 Work Phone (617) 695-0882 ext 20 Work Fax (617) 338-9149 Email ccadley@stevensadvertising.com</p>	<p>Ms Carola Cadley 68 Perkins Street Jamaica Plain, MA 02130 Home Phone (617) 522-4734</p>
	<p>Mr John Calkins (ementus) Quail's Run 7 Kendall's Mill Woburn, MA 01801 Home Phone (781) 938-1592</p>

<p>Mr William Conner, Jr President Clear Channel Entertainment 100 Boylston Street, Ninth Floor Boston, MA 02116 Work Phone (617) 880-2405 Work Fax (617) 451-2434 Email billconner@clearchannel.com</p>	<p>Mr William Conner, Jr 65 Stanton Road Brookline, MA 02445 Home Phone (617) 566-2514</p>
<p>Ms Cathenne Curtin Bingham Dana LLP 150 Federal Street Boston, MA 02110 Work Phone (617) 951-8000 Work Fax (617) 951-8736 Email curtincm@bingham.com Assistant's Name Denise Cocanougher Assistant's Phone (617) 951-8096</p>	<p>Ms Cathenne Curtin 15 Arnold Avenue P O Box 1738 Manomet, MA 02345 Home Phone (508) 224-8389</p>
<p>Mr Brian Daves Fleet Corporate Assistant Vice President Fleet 100 Federal Street, 20th Floor Mail Stop MA DE 10020B Boston, MA 02106 Work Phone (617) 434-1501 Work Fax (617) 434-1623 Email Brian_L_Daves@fleet.com</p>	<p>Mr Brian Daves 1045 High Street Westwood, MA 02090 Home Phone (781) 326-4566</p>
<p>Ms Mary Deissler Handel & Haydn Society 300 Massachusetts Avenue Boston, MA 02116 Work Phone (617) 262-1815 Work Fax (617) 266-4217 Email mdeissler@handelandhaydn.org Assistant's Name Linda Assistant's Phone (617) 266-1815</p>	<p>Ms Mary Deissler 19 Hautevale Street Roslindale, MA 02131 Home Phone (617) 469-9440</p>

<p>Ms Peggy Dray Director of Community Affairs & Special Events Fairmont Copley Plaza, The 138 St James Avenue Boston, MA 02116 Work Phone (617) 867-8535 Work Fax (617) 437-0794</p>	<p>Ms Peggy Dray 227 Canton Avenue Milton, MA 02186 Home Phone (617) 696-0532 Email dunndray@aol.com</p>
<p>Ms Mary Gallagher Vice President, Issues Management and Government Relations John Hancock Mutual Life Insurance Co PO Box 111 John Hancock Place Boston, MA 02117 Work Phone (617) 572-6444 Work Fax (617) 572-0126 Email mgallagher@jhancock.com</p>	<p>Ms Mary Gallagher 566 East Seventh St South Boston, MA 02127</p>
<p>Mr Andrew Grainger President New England Legal Foundation 150 Lincoln Street Boston, MA 02111 Work Phone (617) 695-3660 ext 201 Work Fax (617) 695-3656 Email argrainger@juno.com</p>	<p>Mr Andrew Grainger 42 Union Park Boston, MA 02118 Home Phone (617) 482-7701 Home Fax (617) 348-2881</p>
<p>Ms Mimi LaCamera Director of Visitor Marketing Greater Boston Convention & Visitor Bureau 2 Copley Place, Suite 105 Boston, MA 02116 Work Phone (617) 867-8227 Work Fax (617) 242-7664 Email mimilc@bostonusa.com</p>	

<p>Mr Michael Maso Managing Director Huntington Theatre Company 264 Huntington Avenue Boston, MA 02115 Work Phone (617) 266-7900 ext 1526 Work Fax (617) 353-8300 Email maso@bu.edu</p>	<p>Mr Michael Maso 12 Kenwood Street Brookline, MA 02446 Home Phone (617) 277-3471</p>
<p>Mr Jose Mateo Artistic Director Jose Mateo's Ballet Theatre 400 Harvard Street Cambridge, MA 02138 Work Phone (617) 354-7467 ext 50 Work Fax (617) 354-7856 Email jmateobtb@yahoo.com</p>	<p>Mr Jose Mateo 10 Dana Street #408 Cambridge, MA 02138 Home Phone (617) 354-1175</p>
<p>Ms Debra Moniz Handel & Haydn Society 300 Massachusetts Avenue Boston, MA 02116 Work Phone (617) 262-1815 Email dmoniz@handelandhaydn.org</p>	<p>Ms Debra Moniz 12 Anson Street #2 Jamaica Plain, MA 02130 Home Phone (617) 524-4932</p>
<p>Mr Patrick Moscantolo Greater Boston Convention & Visitor Bureau 2 Copley Place, Suite 105 Boston, MA 02116 Work Phone (617) 536-4100 Work Fax (617) 424-7664 Email patm@bostonusa.com Assistant's Name Mary Ginley</p>	<p>Mr Patrick Moscantolo 60 Orient Avenue East Boston, MA 02128</p>

<p>Ms Joyce Plotkin President Massachusetts Software & Internet Council 1 Exeter Plaza, Suite 200 Boston, MA 02116 Work Phone (617) 437-0600 ext 11 Work Fax (617) 437-9686 Email joyce@msicouncil.org Assistant's Name Lisa Woods Assistant's Phone (617) 437-0600 ext 10</p>	<p>Ms Joyce Plotkin 907 Chestnut Street Waban, MA 02168</p>
<p>Ms Dusty Rhodes President Conventures Inc 1 Design Center Place, Suite 718 Boston, MA 02210 Work Phone (617) 439-7700 ext 201 Work Fax (617) 439-7701 Email drhodes@conventures.com</p>	<p>Ms Dusty Rhodes 449 Old North Avenue Weston, MA 02193 Home Phone (781) 642-7444</p>
<p>Ms Kathy Rochefort President Rochefort & Associates 665 Boylston Street, 4th Floor Boston, MA 02116 Work Phone (617) 247-1299 Work Fax (617) 247-0878 Email kathyrochefort@mindspring.com</p>	<p>Ms Kathy Rochefort 30 Upland Road Brookline, MA 02146 Home Phone (617) 738-5504</p>
	<p>Mr Harold Tunn 89 Park Avenue Newton, MA 02158 Home Phone (617) 527-7225 Home Fax (617) 527-7225 Email haltur@aol.com</p>
<p>Mr David Vazdauskas Founding Partner Nitrogen Marketing One Longfellow Place Suite 3310 Boston, MA 02114 Work Phone (617) 670-3760 Email david@nitrogenmarketing.com</p>	<p>Mr David Vazdauskas One Longfellow Place #3310 Boston, MA 02114 Home Phone (617) 670-3748</p>

<p> Mr John Wolfarth SVP, Creative Director, Interactive Mullen 34 Essex Street Wenham, MA 01984 Work Phone (978) 468-8809 Work Fax (617) 768-7552 Email jwolfarth@hotmail.com </p>	<p> Mr John Wolfarth 1387 Washington Street, Apt #202 Boston, MA 02118 Home Phone (617) 948-9123 </p>

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or priint	Name of Exempt Organization ARTS/BOSTON, INC.	Employer identification number 04-2563054
File by the due date for filing your return. See Instructions	Number, street, and room or suite no. If a P.O. box, see instructions 325 COLUMBUS AVE., NO. 11	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02116	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until APRIL 15, 2002
to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning SEP 1, 2000, and ending AUG 31, 2001.

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► [Signature] Title ► CPA Date ► 11/1/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)