

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **SEP 1, 2001** and ending **AUG 31, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 + 4 BOSTON, MA 02116	D Employer identification number 04-2563054
		E Telephone number (617) 262-8632
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site **BOSTON.COM/ARTSBOSTON ArtsBoston.org**

J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

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**

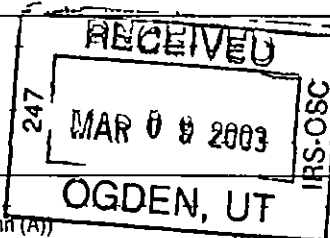
H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates: _____
H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)
H(d) Is this a separate return filed by an or-
 ganization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit GEN: _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,095,314.**

M Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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	320,768.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	27,820.	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ 348,588.)			1d 348,588.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 672,831.
	3 Membership dues and assessments			3 45,618.
	4 Interest on savings and temporary cash investments			4 3,028.
	5 Dividends and interest from securities			5
	6 a 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	8 a 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 \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a 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 25,249.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,095,314.	
13 Program services (from line 44, column (B))			13 764,541.	
14 Management and general (from line 44, column (C))			14 183,318.	
15 Fundraising (from line 44, column (D))			15 89,157.	
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17 1,037,016.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 58,298.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 154,561.	
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)			21 212,859.	



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 92,834.	46,417.	46,417.	0.
26 Other salaries and wages	26 388,154.	320,006.	27,833.	40,315.
27 Pension plan contributions	27			
28 Other employee benefits	28 42,380.	33,840.	6,015.	2,525.
29 Payroll taxes	29 36,979.	28,994.	5,074.	2,911.
30 Professional fundraising fees	30			
31 Accounting fees	31 6,480.		6,480.	
32 Legal fees	32			
33 Supplies	33 1,153.	1,153.		
34 Telephone	34 9,500.	7,533.	1,171.	796.
35 Postage and shipping	35 47,182.	41,590.	721.	4,871.
36 Occupancy	36 102,360.	78,292.	14,592.	9,476.
37 Equipment rental and maintenance	37 15,403.	10,840.	3,639.	924.
38 Printing and publications	38 25,228.	1,678.	13,565.	9,985.
39 Travel	39			
40 Conferences, conventions, and meetings	40 6,523.	1,638.	4,711.	174.
41 Interest	41 743.	743.		
42 Depreciation, depletion, etc (attach schedule)	42 24,691.	22,274.	1,356.	1,061.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e 237,406.	169,543.	51,744.	16,119.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,037,016.	764,541.	183,318.	89,157.

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 2**

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 \$ _____)	342,013.
b ARTS/MAIL- A MAIL DISCOUNT TICKET SERVICE. THE PURPOSE IS TO INCREASE AUDIENCES & PROVIDE EXPOSURE FOR CULTURAL & PERFORMING ARTS.	(Grants and allocations \$ _____)	224,879.
c ARTS/ TRAVEL- PROVIDES DISCOUNT TRAVEL TO INCREASE AUDIENCES AND PROVIDE EXPOSURE FOR CULTURAL AND PERFORMING ARTS.	(Grants and allocations \$ _____)	100,758.
d MEMBER SERVICES- PROVIDES PROFESSIONAL SUPPORT, RANGING FROM COOP ADVERTISING TO WORKSHOPS ON TOPICS SUCH AS BOX OFFICE MANAGEMENT AND DIRECT MAIL.	(Grants and allocations \$ _____)	93,072.
e Other program services (attach schedule) STATEMENT 3	(Grants and allocations \$ _____)	3,819.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		764,541.

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	75,361.	45	505,301.
	46 Savings and temporary cash investments	28,532.	46	
	47 a Accounts receivable	47a 11,161.		
	b Less allowance for doubtful accounts	47b	17,823.	47c 11,161.
	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	16,122.	53	22,293.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> 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 451,639.			
b Less accumulated depreciation	57b 274,764.	159,421.	57c 176,875.	
58 Other assets (describe <input type="checkbox"/>)		58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	297,259.	59	715,630.	
Liabilities	60 Accounts payable and accrued expenses	71,173.	60	441,300.
	61 Grants payable		61	
	62 Deferred revenue	49,010.	62	61,471.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	22,515.	64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	142,698.	66	502,771.	
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	124,561.	67	136,603.
	68 Temporarily restricted	30,000.	68	76,256.
	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, column (B) must equal line 21)	154,561.	73	212,859.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	297,259.	74	715,630.	

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
------------------	---

a	Total expenses and losses per audited financial statements	a	1,085,682.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 48,666.		
(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	48,666.
c	Line a minus line b	c	1,037,016.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,037,016.

[illegible]

Part VI Other Information

	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? N/A	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 direct or indirect political expenditures. See line 81 instructions. 81a 0.	81b	X
b Did the organization file Form 1120-POL for this year?		
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 in Part III.) 82b 48,666.		
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? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
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		
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? N/A	85g	
h If section 6033(e)(1)(A) dues notices 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? N/A	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 0., section 4912 0., section 4955 0.		
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 MASSACHUSETTS		
b Number of employees employed in the pay period that includes March 12, 2001 90b 22		
91 The books are in care of THE CORPORATION Telephone no 617-262-8632		
Located at 325 COLUMBUS AVE., SUITE 11, BOSTON, MA ZIP + 4 02116		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 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 (See Specific Instructions on page 32.)

Note: 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					480,526.
b ARTS/MAIL FEES					192,305.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					45,618.
95 Interest on savings and temporary cash investments			14	3,028.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER					25,249.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,028.	743,698.
105 Total (add line 104, columns (B), (D), and (E))					746,726.

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 (See Specific Instructions on page 32.)

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)

SEE STATEMENT 4

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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 (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return and the 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 that would require me to change or amend this return.

4/05

Type or print name and title

Adrianne E. [Signature] Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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—(See separate instructions.)

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

OMB No 1545-0047

2001

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

(See page 1 of the 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
JOSEPH DONLAVEY 325 COLUMBUS AVE BOSTON, MA 02116	PGM. DIR. 40	56,276.	3,826.	
MICHELLE ROBINSON 325 COLUMBUS AVE BOSTON, MA 02116	PGM. DIR. 40	52,125.	3,810.	
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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	

Part III Statements About Activities (See page 2 of the instructions)

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 **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

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

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

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?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	303,065.	329,508.	226,573.	174,309.	1,033,455.
16 Membership fees received	49,584.	46,288.	49,347.	49,164.	194,383.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	677,184.	555,692.	613,045.	590,433.	2,436,354.
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	1,832.	1,798.	2,030.	3,281.	8,941.
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.	8,785.	14,974.	11,872.	5,900.	41,531.
23 Total of lines 15 through 22	1,040,450.	948,260.	902,867.	823,087.	3,714,664.
24 Line 23 minus line 17	363,266.	392,568.	289,822.	232,654.	1,278,310.
25 Enter 1% of line 23	10,405.	9,483.	9,029.	8,231.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					25,566.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					24,868.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,278,310.
d Add: Amounts from column (e) for lines 18 <u>8,941.</u> 19 <u>41,531.</u> 22 <u>24,868.</u>					75,340.
e Public support (line 26c minus line 26d total)					1,202,970.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					94.1063%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

	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?	29	
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?	30	
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.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Exempt Organizations (See page 12 of the instructions)

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PRODUCTION EXPENSE	54,925.	54,925.			
TICKET MASTER FEES	39,519.	39,519.			
MARKETING EXPENSE	24,329.	18,840.	5,489.		
OFFICE EXPENSE	24,169.	10,244.	3,918.	10,007.	
MISCELLANEOUS	10,952.	3,152.	7,357.	443.	
CREDIT CARD AND BANK CHARGES	10,735.	9,627.	1,015.	93.	
DUES AND SUBSCRIPTIONS	4,937.	1,931.	2,411.	595.	
COMPUTER EXPENSE	8,380.	4,371.	3,685.	324.	
TICKETS	1,112.	412.	700.		
CONTRACTED SERVICES	40,405.	26,522.	11,112.	2,771.	
EVENTS	1,886.			1,886.	
STRATEGIC PLANNING	16,057.		16,057.		
TOTAL TO FM 990, LN 43	237,406.	169,543.	51,744.	16,119.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III			STATEMENT	2
----------	--	--	--	-----------	---

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	3
DESCRIPTION	GRANTS AND ALLOCATIONS		EXPENSES	
TOMORROW'S AUDIENCES			3,819.	
TOTAL TO FORM 990, PART III, LINE E			3,819.	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	4
----------	--	-----------	---

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.
103A	FOR PERFORMING ARTS ORGANIZATIONS

SCHEDULE A	OTHER INCOME			STATEMENT	1
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
OTHER	8,785.	14,974.	11,872.	5,900.	
TOTAL TO SCHEDULE A, LINE 22	8,785.	14,974.	11,872.	5,900.	

Arts/Boston, Inc
990, Part IV, Lines 57a and 57b
Building, Furniture and Equipment

04-2563054

Bostix building and improvements-Copley	\$	255,131
Bostix building and improvements-Faneuil Hall		104,531
<i>Furniture and equipment</i>		<u>91,977</u>
		451,639
Less - accumulated depreciation		<u>274,764</u>
Net building, furniture and equipment	\$	<u><u>176,875</u></u>

Arts/Boston, Inc
Board of Directors Listing
8/31/2002

04-2563054

Ms Carol Cadley, Chair
Ms Debra Moniz, Treasurer
Mr Jon Abbott
Ms Freya Bernstein
Mr Mike Bomhorst
Mr John Calkins, Emeritus
Mr William Conner, Jr
Ms Catherine Curtin
Ms Mary Deissler
Ms Peggy Dray
Ms Mary Gallagher
Mr Andrew Grainger
Ms Mimi LaCamera
Mr Michael Maso
Mr Jose Mateo
Mr Patrick Moscaritolo
Ms Joyce Plotkin
Ms Kathy Rochefort
Mr Harold Turin
Mr John Wolfarth

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- 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 print	Name of Exempt Organization	Employer identification number
	ARTS/BOSTON, INC.	04-2563054
	Number, street, and room or suite no. If a P O box, see instructions 325 COLUMBUS AVE., NO. 11	
File by the due date for filing your return. See instructions	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, 2003 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, 2001 and ending AUG 31, 2002

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 ► CFO Date ► 11/10/03
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)