### **CHANGE OF ACCOUNTING PERIOD**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2021 caleng	dar year, or tax year beginning	g 01/01/2022	and ending	0	<u>6/30/2</u> 02:	2		
В	Check if a	applicable:	C Name of organization FUNDIN	IG ARTS BROWARD IN	С		DI	Employ	er identification	number
~	Address	change	Doing business as Funding A	rts Broward					20-0151317	
$\overline{\sqcap}$	Name cha		Number and street (or P.O. box		eet address)	Room/suite	E1	Геlepho	ne number	
$\overline{\Box}$	Initial retu	· ·	1350 E Sunrise Blvd Suite 11	10	,			•	954-353-7673	
П		n/terminated	City or town, state or province, or		ostal code					
$\exists$	Amended		Fort Lauderdale, FL 33304	,,			G	Gross r	eceipts\$	149,482
$\exists$		on pending	F Name and address of principal of	fficer: Craig Wilson		H(a) Ist	_			es V No
ш	пррпоци	on ponding	1350 E Sunrise Blvd, Suite 1		33304	1 ' '	• .		s included? T	=
ī	Tax-exem	npt status:	✓ 501(c)(3) 501(c) (		4947(a)(1) or 527				instructions.	
J		-	undingartsbroward.org	, i (insert nei)	10 (4)(1) 01 021		oup exem			
_	_		Corporation Trust Associ	ation Other ►	L Year of for				f legal domicile:	FL
	art I	Summa		ationOther >	L rear or for	mation. 200	JS IVI	State Of	r legal domicile.	- FL
			<u> </u>	oion or most significar	at activition: Fun	lina Auto Dua				
a)		-	scribe the organization's miss	sion or most significar	it activities: Fund	ling Arts Bro	ward su	pports	s, sustains and	3
Governance		enriches tr	he arts in our community.							
шa		Ol I - 41-!-	. h				OF (			
ŏ.			s box ► ☐ if the organization				1	1	is net assets.	
Ğ			f voting members of the gove	• • •			_	3		16
တ			f independent voting membe		• •	•	_	4		16
iţie			ber of individuals employed i	=				5		1
Activities &			ber of volunteers (estimate if					6		85
Ă			lated business revenue from				_	7a		0
	b	Net unrelat	ted business taxable income	e from Form 990-T, Pa	art I, line 11			7b		0
Revenue				r Year	$\dashv$	Current Ye	ar			
			ons and grants (Part VIII, line	348,	665		110,789			
			ervice revenue (Part VIII, line				14,	758		17,343
ě	10	Investment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)				57		655
ш	11	Other reve	enue (Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10c,	and 11e)		9,	295		0
	12	Total reven	nue-add lines 8 through 11 (	must equal Part VIII, co	olumn (A), line 12)		372,	775		128,787
	13	Grants and	d similar amounts paid (Part	IX, column (A), lines 1	-3)		278,	800		282,000
	14	Benefits pa	aid to or for members (Part I	X, column (A), line 4)	14,	14,598 15,90				
Ś	15	Salaries, ot	ther compensation, employee	benefits (Part IX, colur	mn (A), lines 5-10)		64,	398	33,937	
Expenses	16a		nal fundraising fees (Part IX, o	•				0		0
e d	<b>b</b>		raising expenses (Part IX, co		10.034					
ш	17		enses (Part IX, column (A), lir	· · · · · · · · · · · · · · · · · · ·	)		37.	357		18,368
		-	enses. Add lines 13–17 (must				395,			350,207
		-	ess expenses. Subtract line	•			-22,			-221,420
- se						Beginning o			End of Yea	
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			10 01	741,			592,847
Ass I Ba	21		ities (Part X. line 26)				426,			494,686
E E	22		or fund balances. Subtract	line 21 from line 20			315.			98,161
	art II		ire Block	IIIC 21 IIOIII IIIC 20	<u> </u>		313,	433		30,101
			, I declare that I have examined this	return including accompar	ving schedules and s	tatements and	to the he	et of m	v knowledge and	haliaf it is
			te. Declaration of preparer (other than					or or m	y knowledge and	bollot, it is
Sig	an	Signati	cure of officer				Date			
	ere									
	,, 6		g Wilson, Treasurer or print name and title							
		7	e preparer's name	Preparer's signature		Date			] if PTIN	
Pa	iid	FillVType	preparer a name	Preparer's signature		Date		ieck If-emplo	J ''	
Pr	eparei	r							Jycu	
	e Only	Firm's nan					Firm's EIN			
		Firm's add		-l	-41!		Phone no			
Ma	y tne IR	5 discuss 1	this return with the preparer	snown above? See in	istructions				. Yes	No

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Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Funding Arts Broward supports, sustains and encourages the arts in our community.
2	Did the ergenization undertake any eignificant program convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 258,926 including grants of \$ 249,300 ) (Revenue \$ 73,865 )
	Funding Arts Broward awarded 27 art organizations grants ranging from \$3,000 to \$14,000 to support performances and
	exhibitions in Broward County.
4b	(Code:) (Expenses \$ 32,234 including grants of \$) (Revenue \$ 17,343 )
	Funding Arts Broward (FAB) supports organizations beyond giving grants via several programs designed to introduce the
	Grantees to FAB members, Corporate Partners, and guests. Many FAB members go on to become patrons and direct donors to
	the organizations that Funding Arts Broward has funded with a grant.
4c	(Code: ) (Expenses \$ 33,963 including grants of \$ 32,700 ) (Revenue \$ 9,689 )
	Funding Arts Broward awarded 7 grants to 7 arts organizations in the category of arts educations targeted to the K-12 age groups.
	Grant awards were between \$2,500 and \$5,700.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ▶ 325,123

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

20a

20b

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		\ \
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	· · · · · · · · · · · · · · · · · · ·		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		.,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		~
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	JU		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	an		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
с 14а	Enter the amount of reserves on hand	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
. •	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 1 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 1 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a Other officers or key employees of the organization . . . . . . . . . . . . 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Craig Wilson, (954)353-7673

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				_	_		_			
				(0	C)					
(A)	(B)	Position (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours					or/trust	tee)	compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Edward Hashek	12.00					<u> </u>				
President		~		~				0	0	0
Cynthia Eden	12.00									
Vice President		1		~				0	0	0
Jennifer O'Flannery Anderson	1.50									
Secretary		~		~				0	0	0
Craig Wilson	6.00									
Treasurer, Finance Committee Chair		1		~				0	0	0
Mona Benz	1.50									
Board Member		~		~				0	0	0
Nancy Bryant	1.50									
Board Member		~		~				0	0	0
Angel Burgos	1.50									
Board Members		~		~				0	0	0
Dr Deborah Floyd	1.00									
Board Member		~		~				0	0	0
Mike Hartstein	2.00									
<b>Board Member, Grants Co-Chair</b>		~		~				0	0	0
Lisa Kasten	1.00									
Board Member		~		~				0	0	0
Christy Lambertus	1.50									
Board Member		~		~				0	0	0
Eleanore Levy	2.00									
Board Member, Grant Co-Chair		~		~				0	0	0
Josh Lida	1.50									
Board Member, Corp Partner Co-Chair		~		~				0	0	0
Elissa Mogilefsky	1.50									
Board Member, Membership Chair		~		~				0	0	0

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	id F	lighest Compe	nsated Emplo	yees (continued)
	<b>(A)</b> Name and title	(B) Average hours	box,	box, unless person is both an Reportable Report						<b>(E)</b> Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation
Mary	Reidell	5.00									
Board	Member, Programs Chair		~		~				0	0	0
	a Stella	1.50									
Board	Member, Corp Partner Co-Chair		•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				0	0	0
1b	Subtotal			٠.	٠.			<b></b>	0	0	0
С	Total from continuation sheets to Part	•						<b>&gt;</b>			
d	Total (add lines 1b and 1c)							<u>&gt;</u>	0	0	0
2	Total number of individuals (including but reportable compensation from the organi		to tr	iose	e list	ted	above	e) w		e than \$100,000	of
	reportable compensation from the organi								0		Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete s</i>										
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization										5 ~
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Rep	nest compo ort compen	ensation	ed n fo	inde r the	epe e ca	ndent Ienda	cc r ye	ontractors that rear ending with or	eceived more within the organ	than \$100,000 of nization's tax year.
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensation
None											
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who	

Page 8

Dart VIII	Statement of Revenue
	Statement of nevenue

		Check if Schedule	Осо	ntains a re	espor	se or note to a	any line in this Pa	art VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a		0			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	103,38	2			
פֿ פֿ	С	Fundraising events			1c	(	0			
ifts ar A	d	Related organization			1d	(	0			
שׁ: ֳצ	е	Government grants			1e	(	0			
Sir	f	All other contribution								
he ti		and similar amounts no			1f	7,40	7			
를 달	g	Noncash contribution			١.					
ou					1g	\$	0			
0 "	h	Total. Add lines 1a-	-IT .			Business Code	110,789			
ø.	20					Business Code				
Program Service Revenue	2a					-				
yram Ser Revenue	b c									
E A	d									
gra Re	e									
Š	f	All other program se					17,343	17,343	0	0
-	g .	Total. Add lines 2a-				•		17,040		J
	3	Investment income								
		other similar amoun					961	961	0	0
	4	Income from investr	nent o	of tax-exen	npt bo	ond proceeds ►	. 0	0	0	0
	5	Royalties				▶	. 0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		0	(	0			
	d	Net rental income o	r (los			<u> •</u>				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets		9	20,389		0			
	_	other than inventory	7a		.0,000		_			
Revenue	b	Less: cost or other basis								
Ven		and sales expenses .	7b	2	0,695		0			
		Gain or (loss)	7с		-306		0			
Other	d	Net gain or (loss)			<u>.                                    </u>	<b>-</b>	-306	-306	0	0
듐	8a	Gross income from		ındraising						
		events (not including of contributions rep		d on line	-					
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b		_			
	C	Net income or (loss)				ents ▶				
		Gross income f			.9 0					
		activities. See Part I			9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>				
	10a	Gross sales of ir	nvent							
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)	from	n sales of ir	rvento	ory <b>&gt;</b>				
2						Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
e Se	С									
Alis F	d									
		Total. Add lines 11a				<u> </u>				
	12	Total revenue. See	ınstr	uctions			128.787	17.998	0	0

Form 99	90 (2021)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	282,000	282,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	15,902	15,902		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	31,350	15,675	9,405	6,270
9 10 11	Other employee benefits	2,587	1,294	776	517
a b	Management				
c d e	Accounting	815	408	244	163
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	9,494 3,725	4,747 2,338	2,848 832	1,899 555
14 15 16	Information technology	3,150	1,575	945	630
17 18	Travel				

Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any line in this Par	tX		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		162,998	1	75,679
	2	Savings and temporary cash investments		565,264	2	516,679
	3	Pledges and grants receivable, net	,	3	,	
	4	Accounts receivable, net	F	13,224	4	300
	5	Loans and other receivables from any current or for trustee, key employee, creator or founder, substantic controlled entity or family member of any of these pe	al contributor, or 35%	,		
	6	Loans and other receivables from other disqualified			5	
	U	under section 4958(f)(1)), and persons described in s			6	
ţs	7	Notes and loans receivable, net	<u>=</u>		7	
Assets	8	Inventories for sale or use			8	
Ä	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			9	
	b	Less: accumulated depreciation 10		190	10c	189
	11	Investments—publicly traded securities	_	103	11	109
	12	Investments—publicly traded securities	<u>=</u>		12	
	13	Investments—program-related. See Part IV, line 11	<u>=</u>		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal lin		741,675		592,847
	17	Accounts payable and accrued expenses		1,820		2,186
	18	Grants payable	F	422,000		492,500
	19	Deferred revenue	2,360		432,300	
	20	Tax-exempt bond liabilities	2,300	20		
	21	Escrow or custodial account liability. Complete Part			21	
G	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, substantic controlled entity or family member of any of these pe	al contributor, or 35%			
jak					22	
_	23	Secured mortgages and notes payable to unrelated	•		23	
	24	Unsecured notes and loans payable to unrelated thin Other liabilities (including federal income tax, pay			24	
	25	parties, and other liabilities not included on lines 17-	–24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		426,180	26	494,686
nces		Organizations that follow FASB ASC 958, check hand complete lines 27, 28, 32, and 33.	nere ▶ ∐			
<u>ala</u>	27	Net assets without donor restrictions			27	
B	28	Net assets with donor restrictions	[		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, and complete lines 29 through 33.	check here ► 🔽			
ō	29	Capital stock or trust principal, or current funds .		0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equip		0	30	0
188	31	Retained earnings, endowment, accumulated incom		315,495		98,161
χĄ	32	Total net assets or fund balances	· ·	315,495		98,161
ž	33	Total liabilities and net assets/fund balances		741,675		592,847

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			128	8,787		
2	Total expenses (must equal Part IX, column (A), line 25)	2			350	0,207		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		315,495				
5	Net unrealized gains (losses) on investments	5		-28,914				
6								
7	Investment expenses	7				0		
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			33	3,000		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10			98	8,161		
Part	Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					_;		
	Accounting reathed wood to response the Forms 2000.   Cook.   Accounting reathed wood to response the Forms 2000.				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of t	nlain	<u></u>					
	Schedule O.	γριαπί	011					
2a				2a		~		
Za	If "Yes," check a box below to indicate whether the financial statements for the year were cor			<u>za</u>				
	reviewed on a separate basis, consolidated basis, or both:	iipiioc	. 01					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		/		
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud	 ted o						
	separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?	.   2	2c				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the					
	Single Audit Act and OMB Circular A-133?		.   3	За		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	3b				
						(0004)		

Form **990** (2021)

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

FUN	DIN	G ARTS BROWARD INC					20-01	51317
Pa					•			ons.
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	2 · · · · · · · · · · · · · · · · · · ·							
2								
3	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:							
5								
		section 170(b)(1)(A)(iv). (Comp		conogo or armverony	owned o	. oporate	a by a government	ar arm accombca n
6		A federal, state, or local govern	nment or govern	mental unit described	l in <b>sectio</b>	n 170(b)	(1)(A)(v).	
7	~	An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public
		described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi						
		or university or a non-land-gra	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
		university:						
10		An organization that normally r receipts from activities related	eceives (1) more to its exempt fui	e tnan 331/3% of its su nctions, subject to ce	pport froi	m contrib eptions: a	outions, membership and (2) no more than	tees, and gross
		support from gross investment	income and unr	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses
44		acquired by the organization a An organization organized and		-		•	•	
11 12		An organization organized and	•	•	-		` '` '	out the nurneses of
12	ш	one or more publicly supported						
		the box on lines 12a through 12						
а		☐ <b>Type I.</b> A supporting organ	ization operated	. supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by giving
		the supported organization						
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B.			
b		☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of				persons	that control or man	age the supported
		organization(s). You must	-					
С		Type III functionally integ						ally integrated with,
_		its supported organization(	, ,	· ·		-		
d		Type III non-functionally i that is not functionally integ	•		•			•
		requirement (see instruction						a an attentiveness
е		☐ Check this box if the organ	,	•		-		all Type III
Ĭ		functionally integrated, or T						e ii, Type iii
f	Е	inter the number of supported of						
g	F	rovide the following information	about the supp	orted organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ır governing ment?	support (see instructions)	other support (see instructions)
				, , , , , , , , , , , , , , , , , , , ,			,	,
					Yes	No		
<b>A</b> )								
B)								
C)								
(C)								
D)								
E)								
_								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (d) 2020 (c) 2019 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 349,470 444,950 385,428 372,775 110,789 1,663,412 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 349.470 444,950 372,775 110,789 1,663,412 385,428 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 1,663,412 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 349,470 110,789 444.950 385,428 372,775 1,663,412 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 444 57 961 1,462 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 **Total support.** Add lines 7 through 10 11 1,664,874 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 99.91 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	ists listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support			1	1	1	
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth.	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop her	•			-		1 / 1
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8			13. column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2021 (I			ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2020			-		18	<u>%</u>
19a	331/3% support tests—2021. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2020. If the organization	_	_	-		_	_
~	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	=	•			_

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2021

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ					
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C-Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7			ntegrated Type III suppo	rting organization		
•	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).					

Secti	<b>Current Year</b>				
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	,	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С					
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
_	Excess from 2021				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

FUND	NG ARTS BROWARD INC		20-0151317
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		, ,
	conferring impermissible private benefit?		· · · · · · · · Yes · No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreated)	·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservation contribution	
	, ,		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified hi Number of conservation easements included in (c		
u			
2	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extinguished, or terri	illiated by the organization during the
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy regard		ection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	▶		oonion and you
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	<b>▶</b> \$		ζ ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemer		
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FASI		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	•	earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		Α
0	(ii) Assets included in Form 990, Part X	historical transverse or attention	> \$
2	following amounts required to be reported under FA	Tilstorical treasures, or other similar a	assets for illiancial gain, provide the
_	Revenue included on Form 990. Part VIII, line 1	ACC 300 relating to these items.	Φ.
а	nevenue included on Forth 990, Part VIII, lifte 1 👚 .		

**b** Assets included in Form 990, Part X .

	e D (Form 990) 2021					Page 2		
Part	<u> </u>							
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and of	her record	ds, check any of th	e following that make	e significant use of its		
а	☐ Public exhibition		d [	Loan or exchang	je program			
b	Scholarly research							
	☐ Preservation for future generations		e Other					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes  No							
Part	IV Escrow and Custodial Arrai	ngements.						
	Complete if the organization a 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?					not .		
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fol	lowing table:				
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount				ustodial account liabil	ity? Yes No		
	If "Yes," explain the arrangement in Pa							
	EV Endowment Funds.				<u> </u>	<u> </u>		
	Complete if the organization	answered "Yes	" on Forn	n 990. Part IV. lin	e 10.			
	January Same	(a) Current year	(b) Prio			ack (e) Four years back		
1a	Beginning of year balance	(-, ,	(1)	(1)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	e current year er	nd balance	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	<b>▶</b>	%					
b	Permanent endowment ►	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the organization by:	•		ation that are held	and administered for	the Yes No		
	(i) Unrelated organizations					. 3a(i)		
b	If "Yes" on line 3a(ii), are the related org							
4	Describe in Part XIII the intended uses	,				.   00		
- Part			on a Grido	WITHOUT TUHUS.				
I aire	Complete if the organization	answered "Yes						
	Description of property	(a) Cost or o		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land		0	0		0		
b	Buildings		0	0	0	0		
С	Leasehold improvements		0	0	0	0		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

**d** Equipment

. ▶

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part I	V line 11h See F	orm 990 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	<b>(7)</b>	(1,	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	was the same to same the was 100 Part V and the 10 h		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) .  Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11d. See F	orm 990. Part X. line 15.
	(a) Description	.,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I)		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<b>P</b>
Part X	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
1.	line 25.  (a) Description of liability		/IN De alcontina
	.,		(b) Book value
(1) Federal in	come taxes		
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII .

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, F	Part I\	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	-		1	
C	Recoveries of prior year grants	-		1	
d	Other (Describe in Part XIII.)	-		1	
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Re	turn.
	Complete if the organization answered "Yes" on Form 990, F				
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	-			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
а					
a b	Other (Describe in Part XIII.)	4b			
b	Add lines <b>4a</b> and <b>4b</b>			4c	
b c 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	
b c 5 Part	Add lines <b>4a</b> and <b>4b</b>	 e 18.)	<u> </u>	5	
b c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	 e 18.) d 4; Pa		<b>5</b> o; Part	
b c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	 e 18.) d 4; Pa		<b>5</b> o; Part	
b c 5 Part Provid 2; Par	Add lines <b>4a</b> and <b>4b</b>	d 4; Pa	art IV, lines 1b and 2b vide any additional ir	5 o; Part	ition.
b c 5 Part Provid 2; Par	Add lines <b>4a</b> and <b>4b</b>	d 4; Pa	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	d 4; Pa	art IV, lines 1b and 2b vide any additional ir	5 o; Part nforma	ition.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	d 4; Pa	art IV, lines 1b and 2b vide any additional ir	5 o; Part nforma	ition.
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b c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	art IV, lines 1b and 2b vide any additional ir	5 o; Part oforma	ition.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the second	d 4; Pa	art IV, lines 1b and 2b vide any additional ir	5 o; Part oforma	ition.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the second	d 4; Pa to pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the second s	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the supplemental Information.	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the supplemental Information.	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provio 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the supplemental Information.	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provio 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provio 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ition.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete	d 4; Pato pro	art IV, lines 1b and 2b	5 p; Part nforma	tion.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete the complete this part to	d 4; Pato pro	art IV, lines 1b and 2b	5 p; Part nforma	tion.
b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete the complete this part to	d 4; Pato pro	art IV, lines 1b and 2b	5 p; Part nforma	tion.
b c 5 Part Provio 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete the complete this part to	d 4; Pato pro	art IV, lines 1b and 2b	5 o; Part oforma	ation.
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b c 5 Part Provic 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1x XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to 1x XIII III III III III III III III III I	d 4; Pa to pro	art IV, lines 1b and 2b	5 p; Part iforma	ation.
b c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa to pro	art IV, lines 1b and 2b vide any additional ir	5 p; Part	ation.
b c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa to pro	art IV, lines 1b and 2b vide any additional ir	5 p; Part	ation.
b c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa to pro	art IV, lines 1b and 2b vide any additional ir	5 p; Part	ation.

## **SCHEDULE I** (Form 990)

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Name of the organization **Employer identification number FUNDING ARTS BROWARD INC** 20-0151317 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) Sch I, Stmt 1 (10)(11)(12)

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Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (f) Description of noncash assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, recipients cash grant noncash assistance FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - Organizations that receive a grant must meet eligibility requirements specified in the grant application documents, then the project must meet the funding requirements specified in the grant application documents. Once the grant program has been completed, the organization submits a payment request form, expense schedule and final report on the project.

Part II, Line 1

Form: **Schedule I (2021)** EIN: **20-0151317** 

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

Description of Grants and Other Assistance to Governments and Organizations in the United States Recipient EIN Amt. of cash Amt. of nongrant cash asst. Name and address Fantasy Theatre Factory Inc 59-2230097 19,700 6103 NW 7th Ave Miami, FL 33127 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing Name and address Hollywood Art and Culture Center Inc 59-1951668 19,500 1650 Harrison Street Hollywood, FL 33020 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing Name and address **Broward Performing Arts Foundation** 59-2657043 19,500 201 SW Fifth Avenue Fort Lauderdale, FL 33312 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing South Florida Symphony Orchestra Inc Name and address 65-0846695 14,000 2201 Wilton Drive Suite 12 Wilton Manors, FL 33305 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing Name and address Slow Burn Theatre Company Inc 27-0802234 14,000 201 SW 5th Avenue Fort Lauderdale, FL 33312 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing 14,000 Name and address Seraphic Fire Inc 20-0725426 2153 Coral Way Suite 401 Miami, FL 33145 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing Name and address Miami City Ballet Inc 59-2578534 14,000 2200 Liberty Avenue Miami Beach, FL 33139 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Support Art Programing

Cahadula I Davi IV Statem		EUNDU	NO ARTS RROWARD INC
Schedule I, Part IV, Statem Name and address	Florida Grand Opera Inc 110 East Broward Blvd Fort Lauderdale, FL 33301	<b>FUNDII</b> 64-0496477	NG ARTS BROWARD INC 14,000
IRC code section Method of valuation			
Desc. of Non-Cash Asst.	Company Ant Disappagains		
Purpose of grant	Support Art Programing		
Name and address	Florida's Singing Sons Boychoir 2300 E Oakland Park Blvd 3rd floor Oakland Park, FL 33306	59-1613719	11,500
IRC code section			
Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	Support Art Programing		
Name and address	Old Dillard Foundation Inc 1009 NW 4 Street Fort Lauderdale, FL 33311	65-0543947	11,000
IRC code section			
Method of valuation Desc. of Non-Cash Asst. Purpose of grant	Support Art Programing		
Name and address	New City Players Inc 1477 NE 55th Street	81-1082716	10,000
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	Fort Lauderdale, FL 33334  Support Art Programing		
Name and address	Master Chorale of South Florida Inc 6278 N Federal Highway Suite 351	74-3096907	10,000
IRC code section Method of valuation Desc. of Non-Cash Asst.	Fort Lauderdale, FL 33308-1916  Support Art Programing		
Purpose of grant Name and address	Island City Stage	45-4264114	10,000
	2304 N Dixie Hwy Wilton Manors, FL 33305		
IRC code section  Method of valuation  Desc. of Non-Cash Asst.			
Purpose of grant	Support Art Programing		
Name and address	All Florida Youth Orchestra Inc 1708 N 40th Avenue Hollywood, FL 33021	65-0063799	10,000
IRC code section			
Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	Support Art Programing		
Name and address	The Dance Now Ensemble Inc PO Box 416525	65-1005951	9,500
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	Miami Beach, FL 33141  Support Art Programing		

Schedule I, Part IV, Statement 1		FUNDING ARTS BROWARD INC			
Name and address	Gay Men's Chorus of South Florida 2040 N Dixie Highway Suite 218 Wilton Manors, FL 33305	27-3533074	9,500		
IRC code section					
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				
Name and address	Fort Lauderdale Children's Theatre Inc 2542B East Sunrise Blvd Fort Lauderdale, FL 33304	59-0756789	9,500		
IRC code section					
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				
Name and address	Gold Coast Jazz Society Inc 1350 E Sunrise Blvd Fort Lauderdale, FL 33304	65-0335986	8,500		
IRC code section					
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				
Name and address	Arts Ballet Theatre of Florida Inc 15939 Biscayne Blvd North Miami Beach, FL 33160	65-0804935	8,500		
IRC code section	North Milatili Deach, i E 33100				
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				
Name and address	ArtServe Inc 1350 E Sunrise Blvd Fort Lauderdale, FL 33304	65-0058919	8,000		
IRC code section					
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				
Name and address	The Girl Choir of South Florida Inc 2300 E Oakland Park Blvd Suite 300 Fort Lauderdale, FL 33306	20-2621291	7,300		
IRC code section	,				
Method of valuation					
Desc. of Non-Cash Asst.					
Purpose of grant	Support Art Programing				

### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** Name of the organization **FUNDING ARTS BROWARD INC** 20-0151317 Form 990, Part VI, Section A, Line 4 - Funding Arts Broward, Inc. made the decision to change its accounting year from a calendar year ending Dec 31 to a Fiscal year ending June 30, thus the organization is filing a short year tax return for the 6 month period beginning Jan 1, 2022 and ending June 30, 2022. Form 990, Part VI, Section A, Line 6 - Funding Arts Broward is a not-for-profit corporation organized under the laws of the state of Florida. The corporation is membership based and does not have shareholders. Form 990, Part VI, Section A, Line 7a - Funding Arts Broward, Inc is governed by its Board of Directors. Board members are nominated by the nominating committee and approved by the members at the annual meeting. The Board of Directors appoints the nominating committee whose members do not have to be Directors of the organization. However, the Chairman of the nominating committee must be a Board Member. Form 990, Part VI, Section B, Line 11b - The form 990 is reviewed by the Finance Committee, Treasurer and President of Funding Arts Broward. It is shared with the Board of Directors prior to filing. Form 990, Part VI, Section B, Line 12c - Funding Arts Broward requires all volunteer members prior to reviewing grant applications to disclose any potential conflicts of interest. If a conflict of interest exists, the volunteer will be assigned to a different group of applications to be screened. Each board members is required to sign a conflict of interest agreement each year and is required to notify the organization if a conflict presents itself. Form 990, Part VI, Section C, Line 19 - Governing documents, financial statements and other policies required to be disclosed to the public are available upon request. Form 990, Part XI, Line 9 - The 2021 Grantees forfeited \$33,000 due to inability to complete programs due to Covid. The funds were re-awarded in March of 2022 for payment in 2023.