Department of the Treasury Internal Revenue Service

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

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

A	For the	2002 calendar year, or tax year period beginning S	EP 1, 2002	and er	nding AUG 31	, 20	003			
В	Check if	10 N					loyer ide	ntification number		
	applicab	use IRS				'	-			
	Addre Chang	label or Print or ARTS/BOSTON, INC.				0.	4-256	3054		
Ē	Name change type Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
Ī	Initial Specific 325 COLUMBUS AVE. 11 (617)262-8632									
Final Instructions City or town, state or country, and ZIP + 4 F Accounting method Cash X										
Ē	Amen	ded DOCTION MA 02116					other specify)	<del></del>		
Ē		Section 501(c)(3) organizations and 4947(a)(	1) nonexempt charitable trus	sts	H and Lare not app			n 527 organizations.		
_	pana.	must attach a completed Schedule A (Form 9	90 or 990-EZ).		H(a) is this a group					
G	Weh si	te: ARTSBOSTON.ORG			H(b) If "Yes," enter n			<del>-</del>		
		zation type (check only one) X 501(c) ( 3 ) (inser	tno) 4947(a)(1) or	527	1 ' '			****		
_		nere if the organization's gross receipts are norm		The	(If "No," attach a	ı lıst.)				
		ation need not file a return with the IRS; but if the organiza			ganization cove	red by a	group ru	ing? Yes X No		
		nail, it should file a return without financial data. Some sta			I Enter 4-digit GE					
							ganızatio	is not required to attach		
Ł	Gross r	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,282,32	8.	Sch. B (Form 9					
_	art I	Revenue, Expenses, and Changes in			ınces					
, —	1	Contributions, gifts, grants, and similar amounts receive	red:			$\Box$				
) ]	;	Direct public support		1a	237,7	32.				
,	1	Indirect public support		16						
		Government contributions (grants)		1c	14,1	80.				
	(	Total (add lines 1a through 1c) (cash \$2	51,912. noncash \$			)	1d	<u>251,912.</u>		
	2	Program service revenue including government fees ar	nd contracts (from Part VII, lir	ie 93)			2	968,971.		
	3	Membership dues and assessments				. ]	3	<u>52,417.</u>		
	4	Interest on savings and temporary cash investments				].	4	1,962.		
	5	Dividends and interest from securities		,	1	L	5			
	6	a Gross rents		6a						
	1	Less: rental expenses		<u>6b</u>						
	1	Net rental income or (loss) (subtract line 6b from line 6	Sa)				6c			
<u>o</u>	7	Other investment income (describe				$\rightarrow \downarrow$	7			
Revenue	8 8	a Gross amount from sale of assets other	(A) Securities		(B) Other					
ě		than inventory		8a			Ì			
_	'  '	Less: cost or other basis and sales expenses		86			İ			
	'	Gain or (loss) (attach schedule)		8c		$\rightarrow$				
		Net gain or (loss) (combine line 8c, columns (A) and (E	3))		•	ŀ	8d	<del></del>		
	9	Special events and activities (attach schedule)								
	'	a Gross revenue (not including \$	of contributions	ـم ا	I	ŀ	ŀ			
	6-	reported on line 1a)		9a		-	ļ			
		Less Oracle expenses other than fundraising expenses		9b			0.			
	1 1 -	Net income or (loss) from special events (subtract line	and ironi inte aa)	40-	]	<b>-</b>	9c			
	1 11 11	Gross sales of inventory, less returns and allowances Less: cost of goods sold		10a 10b		$\dashv$	1			
	1	Gross profit or (loss) from sales of inventory (attach so	hadula) (cubtract line 10h fra		102)		100			
		Other revenue (from Part VII, line 103)	mennie) (annuaci ille ion ilo	iii iiile	ivaj	<b> </b>	10c	7,066.		
	100	<b>Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1</b> 0	ne and 11\			<b> </b>	12	1,282,328.		
-		Trogram services (from line 44, column (B))	oo, anu 11)				13	981,030.		
es	14	Management and general (from line 44, column (C))				<b> </b>	14	208,455.		
ŠUS	15_	Fundralsing (from line 44, column (D))				<u> </u>	15	66,389.		
Expenses	16 16	Payments to affiliates (attach schedule)				ŀ	16	00,303.		
ш	17	Total expenses (add lines 16 and 44, column (A))				<u> </u>	17	1,255,874.		
_	18	Excess or (deficit) for the year (subtract line 17 from lin	ne 12)				18	26,454.		
و پير	19	Net assets or fund balances at beginning of year (from				F	19	212,859.		
Net	20	Other changes in net assets or fund balances (attach ex				r	20	0.		
•	21	Net assets or fund balances at end of year (combine lin	•			T	21	239.313.		
223	001 22-03	LHA For Paperwork Reduction Act Notice, see the s					- 1	Form 990 (2002) 6		
J 1-		The state of the s						133 (233./G		

04-2563054 for section 501(c)(3)

ARTS/BOSTON, INC.

Part II Functional Expenses and (4	janizai 1) orga	inizations and section 4947	7(a)(1) nonexempt charitable	trusts but optional for oth	ers.
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	84,000.		13,440.	
26 Other salaries and wages	26	420,187.	353,384.	51,185.	15,618.
27 Pension plan contributions	27	40.05	25 222	4 040	1 000
28 Other employee benefits	28	42,859.		4,942.	1,908.
29 Payroll taxes	29	37,854.	31,151.	4,997.	1,706.
30 Professional fundraising fees	30			0.070	
31 Accounting fees	31	8,870.		8,870.	
32 Legal fees .	32	4 4 = 4		1.0	
33 Supplies	33	1,173.	1,155.	18.	7.00
34 Telephone	34	11,615.	10,024.	829.	762.
35 Postage and shipping	35	53,079.	49,260.	1,027.	2,792.
36 Occupancy .	36	101,479.	83,635.	9,962.	7,882.
37 Equipment rental and maintenance	37	14,835.	10,978.	2,074.	1,783.
38 Printing and publications	38	<u>37,915.</u>	4,768.	25,870.	7,277.
<b>39</b> Travel	39			2 4 5 5	101
40 Conferences, conventions, and meetings	40	11,884.	8,594.	3,166.	124.
41 Interest	41	24 246	20 604	0.164	1 401
42 Depreciation, depletion, etc. (attach schedule)	42	34,346.	30,691.	2,164.	1,491.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				·
d	43d	205 550	200 001	70 011	14 000
e SEE STATEMENT 1	43e	395,778.		79,911.	14,966.
Total functional expenses (add lines 22 through 43) organizations completing columns (8)-(0), carry these locals to lines 13-15		1,255,874.	981,030.	208,455.	66,389.
Joint Costs. Check ▶ ☐ If you are following SOP 96		te to the sale of		0	Yes X No
Are any joint costs from a combined educational campaint of these joint costs from a garegate amount of these joint costs.					
(iii) the amount allocated to Management and general \$			(iv) the amount allocated to		•
Part III Statement of Program Servi	ce A	ccomplishments	(14) the amount anocated to	Tuttoraişing ψ	· · · · · ·
What is the organization's primary exempt purpose?			. 2		
what is the organization is primary exempt purpose?		EE SINIEMENI			Program Service
All organizations must describe their exempt purpose achievemen	ts in a c	lear and concise manner State	the number of clients served, pul	blications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable (Section 501(c)(3) and (4) or allocations to others)	ganızat	ions and 4947(a)(1) nonexempt	charitable trusts must also enter	the amount of grants and	(4) orgs, and 4947(a)(1) trusts, but optional for others)
a BOSTIX- CENTRALIZED TIC	יאצי	P SERVICE OU	TIET TO PROMO	OTE TICKET	,
SALES FOR CULTURAL NON-					i
SERVING PUBLIC AND PERI			1 01411110 011011	112 2010 1	
DERVING TODDIC AND TERM	OIG		Grants and allocations \$	<u> </u>	396,182.
b ARTS/MAIL- A MAIL DISCO	יאדונ	<del></del>		RPOSE	333,2321
IS TO INCREASE AUDIENCE					
& PERFORMING ARTS.	<u> </u>	X INOVIDE EM	TOBORE TOR C	02101412	
& TERTORITHO PARID.			Grants and allocations \$	<u> </u>	327,948.
c ARTS/ TRAVEL- PROVIDES	DT		L TO INCREAS	R	021,75201
AUDIENCES AND PROVIDE R	_			<del></del>	
PERFORMING ARTS.	3221	DOORD FOR CO	DIOIGHD IND		
FERFORMING ARIS:			Grants and allocations \$	1:	121,269.
d MEMBER SERVICES- PROVII	)FG			NGING FROM	
COOP ADVERTISING TO WOR					
OFFICE MANAGEMENT AND I			CD DUCIT AD D	<u> </u>	
OFFICE MANAGEMENT AND I	- 41		Grants and allocations \$	1	135,631.
Other program services (attach schedule)		<del></del>	Grants and allocations \$	1	
f Total of Program Service Expenses (should equal	line 44	······		<b>•</b>	981,030.
		, , , , , , , , , , , , , , , , , , , ,			Form <b>990</b> (2002)
223011 01-22-03					1 01111 000 (2002)

71 72

239,313

212,859

715,630

Part IV | Balance Sheets Note: Where required, attached schedules and amounts within the description column (A) End of year Beginning of year should be for end-of-year amounts only. 505,301 570,597. Cash - non-interest-bearing 45 45 46 46 Savings and temporary cash investments 19,614 47 a Accounts receivable . 47a b Less: allowance for doubtful accounts 47b 11,161 47c 19,614. 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b b Less: allowance for doubtful accounts 51c Inventories for sale or use 52 52 22,293. 24,634 Prepaid expenses and deferred charges 53 53 Investments - securities Cost 54 54 55 a Investments - land, buildings, and 55a equipment basis b Less: accumulated depreciation 55b 55c Investments - other 56 56 469,316 57a 57 a Land, buildings, and equipment: basis 309,484 176,875. 159,832. b Less: accumulated depreciation 57b 57c 58 58 Other assets (describe 715,630. Total assets (add lines 45 through 58) (must equal line 74) 774.677. 59 441,300. 476,298. Accounts payable and accrued expenses 60 60 61 Grants payable 61 59,066. 61,471 62 Deferred revenue 62 \_iabilities Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 64b 65 Other liabilities (describe 65 502,771 Total liabilities (add lines 60 through 65) 66 535,364. Organizations that follow SFAS 117, check here \( \times \) and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 136,603. 67 Unrestricted 67 <u>219,313.</u> 76.256. 20,000. 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 70 through 74. 70 Capital stock, trust principal, or current funds 70

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.

Paid-in or capital surplus, or land, building, and equipment fund

column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets / fund balances (add lines 66 and 73)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;

71

72

73

	ron, inc.			04-25630	
Part IV-A Reconciliation of Revenu	e per Audited	Part IV-B Recond	iliation of Exp	enses per A	udited
Financial Statements wit	n Revenue per	Return	al Statements	with Expens	ses per
a Total revenue, gains, and other support		a Total expenses and lo	osses per		
per audited financial statements	a 1,339,871.	audited financial state  b Amounts included on		▶   a   1,	<u>313,417.</u>
b Amounts included on line a but not on		line 17, Form 990:	line a but not on		
line 12, Form 990:		(1) Donated services and use of facilities	\$ 57,5	43	
(1) Net unrealized gains on investments \$		(2) Prior year adjustment		<del></del>	
(2) Donated services		reported on line 20.			
and use of facilities \$ 57,543.		Form 990	\$		
(3) Recoveries of prior		(3) Losses reported on			
year grants \$		line 20, Form 990	\$		
(4) Other (specify):		(4) Other (specify):			
\$	57 542	Add amounts on land	\$	<del></del> [.]	E7 E/2
Add amounts on lines (1) through (4)  Line a minus line b	b 57,543. c 1,282,328.		s (1) through (4)	b c 1,	57,543. 255,874.
d Amounts included on line 12, Form	6 1,202,520.	d Amounts included on	line 17. Form		233,014.
990 but not on line a:	:	990 but not on line a			
(1) Investment expenses		(1) Investment expenses			
not included on		not included on			
line 6b, Form 990 \$		line 6b, Form 990	\$		
(2) Other (specify):		(2) Other (specify):			
\$		Add ansurts as lies	\$		0
Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990	d 0.	Add amounts on lines  e Total expenses per lin		►   d	0.
(line c plus line d)	e 1,282,328.		ic 17,1 Omi 330	▶ e 1.	255,874.
Part V List of Officers, Directors,			e even if not compen	isated.)	
(A) Name and address		(B) Title and average hours per week devoted to	(C) Compensation	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
(A) Name and address		position	(If not paid, enter	plans & deferred compensation	other allowances
CATHERINE PETERSON		EXECUTIVE DIR	ECTOR		
325_COLUMBUS_AVE.			04 000	2 700	0
BOSTON, MA 02116		40	84,000.	3,789.	0.
SEE ATTACHED LIST NONE ARE COMPENSATED					
NOVE WIT CONTINUATED			o.	0.	0.
	<del></del>				
			-		
					<u> </u>
					<u></u>
					···
75 Did any officer, director, trustee, or key employee r organizations, of which more than \$10,000 was pro	eceive aggregate compensationided by the related organization	ion of more than \$100,000 fro ations? If "Yes," attach schedu	ili your organization ile.  Yes		Form <b>990</b> (2002)

Form	990 (2002) ARTS/BOSTON, INC. 04-2563	054		Page 5
Pai	t 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?	77		X
	If "Yes," attach a conformed copy of the changes.			
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?	79		X
	If "Yes," attach a statement			
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 exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions			1
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	Х	<u> </u>
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.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u>X</u>	<b></b>
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	245		
	tax deductible?  501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?  N/A	84b		<del></del>
85		85a		<del></del>
þ		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.  Dues, assessments, and similar amounts from members    85c   N/A			
C	Dues, assessments, and similar amounts from members  Section 162(e) lobbying and political expenditures  850 N/A  N/A			
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A			
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A			
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues	00 8		i
	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			İ
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			į
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			ĺ
	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		<u>X</u>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			i
	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?	00.		v
	If "Yes," attach a statement explaining each transaction	89b		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			^
	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization    List the states with which a copy of this return is filed.   MASSACHTISETTS		-	<u> </u>
	List the states with which a copy of this return is filed MASSACHUSETTS  Number of employees employed in the pay period that includes March 12, 2002  90b	-		25
91	The books are in care of THE CORPORATION  Telephone no.   Telephone no.	2-8	632	
31	Telephone in Care of P III CONTOURNITOR		<u> </u>	
	Located at ► 325 COLUMBUS AVE., SUITE 11, BOSTON, MA ZIP+4 ► 0	211	6	
	The state of the s		-	
92	Section 4947(a)(1) nonexempt chantable 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	N/	A	
22304 01-22-		Forn	990	(2002)

	/BOSTON,		(0		04-	2563054 Page 6
Part VII Analysis of Income-	·		(See page 31 of the instru ed business income		d by section 512, 513, or 514	
Note: Enter gross amounts unless other indicated  93 Program service revenue:	wise _	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	(E) Related or exempt function income
a BOSTIX FEES				Code		582,821.
b ARTS/MAIL FEES						167,889.
c SPONSORSHIPS				1		118,074.
d ARTS TRAVEL FEES						100,187.
e						
f Medicare/Medicaid payments				1		
g Fees and contracts from government ag	iencies					
94 Membership dues and assessments	,·····					52,417.
95 Interest on savings and temporary cash	investments			14	1,962.	
96 Dividends and interest from securities				<del>                                     </del>		
97 Net rental income or (loss) from real est	tate.		<del></del>	1		-
a debt-financed property	- E			1 1	··· · · · · · · · · · · · · · · · · ·	
b not debt-financed property	-			1		
98 Net rental income or (loss) from person	al property			+		
99 Other investment income	- F			+ +		
100 Gain or (loss) from sales of assets				1 1		_
other than inventory						
	<u>,</u>		<del></del>	++	<del></del>	
				+		
	lillory –			+ +		
103 Other revenue: a OTHER						7,066.
				+		7,000.
b				+	<del></del>	
c				+-+		
d				<del>- </del>		
e(D) (D) and (E)	<u> </u>		0	+	1,962.	1,028,454.
104 Subtotal (add columns (B), (D), and (E)				•	1,304.	1,030,416.
105 Total (add line 104, columns (B), (D), at			) Doubl		-	1,030,416.
Note: Line 105 plus line 1d, Part I, should Part VIII Relationship of Acti				nt Purn	OSAS (See name 32 of the	unstructions \
Line No. Explain how each activity for whexempt purposes (other than by	nich income is report	ed in columi	(E) of Part VII contribute			
SEE STATEMENT	' 3					
	·					
Part IX Information Regard		ubsidiar		led Ent	tities (See page 32 of the	
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest		(C) Nature of activities		(D) Total income	(É) End-of-year assets
	%					
N/A	%					
	%					
	%					
Part X Information Regard	ing Transfers	Associa	ted with Persona	l Benef	fit Contracts (See pag	e 33 of the instructions.)
(a) Did the organization, during the year, r	eceive any funds, dir	ectly or indi	rectly, to pay premiums of	n a person	al benefit contract?	Yes X No
(b) Did the organization, during the year, p	` `					Yes X No
Note: If "Yes" to Ih) file Form 8870 an		-		<b>/</b> ).	$\cap$	_
			companying schedules an	i statement	s, and to the best of nly knowled	ge and belief, it is true
			12/14	VXD /	MANE PATON	ge and belief, it is true
			te "	ype or pri	nt name and title	
			D	ate	Check if	Preparer's SSN or PTIN

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

223101/01-22-03

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

2002

Employer identification number Name of the organization 04 2563054 ARTS/BOSTON, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part i (See page 1 of the instructions. List each one. If there are none, enter "None.") d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid per week devoted to (c) Compensation more than \$50,000 position allowances PGM. DIR. JOSEPH DONLAVEY 40 52,059 3.679 325 COLUMBUS AVE BOSTON, MA 02116 Total number of other employees paid over \$50,000 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 MASS WEB PRINTING 50,573. PRINTING SERVICES Total number of others receiving over \$50,000 for professional services

Par	Support Schedule (C	Complete only if you ch he worksheet in the insi	ecked a box on line 10 tructions for converting	), 11, or 12 ) Use cash g from the accrual to th	method of acc ne cash method	ounting of acc	i <b>g.</b> ounting.
begin	dar year (or fiscal year ning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	348,588.	303,065.	329,508.	226,5		1,207,734.
16	Membership fees received	45,618.	49,584.	46,288.	49,3	47.	190,837.
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	672,831.	677,184.	555,692.	613,0	45	2,518,752.
10	Gross income from interest,	0/2,031.	0//,104.	333,032.	013,0	40.	2,310,732.
18	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	3,028.	1,832.	1,798.	2,0	30.	8,688.
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	25 242		SEE STATEME		7.0	60.000
	sale of capital assets	25,249.	8,785.	14,974.	11,8		60,880.
23	Total of lines 15 through 22 Line 23 minus line 17	1,095,314.	1,040,450. 363,266.	948,260. 392,568.	902,8 289,8		3,986,891. 1,468,139.
25	Enter 1% of line 23	422,483. 10,953.	10,405.	9,483.	9,0		1,400,133.
26	Organizations described on lines 1				<u> </u>	26a	29,363.
	Prepare a list for your records to she				nmental	208	22,303.
·	unit or publicly supported organizati			•			
	Do not file this list with your return		-		<b>&gt;</b>	26b	160,361.
C	Total support for section 509(a)(1)				<b>&gt;</b>	26c	1,468,139.
	Add: Amounts from column (e) for I		<b>8,688</b> 19				*****
	• •	22	60,880. 26b	160,36	<u>1.</u> ▶	26d	229,929.
е	Public support (line 26c minus line 2	26d total)			▶	26e	1,238,210.
	Public support percentage (line 26				<u> </u>	26f	84.3387%
27	Organizations described on line 12						
	records to show the name of, and to		ach year from, each "disqi	ualified person." Do not fi	le this list with yo	ur retu	rn. Enter the sum of
	•	N/A	44	000)	/100	١٥١	
	(2001)	(2000)	•	999)	199) Se a list for your r	•	to about the name of
D	For any amount included in line 17 t and amount received for each year,		•				
	described in lines 5 through 11, as v		* ' '	- •	-		-
	the larger amount described in (1) of	•	-	• •	_	011 (110 0	inobit received and
	(2001)	(2000)	·•	999)	(199	98)	
c	Add: Amounts from column (e) for I	, ,	•	•	•	,	
	• •	20		16 21	<b>&gt;</b>	27c	N/A
d	Add: Line 27a total	an	d line 27b total			27d	N/A
е	Public support (line 27c total minus	•		1 1	•	27e	N/A
f	Total support for section 509(a)(2) to				N/A		4-
g	Public support percentage (lin	-	- ·			27g	N/A %
	Investment income percentag					27h	N/A %
t	Inusual Grants: For an organization show, for each year, the name of the	e contributor, the date and	or 12 that received any u I amount of the grant, and	inusual grants during 199 d a brief description of the	เซ through 2001, p nature of the gra	orepare nt. <b>Do n</b>	a list for your records ot file this list with
у	our return. Do not include these gran	its in line 15.	ONE	·	•		ule A (Form 990 or 990-EZ) 2002
22312	, 01-22-00	7/	<u> </u>			_5	

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	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?	31		
	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?	32a		
þ	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?	32d		
33	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  Does the organization discriminate by race in any way with respect to:	_		
33 8	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		_
ų	Scholarships or other financial assistance?	33d	-	
a	Educational policies?	33e		
1	Use of facilities?	33f		
α.	Athletic programs?	33g		,
h	Other extracurricular activities?	33h		
•	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
• •		_		
34 a		34a	$\vdash$	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
33	1075 2 C.P. 507 povering regard configuration? If the applicable requirements of sections 4.01 through 4.05 of new From 75-30,	25		

Schedule A (Form 990 or 990-EZ) 2002

Part VI			ecting Public Char nization that filed Form 5768		ge 9 of	the instructions	s.)		N/A
Check >		ation belongs to an affiliated			you ch	ecked "a" and "l	mited o	ontrol	provisions apply.
		mits on Lobbying	•			(a Affiliated tota	group		(b) To be completed for ALL electing organizations
	(The ter	m "expenditures" means am	ounts paid or incurred.)		1				ciccing organizations
						N/A	7		
		o influence public opinion (g			36				
	• • •	o influence a legislative bod	y (airect loodying)		37				<u> </u>
	obbying expenditures (				38				
	exempt purpose expend		<b>\</b>		40				
		litures (add lines 38 and 39) . Enter the amount from the			40			-	
•	amount on line 40 is -		ng nontaxable amount is -						
	r \$500,000	<del>-</del>	mount on line 40	`	1				
	00,000 but not over \$1,000	•	s 15% of the excess over \$500,0	00	ļ				
	,000,000 but not over \$1,50		s 10% of the excess over \$1,000		41				
Over \$1,	,500,000 but not over \$17,6	000,000 \$225,000 plus	s 5% of the excess over \$1,500,0	000					
Over \$1	7,000,000	\$1,000,000		ال.					
42 Grassr	oots nontaxable amoui	nt (enter 25% of line 41)		•	42				
		Enter -0- if line 42 is more	• •		43				
44 Subtra	ct line 41 from line 38.	Enter -0- if line 41 is more	than line 38		44				
			ine 44, you must file Forn	4700					
	(	(Some organizations that m	4-Year Averaging Period U ade a section 501(h) electio	n do not have to	o comp		e colun	าทร	
	·	Delow. See the in	structions for lines 45 throu			ar Averaging P	eriod		
Calendar y	rear (or	(a)	(b)	(c)		Al Avelaying F	(d)		N/A (e)
-	beginning in)	2002	2001	2000			1999		Total
45 Lobbyi	ing nontaxable nt								0
•	ing ceiling amount of line 45(e))			:					0.
47 Total lo	obbying								
expend	ditures								0.
48 Grassr	roots nontaxable								
amoun	<del></del>					-			0
	roots ceiling amount								0
	of line 48(e)) roots lobbying								
expend	ditures								0
Part VI			cting Public Chariti d not complete Part VI-A) (S		he instr	uctions.)			N/A
During the			onal, state or local legislation				T	l	
•		lative matter or referendum	•	.,			Yes	No	Amount
a Volunt			, •						
b Paid st	taff or management (In	clude compensation in expe	enses reported on lines <b>c</b> thr	ough <b>h</b> .)					
c Media	advertisements								
-	gs to members, legislat								
	ations, or published or								
	to other organizations						<u> </u>		
-			fficials, or a legislative body						
			s, lectures, or any other me	ans				l	0.
		Add lines c through h.) Iso attach a statement givin	g a detailed description of th	ne lobbying activ	vities.		L	<del></del>	

Schedule	A (Form 990 or 990-EZ) 2002	ARTS/BOSTON, IN	rc.	04-2		age
Part \	/II Information Reg	garding Transfers To and	Transactions and	Relationships With Noncha	ritable	
		zations (See page 12 of the instr			. <u>.                                   </u>	
-		irectly or indirectly engage in any of				
	• •	section 501(c)(3) organizations) or ir ganization to a noncharitable exempt		nitical organizations?	Yes	No
		ganization to a noncharitable exempt	organization of.		51a(i)	X
	) Cash ) Other assets	·			a(ii)	X
•	her transactions:				-(.,	
		ets with a noncharitable exempt organ	nization		b(i)	X
•	•	noncharitable exempt organization			b(ii)	X
•	) Rental of facilities, equipme			·	b(iii)	X
iv)	) Reimbursement arrangeme	ents .			b(iv)	X
(v	) Loans or loan guarantees				b(v)	X
•		membership or fundraising solicitat			b(vi)	<u> </u>
		mailing lists, other assets, or paid er			С	X
				lways show the fair market value of the		
•	•	given by the reporting organization.			37/3	
		nent, show in column (d) the value of	the goods, other assets, or		N/A	
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, ar	nd sharing arrangeme	ents
				,		
			· · · · · · · · · · · · · · · · · · ·			
	<del></del>					
					· <u>-</u>	
					_	
	· · · · · · · · · · · · · · · · · · ·					
			<del></del>			
			<del></del>			
			<del></del>			
52 a Is	the organization directly or in	directly affiliated with, or related to, o	one or more tax-exempt org	anizations described in section 501(c) of the	10	
	ode (other than section 501(c)		_	<b>&gt;</b>	Yes X	] No
b lf'	Yes," complete the following:	schedule: N/A				
	(a)	)	(b)	(c)		
	Name of or	ganization	Type of organization	Description of relation	nsnip	
					<del></del>	
			<u> </u>		,	
			<del> </del>			
					<del></del>	

FORM 990	OTHE	R EXPENSES		STATEMENT 1
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
PRODUCTION EXPENSE	55,573.	55,573.		
CICKET MASTER FEES	64,911.	64,911.		
MARKETING EXPENSE	139,306.	104,439.	34,779.	88.
OFFICE EXPENSE	14,932.	10,528.	2,433.	1,971.
4ISCELLANEOUS	13,756.	3,500.	8,972.	1,284.
CREDIT CARD AND BANK	•	•	•	·
CHARGES	10,769.	10,153.	437.	179.
DUES AND	·	·		
SUBSCRIPTIONS	8,327.	1,857.	5,610.	860.
COMPUTER EXPENSE	21,116.	15,971.	3,094.	2,051.
PICKETS	2,020.	,	2,020.	·
CONTRACTED SERVICES	49,175.	30,165.	10,531.	8,479.
EVENTS	5,526.	3,804.	1,668.	54.
STRATEGIC PLANNING	10,367.	•	10,367.	
FOTAL TO FM 990, LN 43	395,778.	300,901.	79,911.	14,966.

### EXPLANATION

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

PART III

FORM S	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 3 ACCOMPLISHMENT OF EXEMPT PURPOSES
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 93C	FOR PERFORMING ARTS ORGANIZATIONS PROVIDES ARTS WITH A POWERFUL VOICE AND TO HELP BOSTON'S PERFORMING ARTS GROUPS IN TIME OF NEED.
93D	ARTS TRAVEL PROVICE AID AND ACCESS TO CULTURAL DESTINATIONS AROUND THE WORLD.PROMOTES TRIPS THROUGH ARTS/MAIL CATALOGS.

3CHEDULE A	OTHER INC	OME	S	FATEMENT 4
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER	25,249.	8,785.	14,974.	11,872.
FOTAL TO SCHEDULE A, LINE 22	25,249.	8,785.	14,974.	11,872.

04-2563054

Arts/Boston, Inc.

Board of Directors Listing - Form TD, Part II 8/31/2003

Carol Cadley, Chair

Jon Abbott

Freya Bernstein

Michael Bornhorst

Catherine Curtin

Mary Deissler

Peggy Dray

Andrew Grainger

Jonathan Lourie

Jose Mateo

Michael Maso

Tony McLean

Patrick Moscaritolo

Patricia Nelson

Joyce Plotkin

Kathy Rochefort

Steven Roth

Kathie Stevens

Harold Turin

John Wolfarth

Contact information available upon request.

## 04-2563054

## ARTS/BOSTON INC.

# 990 PART 1V LINE 57a AND 57b BUILDING, FURNITURE AND EQUIPMENT

Bostix building and improvement – Copley	\$	255,505
Bostix building and improvement – Faneuil Hall		104,531
Furniture and equipment		109,280
		469,316
Less – accumulated depreciation		309,484
	_	
Net building, furniture and equipment	<u>\$</u>	159,832