### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CH 24

Form **990** 

# 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 2014 Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

		ic 2014 calcidat year, or tax year beginning OOD 1.7 201. 4 and	chung U	ON 30, 2	10 T O	
В	Check i applica	t C Name of organization		D Employer i	dentific	cation number
	Addi char	The Society of the Four Arts, Inc.				
	Nam char	e ge Doing business as		] 5	9-0	454318
	Initia retur		Room/suite	E Telephone	number	•
	Final	Four Arts Dlags				655-7227
	term ated	in		G Gross receipts		27,283,237.
	Ame	nded Dalm Daach Dr 22/00		H(a) is this a g		
	Appl					Yes X No
	pend	same as C above				cluded? Yes No
1	Tax-e	xempt status: $X = 501(c)(3)$ $501(c)(6)$ (insert no.) $4947(a)(1)$	or 527	1		list. (see instructions)
		ite: Www.fourarts.org	01	H(c) Group exe		
		of organization: X Corporation Trust Association Other	I Vear			State of legal domicile: FL
_	art I		IL TOUT	A	20 141	Otate of regal doffilents, 22 2.3
20000000	1	Briefly describe the organization's mission or most significant activities: TO e:	ncoura	and c	1111+1	ivate a
Activities & Governance	Ι'	taste for music, literature, dance, and	others	erte To	mol	int
ņ	2	Check this box  if the organization discontinued its operations or dispose				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	sea or make	trian 25% of its	1 1	seis. 119
යි	4				3	118
<u>ده</u>	5	Number of independent voting members of the governing body (Part VI, line 1b)	<b></b>		. 4	41
Ę.	-	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	·····•		. 5	11
≨	6	Total number of volunteers (estimate if necessary)	<b></b>		. 6	0.
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		.  7b	
	_		<u> </u>	Prior Year	02	Current Year
E	8	Contributions and grants (Part VIII, line 1h)	······	7,807,8		9,280,617.
Revenue	9	Program service revenue (Part VIII, line 2g)		685,3		780,894.
Æ	10	Investment income (Part VIII, column (A), lines 3, 4, and (d)		2,022,7		2,599,515.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 100 and 11e)		337,2		-118,200.
_	12	Total revenue - add lines 8 through 11 (must ed al Part VIII, column (A), line 12)		10,853,2		12,542,826.
	13	Grants and similar amounts paid (Part IX, column (a), lines 1-3)			0.1	<u> </u>
	14	Benefits paid to or for members (Part IX, column 14) line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,622,7		2,762,348.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) Professional fundraising fees (Hart X, column (A), line 11e)  Total fundraising expenses (Part X, column (D), line 25)   667,78		·	0.	0.
ង្គ	b	Total fundraising expenses (Part X Column (D), line 25)   667, 78	31.			
ш	17	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)		5,251,1		5,511,816.
	18	Total expenses. Add lines 13-17 (nast equal Part IX, column (A), line 25)		7,873,9		8,274,164.
	19	Revenue less expenses. Subtract line 18 from line 12		2,979,3		4,268,662.
Ssets or Balances				inning of Current		End of Year
sset	20	Total assets (Part X, line 16)		70,127,6		71,856,606.
Net A	21	Total liabilities (Part X, line 26)		2,317,4		2,170,703.
		Net assets or fund balances. Subtract line 21 from line 20		67,810,1	47.	69,685,903.
	rt II	Signature Block				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the bes	st of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	has any knowledge	9.	
Sigr	1	Signature of officer		Date		
Her	Э	David W. Breneman, President				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Da	ate Ch	ieck	PTIN
Paid		David J. Thomas		if se	if-employed	P00002419
Prep	arer	Firm's name > Holyfield and Thomas, LLC	•	Firm's E		65-1083521
Use	Only	Firm's address 125 Butler Street			F	
_		West Palm Beach, FL 33407		Phone n	o. ( 5 6	1)689-6000
Мау	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

	990 (2014) The Society of the Four Arts, Inc. 59-0454318 Page	э <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	1
		X
1	Briefly describe the organization's mission:  See Part 1 Line 1.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X N	.1
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	νiα
Ū	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 \$ 2,270,806 · including grants of \$ ) (Revenue \$ 431,073	<u>•</u> )
	Artistic programming consists of art exhibitions, concerts, films,	
	Metropolitan Opera, and lectures. Each year The Society of the Four	
	Arts presents a full season of notable program in each of its four	
	designated mission areas: music, drama, literature and the visual arts	
	(painting, sculpture, and architecture). Concepts, usually presented or	1_
	Wednesday evenings, and Sunday afternoons, attract enthusiastic	
	audiences to programs by the world's leading musicians in diverse	
	performances of classical, jazz, blue grass, and more. Recent art	_
	exhibitions in the Society's Esther B. O'Reeffe gallery explored	
	Impressionism, Japanese Art Deco, Maritime Art, Photography to name a	
	few. Art films and memorable Hollywood movies are shown on Friday	
	afternoon and evenings; each season's full schedule of live HDTV  (Code: )(Expenses \$ 1,219,852. including gandays ) (Revenue \$ 25,687.	_
4b	(Code:)(Expenses \$\frac{1,219,852.}{\text{pincluding ganda, s}} \) (Revenue \$\frac{25,687.}{Since the Town of Palm Beach has no public libraries, the Society's two	
	libraries - the King Library for adults and a separate, superbly	
	equipped children's library, serve, in effect, as the Town's "official'	17
	libraries. Both are open to the public at no charge (adults pay a small	1
	fee for borrowing privileges); both present a full season's schedule of	Ĕ F
	events: story hours for colluren, plus celebrations of special events	-
	like national fire prevention week, when Palm Beach's fire trucks and	_
	firefighters visit (he children's library; author visits, book	_
	signings, poetry readings, lectures, book discussions and other events	_
	for adults. Attendance for the year was 56,067.	
	The following events and activities were provided:	
4c	(Code: ) (Expenses \$ 1,666,189 · including grants of \$ ) (Revenue \$ 319,772 ·	• )
	Education (Campus on the Lake) programming consists of field trips,	_
	classes, seminars, and workshops dedicated to the living arts. These	
	programs and events are presented in the new Four Arts Campus on the	
	Lake Education building. The presentations range widely in subject	
	matter: ongoing classes on classical music, opera, literature, art,	
	watercolor painting, sculpture, cookery and flower arranging; one time	
	lectures on a wide variety of subjects. Designed to attract a broad	_
	audience, the Campus on the Lake has won wide praise for the variety	
	and depth of its programs. Attendance for the year was 8,942.	
	mb = 5-11 - i	
	The following events and activities were provided:	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,095,696 \( \) including grants of \$ ) (Revenue \$ 19,729 \( \) )	
4	·	
40	Total program service expenses ► 6,252,543.	14
432002 11-07-1	See Schedule O for Continuation(s)	·+)
11-0/-	2	

Part IV 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)? Х If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Х 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serula as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part , the 107 if "Yes," complete Schedule D, Х 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 Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Plart VIII 11b c 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 Scheduje D, Pant Viii Х 11c d Did the organization report an amount for other assets in Tay X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax position and the organization of the organization and the organization and the organization of the organization and the organization and the organization of the organization and the organization of t 11f 12a Did the organization obtain separate, in expanded audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included important addited, independent audited financial statements for the tax year?

If "Yes," and if the organization inswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X X Is the organization a school described section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 Х 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, Х complete Schedule G, Part III 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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

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21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	<u> </u>	+
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		Х
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 Exc. If "Nes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	İ		
	former officers, directors, trustees, key employees, highest compensated employees or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, this technique, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	0-0000W000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions		450E	37
_	A current or former officer, director, trustee, or key employees if "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, tressee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director frustee, ar key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes complete Schedule L, Part IV	28c	Х	X
29 30	Did the organization receive more than \$25,000 in normal contributions? If "Yes," complete Schedule M  Did the organization receive contributions of an higherical treasures, or other similar assets, or qualified conservation	29	Δ.	<u> </u>
30	contributions? If "Yes," complete Schedeled	200		Х
31	Did the organization liquidate, terminate organizations?	30		<del></del>
01	If "Yes," complete Schedule N, Raff	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31		
-	Schedule M. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- DE		
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Forn	1990 (2014) The Society of the Four Arts, Inc.		59-045	4318	3 F	Page :
Pa	rt V 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming	100000000000000000000000000000000000000		
	(gambling) winnings to prize winners?			1c	X	
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	4:	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		<b>2000</b>		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:		,	20000000000000000000000000000000000000		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		***************************************	5c	$\top$	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	e orga	nization solicit		$\vdash$	
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that sugh contribut	tions or	gifts		1	1
	were not tax deductible?		3	6b		-
7	Organizations that may receive deductible contributions under section 170(a).		***************************************			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices pi	ovided to the payor?	7a	i incercentario	X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				1	
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the dear	7d				
е	Did the organization receive any funds, directly or indirectly pay premiums on a personal benefit of		1?	7e		Х
f	Did the organization, during the year, pay premiums affectly origidirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	1	
h	If the organization received a contribution of cass, boats airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donorady sed funds. Did a donor advised fund maintained				1485.88	
		-		8		
9	Sponsoring organizations maintaining dana advised funds.					
а	Did the sponsoring organization prake an example distributions under section 4966?			9a	- Nogwennight	***************************************
b	Did the sponsoring organization make adjistribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Rate.			500000000		1500000
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	10/10/2004	100000000000000000000000000000000000000
	· · · · · · · · · · · · · · · · · · ·	12b				492
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		www.covec
_	Note. 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	13b				
С	Enter the amount of reserves on hand	13c		1		l
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	opground(656*)	X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) The Society of the Four Arts, Inc.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to into ed, by, or rob bolon, describe the encounstances, processes, or changes in concedure of dec manuacions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 119			SE 45
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 118			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	750 X	40.00	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stackholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	V655-148	100 mms	25000000 250000000000000000000000000000
а	The governing body?	8a	Х	***************************************
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section Asynho cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		X
b	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 Fig. 1990 to all members of its governing body before filling the form?	11a	Х	
	Describe in 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently applied and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whatlestown policy?	13	Х	
14	Did the organization have a writter degunient retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	Yezhoù
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	20000000		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100 1		
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	nial .	
10	statements available to the public during the tax year.	18 621 [	ordi.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Kathy Mardambek - 561 655-7227		•	
	Four Arts Plaza, Palm Beach, FL 33480			
	I OIL TILOD IIGIG, FGIM DOGGE, LI JUIO			

Form 990 (2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	org	aniza	ation	co	mpe	nsa	ted any current officer, o	lirector, or trustee.	
(A)	(B)				C)	_		(D)	(E)	(F)
Name and Title	Average	(de	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	hox	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
•	week	-	I	10 4 0	1	T	nee,	from	from related	other
	(list any	da			f			the	organizations	compensation
	hours for related	ord	33			sated		organifation (W-2/1099 MISO	(W-2/1099-MISC)	from the organization
	organizations	Tuster.	trus		왏	uadu		(W-2/1099001130)		and related
	below	leal tr	tional		oploy	no st	_			organizations
	line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			5.ga.//24.151.15
(1) Mr. Patrick Henry	2.00									_
Chairman		X		Х			4	0.	0.	0.
(2) Dr. David W. Breneman	2.00				1				_	_
President		X		X				0.	0.	0.
(3) Amb. Edward Elson	2.00	ļ				444			_	_
Vice Chairman	<u> </u>	N/		X	_	<u> </u>		0.	0.	0.
(4) Mr. Barry Hoyt	2.00			٠,,					0	
Vice Chairman	7.00	X	A	X	_		_	0.	0.	0.
(5) Mr. John J. McAtee, Jr. Vice Chairman	2 000	x		х				0.	0.	0.
(6) Mrs. W. Dale Brougher	7200			Δ		┢	-	· ·	· · ·	0.
Vice Chairman		X		х				0.	0.	0.
(7) Mr. William Gubelmann	2.00	<del> </del>				<del> </del>		· ·		
Secretary		x		х				0.	0.	0.
(8) Mr. David Scaff	2.00	<b> </b>								
Vice Chairman & Asst. Sec./Trees.		Х						0.	0.	0.
(9) Mrs. Charles B. Johnson	1.00									
Trustee		X						0.	0.	0.
(10) Mr. Charles B. Johnson	1.00									
Trustee		Х						0.	0.	0.
(11) Mrs. John D. Koch	1.00									
Trustee		X				Ш		0.	0.	0.
(12) Mr. John D. Koch	1.00								_	_
Trustee		Х						0.	0.	0.
(13) Mr. Lance D. Mahaney	1.00									•
Trustee		X						0.	0.	0.
(14) Mrs. Lance D. Mahaney	1.00									
Trustee		X						0.	0.	0.
(15) Mr. John Nyheim	1.00								ا ہ	•
Trustee	1 1 00	Х						0.	0.	0.
(16) Mrs. John A. Nyheim	1.00	\						0.	0.	٥
Trustee (17) Hon, Lesly S. Smith	1.00	Х	$\vdash$			H		U.	U.	0.
(17) Hon, Lesly S. Smith Trustee	1.00	X						0.	0.	0.
432007 11-07-14								U • [	V • I	Form <b>990</b> (2014)

432007 11-07-14

Form **990** (2014)

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Conklin and Lewis, 1241 Okeechobee Rd.,		
West Palm Beach, FL 33401	Construction	330,626.
Scott Lewis Gardening		
375 Possum Pass, West Palm Beach, FL 33413	Outside Lawn Service	177,844.
Patrick Killian, Inc.		
321 Peruvian Ave., Palm Beach, FL 33480	Designer	177,120.
Vital Printing, 421 SOuth Dixie Highway,		
West Palm Beach, FL 33401	Printing	130,920.
Palm Beach Daily News		
POB 645098, Cincinnati, OH 45264	Advertising	125,500.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	
\$100,000 of compensation from the organization > 5		
Coo Don't WIT Cookies A Continueties of		- 000

See Part VII, Section A Continuation sheets

Form 990 (2014)

Form 990 The Soc	iety of	the	e ]	For	ır	Aı	rt	s, Inc.	59-045	4318
Part VII Section A. Officers, Directors,	Trustees, Key E	mple	эуе е	es, aı	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)	Γ		(0				(D)	(E)	(F)
Name and title	Average			Posi	ition	i		Reportable	Reportable	Estimated
	hours	(c	hecl	k all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					юуве		the	organizations	compensation
	(list any	or director				ешъ		organization	(W-2/1099-MISC)	from the
	hours for related	8 01.0	tee			sateo		(W-2/1099-MISC)		organization and related
	organizations	trustee	Institutional trustee		уве	Highest compensated employee		,		organizations
	below	Individual	ncian	ا <sub>اه</sub> ا	Key emplayee	est co	iii			Ü
	line)	ndiv	Instit	Officer	Key	High	Former			
(27) Mr. Robert Vila	1.00									
Trustee		Х						0.	0.	0.
(28) Mrs. Page Lee Hufty	1.00	Γ								
Trustee		X						0.	0.	0.
(29) Ms. Heather Henry	1.00									
Trustee		X						0.	0.	0.
(30) Mrs. William E. Benjamin II	1.00							A		
Trustee		Х						<b>₽</b>	0.	0.
(31) Mr. Curtis L. Blake	1.00								_	
Trustee		Х						0.	0.	0.
(32) Mrs. Curtis L. Blake	1.00									
Trustee		Х						0.	0.	0.
(33) Mrs. John W. Annan	1.00	,,			ļ					0
Trustee	1 00	X			_			0.	0.	0.
(34) Mrs. J. Simpson Dean, Jr.	1.00	7,7				<b>&gt;</b>	A	•		0
Trustee (25)	1 00	X					·	0.	0.	0.
(35) Mr. Denis P. Coleman, Jr.	1.00	v		A		4		0.	0.	0
Trustee (36) Mrs. Denis P. Coleman, Jr.	1.00	X		4				U.	U •	. 0.
(36) Mrs. Denis P. Coleman, Jr. Trustee	1.00	1			Ĭ			, 0.	0.	0.
(37) Mr. Lawrence Beyer	1.00	776						0.	U •	
Trustee	1.000	Х	-		- 1			0.	0.	0.
(38) Mrs. Lawrence Beyer	1.00				$\dashv$	_	-	0.	- 0.	
Trustee		Х		ļ				0.	0.	0.
(39) Mrs. Fitz Eugene Dixon, Jr.	1.00			+	_	-1				
Trustee		х	.					0.	0.	0.
(40) Mrs. John R. Donnell	1.00		$\neg$	T	7	$\dashv$				
Trustee		х				İ		0.	0.	0.
(41) Mr. Robert G. Donnelley	1.00									
Trustee		Х						0.	0.	0.
(42) Mrs. Robert G. Donnelley	1.00				7					
Trustee	,	х		ı		İ		0.	0.	0.
(43) Mrs. Edith B. Eglin	1.00			$\dashv$			$\neg$			
Trustee		Х						0.	0.	0.
(44) Mrs. Edward Elson	1.00				T					
Trustee		X						0.	0.	0.
(45) Mr. Joseph P. Flanagan	1.00		7	T	T	T				
Trustee		Х						0.	0.	0.
(46) Mrs. Joseph P. Flanagan	1.00		$\neg$	T		T	Ī			
Trustee		Х						0.	0.	0.
Total to Part VII, Section A, line 1c		<i>.</i>		<u>.</u>			<u></u>			

Form 990 The Soci									59-045	4318
Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee	es, a	nd i	High	est	Compensated Employ	rees (continued)	
(A)	(B)	Γ	•		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	hecl	k all i	that	app	ly)	compensation	compensation	amount of
	per					Π	Ė	from	from related	other
	week	١.	ļ			yee		the	organizations	compensation
	(list any	rectoi				mpk		organization	(W-2/1099-MISC)	from the
	hours for	or director	8			ated 6		(W-2/1099-MISC)		organization
	related	ustee	trust		83	bens				and related
	organizations below	ual fr	ional		ploye	t ca t				organizations
	line)	individual trustee	institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former			
7.1.		E	55	0	×	ΙΞ.	æ			
(47) Mr. Robert L. Forbes	1.00	٠,,							^	0
Trustee	1 : 0 0	Х					<u> </u>	0.	0.	0.
(48) Mrs. Robert L. Forbes	1.00	١,,								_
Trustee	<del>                                     </del>	Х					<u> </u>	0.	0.	0.
(49) Mr. Peter N. Geisler	1.00	١								•
Trustee		X				ļ		0.	0.	0.
(50) Mrs. Peter N. Geisler	1.00							A		_
Trustee		X						<b>₽</b> Q.	0.	0.
(51) Mrs. William Gubelmann	1.00								_	_
Trustee		X						<b>.</b> .	' 0.	0.
(52) Dr. Randolph H. Guthrie	1.00									
Trustee		Х						0.	0.	0.
(53) Mrs. Randolph H. Guthrie	1.00						Ė			
Trustee		X					4	0.	0.	0.
(54) Mr. Oliver Harrison Quinn	1.00					•		***		
Trustee		Х						0.	0.	0.
(55) Mrs. David H. Scaff	1.00			<u>a</u>	V					
TRustee		Х				4		0.	0.	0.
(56) Mrs. Patrick Henry	1.00	A			-	,				
Trustee		A						0.	0.	0.
(57) Mr. Patrick Henry	1.00	-								
Trustee		X	*					0.	0.	0.
(58) Mrs. Barry Hoyt	1.00							* · · · · · · · · · · · · · · · · · · ·		
Trustee		Х						0.	0.	0.
(59) Mr. Barry Hoyt	.00				寸					
Trustee		х		ĺ				0.	0.	0.
(60) Mr. J. Peter Lyons	1.00	-			$\dashv$	$\dashv$		<b>V</b> -	* -	
Trustee		х						0.	0.	0.
(61) Mrs. J. Peter Lyons	1.00				ᅱ	$\dashv$		<b>.</b>		
Trustee	1.00	x						0.	0.	0.
(62) Mrs. Ellen Hassenfeld Block	1.00	-11			$\dashv$		-	0.		V •
Trustee	1.00	х			İ			0.	0.	0.
(63) Mr. William H. Mann	1.00	7,7	$\dashv$		$\dashv$	$\dashv$	_	0.		<u> </u>
Trustee	1.00	x						0.	0.	0.
	1.00	Λ						V•	V•	<u> </u>
(64) Mrs, William H. Mann	1.00	v						۸	0.	Λ
Trustee	1 00	Х						0.		0.
(65) Mrs. Meredith Townsend	1.00	Ţ,						_	۱ ,	^
Trustee	1 00	Х	_	$\dashv$	$\rightarrow$	_		0.	0.	0.
(66) Mrs. Betsy K. Matthews	1.00	ا رٍ إ						_	_	^
Trustee		X	İ					0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 The Soci									59-045	4318
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	es, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours				C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(67) Mrs. William Matthews Trustee	1.00	Х						0.	0.	0.
(68) Mr. William Matthews Trustee	1.00	Х						0.	0.	0.
(69) Mr. Gilbert C. Maurer Trustee	1.00	x						0.	0.	0.
(70) Mrs. Gilbert C. Maurer Trustee	1.00	х						A.	0.	0.
(71) Mrs. John J. McAtee, Jr. Trustee	1.00	x							0.	0.
(72) Mr. John J. McAtee, Jr. Trustee	1.00	х						0.	0.	0.
(73) Mr. Levertt S. Miller	1.00	x					Comments.	0.	0.	0.
(74) Mrs. Levertt S. Miller Trustee	1.00	X				>	•	0.	0.	0.
(75) Mr. Ambrose K. Monell Trustee	1.00	X		A	N			0.	0.	0.
(76) Mr. Dudley L. Moore, Jr. Trustee	1.00			4				0.	0.	0.
(77) Mrs. Dudley L. Moore, Jr.	1.00	V						0.	0.	0.
Trustee (78) Mrs. Mary M. Morse	1.00	X								
Trustee (79) Mr. Peter N. Geisler, Jr.	.00	X						0.	0.	0.
Trustee (80) Mr. David Ober	1.00	X						0.	0.	0.
Trustee (81) Miss Clare O'Keeffe	1.00	Х						0.	0.	0.
Trustee (82) Ms. Louis O. Hilton	1.00	X					-	0.	0.	0.
Trustee (83) Mrs. William G. Pannill	1.00	Х						0.	0.	0.
Trustee (84) Mr. Nicholas Papanicolaou	1.00	х		_				0.	0.	0.
Trustee (85) Mrs. Nicholas Papanicolaou	1.00	Х				-		0.	0.	0.
Trustee		x			_	_		0.	0.	0.
(86) Mr. John Pohanka Trustee	1.00	х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 The Soci	lety of	the	e ]	Fοτ	ır	Αı	rt	s, Inc.	59-045	4318
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	es, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)	Τ	_		2)			(D)	(E)	(F)
Name and title	Average			Pos	-	ı		Reportable	Reportable	Estimated
	hours	(c		k all			ly)	compensation	compensation	amount of
	per	Ė					Ė	from	from related	other
	week	_	i			oyee		the	organizations	compensation
	(list any	irec to				ешрі		organization	(W-2/1099-MISC)	from the
	hours for	0.0	蠫			sateg		(W-2/1099-MISC)		organization
	related organizations	trustee or director	1 trus		99	uadu				and related organizations
	below	dual	rtio ma		(old m	St CO	-			Organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) Mrs. John Pohanka	1.00									
Trustee		X						0.	0.	0.
(88) Mr. Thomas Quick	1.00	T								-
Trustee		Х						0.	0.	0.
(89) Mrs. Wiley R. Reynolds	1.00	<b>!</b>								
Trustee		x						0.	0.	0.
(90) Mrs. David B. Robb, Jr.	1.00	<b></b>						<u> </u>		
Trustee		X						<b> </b>	0.	0.
(91) Mr. David B. Robb, Jr.	1.00									
Trustee		X						<b>₩</b> .	0.	0.
(92) Mrs. Doyle Rogers	1.00									
Trustee		Х						0.	0.	0.
(93) Mr. Doyle Rogers	1.00						Î			
Trustee		X						0.	0.	0.
(94) Mrs. John B. Rogers	1.00					<b>&gt;</b>		#		
Trustee		Х						0.	0.	0.
(95) Mr. John B. Rogers	1.00				V			_	_	_
Trustee		Х				4000	<i>*</i>	0.	0.	0.
(96) Mrs. Philip E. Ruppe	1.00				7	·				
Trustee	4	A						0.	0.	0.
(97) Hon. Philip E, Ruppe	1.00					İ		_	_	_
Trustee		X						0.	0.	0.
(98) Mr. John H. Schuler	1.00							_	_	_
Trustee		X			_			0.	0.	0.
(99) Mrs. John H. Schuler	.00									_
Trustee	· ·	Х						0.	0.	0.
(100) Mr. William Soter	1.00									
Trustee	Y 4 00	Х			_			0.	0.	0.
(101) Mrs. William Soter	1.00	, ,								0
Trustee	1 00	Х	_		_			0.	0.	0.
(102) Mr. William H. Told, Jr.	1.00	٦,						0	ا م	0
Trustee	1 00	X			_	_		0.	0.	0.
(103) Mrs. William H. Told, Jr.	1.00	<b>v</b>			ı			0		0
Trustee	1 00	X						0.	0.	0.
(104) Mr. Robert L. Sterling, Jr.	1.00							۸	_	٥
Trustee	1 00	Х			_		_	0.	0.	0.
(105) Mrs. Robert L. Sterling, Jr.	1.00	, l				i		0	ا م	0
Trustee	1 00	Х		-	$\dashv$	-	-	0.	0.	0.
(106) Mr. Robert K. Wood	1.00	x	l					0.	0.	0.
Trustee	<u> </u>	Λ		1				<b>∪.</b>	U•	· · ·
									ļ	
Total to Part VII, Section A, line 1c										

Form 990 The Soci	ety of	th	e 1	Fot	ır	Αı	ct:	s, Inc.	59-045	4318			
Part VII Section A. Officers, Directors, Tru	ustees, Key E	mple	oyee	es, a	nd l	ligh	est	Compensated Employ	rees (continued)				
(A) (B) (C) (D) (E) (F)													
Name and title	Average			Posi	ition	ı		Reportable	Reportable	Estimated			
	hours	(c	hecl	k all t	that	арр	ly)	compensation	compensation	amount of			
	per		<u> </u>	T	I	Ī		from	from related	other			
	week	<u> </u>				loyee		the	organizations	compensation			
	(list any hours for	or director				ша		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	related	310 8	aa			satec		(44-27 1099-14130)		and related			
	organizations	trustee	nstitutional trustee		966	Highest compensated employee				organizations			
	below	Individual	ution	<u>_</u>	Key employee	est co	ᇤ			· ·			
	line)	Indiv	listi	Officer	Key	量	Former						
(107) Mrs. Robert K. Wood	1.00	Π											
Trustee		X						0.	0.	0.			
(108) Amb. W.L. Lyons Brown	1.00												
Trustee		X						0.	0.	0.			
(109) Mrs. W.L. Lyons Brown	1.00												
Trustee		X						0.	0.	0.			
(110) Mr. George Cohon	1.00	$\vdash$						A					
Trustee		Х						<b>/</b> å.	0.	0.			
(111) Mrs. George Cohon	1.00	Г	_										
Trustee		X			`			( <b>1</b> 0.	0.1	0.			
(112) Mr. Marvin H. Davidsion	1.00												
Trustee		Х						0.	0.	0.			
(113) Mrs. Marvin H. Davidson	1.00						ŧ						
Trustee		X					-	0.	0.	0.			
(114) Mr. Sam Hunt	1.00												
Trustee		Х						0.	0.	0.			
(115) Mrs. Sam Hunt	1.00	ļ			T.	7							
Trustee		X				<b>A</b>		0.	0.	0.			
(116) Mr. Leonard A. Lauder	1.00	4				•							
Trustee	4	A						0.	0.	0.			
(117) Amb. Howard H. Leach	1.90												
Trustee		X	***					0.	0.	0.			
(118) Mrs. Howard H. Leach	1.00					$\neg$							
Trustee		Х						0.	0.	0.			
(119) Mr. Robin B. Martin	.00												
Trustee		Х						0.	0.	0.			
(120) Mrs, Robin B, Martin	1.00												
Trustee	₩	Х						0.	0.	0.			
(121) Mrs. Talbot Maxey	1.00												
Trustee		Х						0.	0.	0.			
(122) Mr. David Hubbard Morrish	1.00												
Trustee		Х						0.	0.	0.			
(123) Mrs. David Hubbard Morrish	1.00												
Trustee		Х						0.	0.	0.			
(126) Mr. Ervin S. Duggan	40.00												
President		Х		X				350,026.	0.	23,015.			
(127) Nancy Mato	40.00												
Exec. Vice President				Х				167,061.	0.	30,030.			
(128) Kathy Mardambek	40.00												
Financial Director				Х				141,020.	0.	32,251.			
Total to Part VII, Section A, line 1c			*****					658,107.		85,296.			

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		Check if Schedule O contains a			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
1	а	Federated campaigns						
		Membership dues		1,477,720.				
[ ·		Fundraising events		13,180.				
	d	Related organizations	. 1d					2020.000
	е	Government grants (contributions)	1e	306,580.			309882	9-96666
	f	All other contributions, gifts, grants, and						8 6 8 6 6
		similar amounts not included above	1f	7,483,137.				
	g	Noncash contributions included in lines 1a-1f: \$		1,453,769.				
3	h	Total. Add lines 1a-1f		<b>&gt;</b>	9,280,617.			
				Business Code				
2 :	_	Sponsored Programs		900099	780,527.	780,527.		
<u>.</u>   1	b	Library Services		900099	367.	367.		
	С					A		
	d							
2	е							
1	f	All other program service revenue					•	
		Total. Add lines 2a-2f			780,894			
3		Investment income (including divide			(			
		other similar amounts)		🕨	69 <b>4</b> 227.			694,22
4		Income from investment of tax-exem	npt bond p	oroceeds 🕨	1			
5		Royalties		<u></u>			·····	
		<u> </u>	Real	(ii) Personal				
6	а	Gross rents	7,800.	n n	( V )			
	b	Less: rental expenses	7,800.	· · ·	\ =			
,	C	Rental income or (loss)	0,					
(	d	Net rental income or (loss)						
7 :	a		ecurities	(ii) Other				
		assets other than inventory 16,6	516,675					
1	b	Less: cost or other basis						
			196, 168	114,819.				
(	C	Gain or (loss)	F10 , 1 .	-114,819.				
1		Net gain or (loss)		<b>&gt;</b>	1,905,288.	minus (Alandara) ann ann an ann an an an an an an an an	Same Same Same Same	1,905,28
8 8	а	Gross income from fundraising even						
		including \$13,180.						
		contributions reported on line 10/15						
1		Part IV, line 18		34,956.				
	b	Less: direct expenses	b	21,224.				
0	С	Net income or (loss) from fundraising	j events	<b>&gt;</b>	13,732.			13,73
9 a		Gross income from gaming activities						
		Part IV, line 19						
1		Less: direct expenses						
	С	Net income or (loss) from gaming ac	tivities	<b>b</b>				
10 a		Gross sales of inventory, less returns						
1		and allowances		<u> </u>				
t	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inv	entory	<b>&gt;</b>				
		Miscellaneous Revenue		Business Code				
11 8		Miscellaneous		900099	2,651.			2,651
t	b	Change in P.V. Split Int. A	g	900099	-134,583.			-134,583
	C							
(	d	All other revenue						
6	е	Total. Add lines 11a-11d		<b>F</b>	-131,932.			
		Total revenue. See instructions.		. г	12,542,826.	780,894.	0.	2,481,315

	Check if Schedule O contains a respon	<i>piete all columns. Ali oth</i> se or note to anv line in			
	not include amounts reported on lines 6b, 8b, 9b, 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				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,	604 653	426 062	160 005	00 555
	trustees, and key employees	694,673.	436,863.	168,235.	89,575
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (00 112	1 011 040	206 026	010 507
7	Other salaries and wages	1,620,443.	1,011,840.	396,036.	212,567
8	Pension plan accruais and contributions (include	101 000	77 60	20 200	12 (20
	section 401(k) and 403(b) employer contributions)	121,800.	77, <b>88%.</b> 104,962	30,298.	13,620
9	Other employee benefits	157,051.		33,150.	18,939
10	Payroll taxes	168,381.	100, 189.	38,054.	20,338
11	Fees for services (non-employees):		A /		
a		26 116	100 220	0 470	0 417
	Legal	36,116.	18,229. 15,467.	9,470.	8,417 7,142
	Accounting	30,645	15,46/.	0,030.	7,144
d	, o <del>-</del>				
e	Professional fundraising services. See Part IV, line 17	60,477.	<b>\</b>	68,477.	
f	Investment management fees	<b>Q</b> 3 , 4 / / • !	,	00,477.	
g	•	309 327.	156,126.	81,109.	72,092
	column (A) amount, list line 11g expenses on Sch O.)	210,415.	203,928.	6,487.	12,032
12	Advertising and promotion	254,360.	150,719.	67,940.	35,701
13	Office expenses	231,300.	130,713.	01,5±0.	33,101
14 15	Information technology				
	Royalties	1,004,957.	738,019.	189,190.	77,748
16 17	Occupancy	20,042.	12,052.	4,321.	3,669
18	Payments of travel or entertainment expenses	20,012.	12,0321	1,0224	3,000
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,016.	6,016.		
21	Payments to affiliates	-,	- /		
22	Depreciation, depletion, and amortization	1,169,128.	1,024,208.	107,112.	37,808
23	Inguisance	108,938.	49,163.	39,328.	20,447
24	Other expenses, Itemize expenses not covered		,		,
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Sponsored Activities	1,320,715.	1,303,651.	5,939.	11,125.
b	Artwork	431,050.	424,840.	6,210.	
c	Catering and Events	303,040.	203,917.	56,356.	42,767
ď	Supplies	113,254.	72,721.	28,663.	11,870.
	All other expenses	125,336.	131,951.	9,429.	-16,044
25	Total functional expenses. Add lines 1 through 24e	8,274,164.	6,252,543.	1,353,840.	667,781.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	0.
	2	Savings and temporary cash investments	2,427,499.	2	3,362,166.
	3	Pledges and grants receivable, net	3,081,133.	3	1,233,608.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		8 6	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		Section 1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		S (35)	
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5 <b>0 2</b> , 934.	9	499,782.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 40,545,931.			
	b	Less: accumulated depreciation 10b 9,645,099.	31,691,752.	10c	30,900,832.
	11	investments - publicly traded securities	31,825,029.	11	35,071,450.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	. 🗸	14	
	15	Other assets. See Part IV, line 11	1,098,287.	15	788,768.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	70,127,634.	16	71,856,606.
	17	Accounts payable and accrued expenses	193,764.	17	610,201.
	18	Grants payable		18	
	19	Deferred revenue		19	534,776.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	E. S. O. Lama, Production of the Production Conference on the conference of the conf	21	and the second section of the section of the s
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	4 400 005	22	
_	23	Secured mortgages and notes payable to inrelated third parties	1,193,235.	23	0.
	24	Unsecured notes and loans payable to make atted third parties		24	
	25	Other liabilities (including forest income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	020 400		1 005 706
	•	Schedule D	930,488.		1,025,726.
	26	Total liabilities. Add lines 17 through 25	2,317,487.	26	2,170,703.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	12 070 767		AC 100 707
ä	27	Unrestricted net assets	42,079,767.	27	46,188,727.
Ва	28	Temporarily restricted net assets	24,730,380. 1,000,000.	28	22,274,415. 1,222,761.
ū	29	Permanently restricted net assets	1,000,000.	29	1,222,701.
됴		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	67,810,147.	32	69,685,903.
_	33	Total net assets or fund balances	70,127,634.	33	71,856,606.
	34	Total liabilities and net assets/fund balances	/U, LZ/, UJ4+	34	
					Form <b>990</b> (2014

Forn	m 990 (2014) The Society of the Four Arts, Inc.	59-	0454318	Page 12
Pa	rt 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	12,542	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,274	,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,268	,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,810	<u>,147.</u>
5	Net unrealized gains (losses) on investments	5	-2,392	<u>,906.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	69,685	,903.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			LXJ
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in schedule	O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		555
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		······ <u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year vere audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an interpendent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit	
	Act and OMB Circular A-133?		3a	X
þ				
	or audits, explain why in Schedule O and desquibe any steps taken to undergo such audits			
			Earm Q	On root (I)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection Employer identification number

		The	Society of	the Four Ar	rts, I	nc.		' 5	9-0454318
Pa	irt I	Reason for Public					ee instructions	3.	
Γhe	organ	zation is not a private found							
1		A church, convention of ch							
		·	·		d ar section	)(0,0)(	1)(~)(1)-		
2	H	A school described in sect		•		04 V4V4V	***		
3		A hospital or a cooperative	. •				•	em = .	15 2 17 27
4		A medical research organiz	ation operated in co	njunction with a hospita	il describe	d in sectio	n 170(b)(1)(A)	(III). Enter	tne nospital's name,
		city, and state:						-,,	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ited by a g	ovemmental u	nit descrit	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma	illy receives a substa	ntial part of its support	from a gov	/emmenta	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				A		
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma				contribut	ns. members	hio fees, a	and aross receipts from
-		activities related to its exer				191.	AG A.		
		income and unrelated busi							
		See section 509(a)(2). (Col		(less section of ritax) in	OH Dusine		alree by the ort	gainzauoi i	arter danc co, 1070.
40		An organization organized:		hach to took for public or	Ø oc2dvdecoo		20/2//4)		
10		An organization organized :							numbered of one or
11									
		more publicly supported or							vueck fue box in
		lines 11a through 11d that		W. #	48%				
a	L	Type I. A supporting orga		APU.	ent (II)				
		the supported organization			a majority	of the dire	ctors or truste	es of the s	upporting
		organization. <b>You must</b> o	•	AND TO SERVICE					
b	L	Type II. A supporting org		. v 1080.					
		control or management o			ame perso	ons that co	ontrol or manaç	ge the sup	ported
		organization(s). You mus	t complete Part I	Segtions A and C.					
C		Type III functionally inte	grated. A supportin	g anization operated	in connec	tion with,	and functionall	y integrate	ed with,
		its supported organizatio	n(s) (see imstruction)	You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/integrated Astipp	orting organization oper	rated in co	nnection v	vith its support	ted organi	zation(s)
		that is not functionally int	egrated The meaniz	ation generally must sa	tisfy a dist	ribution re	quirement and	an attenti	iveness
		requirement (see instruct	W9489*						
е		Check this box if the org	F 100 100					II, Type III	
		functionally integrated, or	NA M				31 / 31	- ,,	
f	Ente	r the number of supported o		, 5	5 5				
. u		ide the following information		d organization(s).		***********			
- 5		Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of I	monetary	(vi) Amount of
		organization		(described on lines 1.9		in your document?	support (	see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructio	ons)	Instructions)
				(See Histiructional)		<b></b>			
						5555			
						5 5 5 6			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9296643.	13782051.	8204571.	7807882.	5521727.	44612874.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			_			
4	Total. Add lines 1 through 3	9296643.	13782051.	8204571.	7807882.	5521727.	44612874.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				A		
	supported organization) included					65 25 48 25 43 FB	
	on line 1 that exceeds 2% of the				$\sim 1$	3.0 5.0 5.0	
	amount shown on line 11,						
	column (f)				V		3340751.
6	Public support. Subtract line 5 from line 4.				•		41272123.
	ction B. Total Support			<b>A</b>			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 20 R	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	9296643.	13782051.	8204571.	7807882.	5521727.	44612874.
	Gross income from interest,		•				
	dividends, payments received on			<b>( )</b>			
	securities loans, rents, royalties						
	and income from similar sources	648,134.	847,538	<b>♦</b> 679,190.	796,070.	702,027.	3672959.
9	Net income from unrelated business						
	activities, whether or not the		<b>,</b>				
	business is regularly carried on						
10	Other income. Do not include gain		\$				1
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5 4.	2,039.	6,824.			16,407.
11	Total support. Add lines 7 through 10						48302240.
12	Gross receipts from related activities,	etc. see instruction	ons)			12 4	,138,656.
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	19 -					<b>&gt;</b>
Sec	tion C. Computation of Publ	C Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	85 <b>.4</b> 5 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	87.14 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			<b>\</b> X
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	J					
	organization meets the "facts-and-circ	cumstances" test.	The organization o	<sub> </sub> ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organizatio		-				
						dule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on fine 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. P.	ublic Support						
Calendar year (or	fiscal year beginning in) ⊳	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants	, contributions, and		·				
membership	fees received. (Do not						
include any	"unusual grants.")						<u> </u>
2 Gross receip	ots from admissions,		***************************************				
	e sold or services per-						
	acilities furnished in that is related to the						
	's tax-exempt purpose						<u></u>
3 Gross receip	ots from activities that						
are not an u	nrelated trade or bus-						
iness under	section 513						
4 Tax revenue	s levied for the organ-						
izatìon's ber	efit and either paid to						
or expended	f on its behalf				A		
5 The value of	services or facilities						
furnished by	a governmental unit to						
the organiza	tion without charge						
6 Total. Add li	nes 1 through 5						
7a Amounts inc	luded on lines 1, 2, and				400		
3 received fr	om disqualified persons						
	ed on lines 2 and 3 received						
	disqualified persons that ter of \$5,000 or 1% of the			* *			
	3 for the year		€				
	and 7b		<u> </u>	V			
	ort (Subtract line 7c from line 6.)		1				
Section B. To				<b>&amp;</b>			
Calendar year (or f	iscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts fro	m line 6		<b>, ,</b>				
10a Gross incom			À	<u> </u>			
	ayments received on ans, rents, royalties						
and income	from similar sources		•				
	iness taxable income	AV					
(less section 5	i11 taxes) from businesses						
acquired after	June 30, 1975						
c Add lines 10	a and 10b						
	from unrelated busines						
	included in line 10b, ot the business is						
regularly car							
	e. Do not include gain						
	the sale of capital						
	(Add lines 9, 10c, 11, and 12.)						
	ars. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiza	ation,
			,		•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
	mputation of Publ						
15 Public suppo	ort percentage for 2014 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	ort percentage from 2013					16	%
	omputation of Inves						
17 Investment i	ncome percentage for 20	14 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	%
	ncome percentage from 2					18	%
	port tests - 2014. If the					3 1/3%, and line 1	7 is not
	3 1/3%, check this box ar						▶□
	port tests - 2013. If the	·-	- ,				ınd
	more than 33 1/3%, che	•					
	dation. If the organization						

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the oreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRB determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 decument authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing documents.
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether the fire of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- 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.)

Delinizing construct	Yes	No
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7 8 9a		
7 8 9a		
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7 8 9a 9b		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental	7) 2014 The Soc Information. Provi	de the explana	ations required t	by Part II, line	10; Part II, line	17a or 17b; and	454318 Page Part III, line 12.
F	lso complete this	part for any additional	information. (S	See instructions	).			
Schedul	e A, List	of Unusual	Grants	Receive	:d:			
Descrip	tion: Cas	h						
	5/15/15	Amount:	37588	9.0				
bace. o	3/13/13	THROUTE.	57500	<i>5</i> <b>.</b>				
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2014

Employer identification number

Tì	ne Society of the Four Arts, Inc.	59-0454318
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
X For an organization	n described in section 5(1)(c)(3) illag Form 990 or 990 EZ that met the 33 1/3% support	t test of the regulations under
sections 509(a)(1) any one contributo	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, sotal contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Paris tame II.	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mater the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because in etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., it received <i>nonexclusively</i>
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forth filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

Manie of org	ganization		Employer recitation number
The So	ociety of the Four Arts, Inc.		59-0454318
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZfP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$3,758,8	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$ 25,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
3		\$ 306,5	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIR+ 4	(c) Total contribution	(d)  Type of contribution
4		-   \$\$	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5		s <u>1,004,9</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)
Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Person Payroll Noncash

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

(c)

**Total contributions** 

Employer identification number

### The Society of the Four Arts, Inc.

59-0454318

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	Common Stock: 4,500 shs. of Hasbro, Inc.		
		\$ 267,345.	04/09/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Common Stock: 18,900 shs. of Franklin Resources, Inc.	004,990.	06/04/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	90, 990-EZ, or 990-PF) (

Name of or	ganization		Employer identification number						
The S	ociety of the Four Art	s, Inc.	59-0454318						
Part III	Exclusively feligious, charitable, etc., che year from any one contributor. Comple completing Part III, enter the total of exclusively religious descriptions of Part III if additional additional and the complex of the contribution of the contribu	ious, charitable, etc., contributions of \$1,000 or	59-0454318  In section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year. (Enter this info. once.)  \$ \int \frac{59-0454318}{\text{base}} =						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee						
			A						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee						
	Transfer of Training address;								
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
<u> </u>	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee						
i i									

423454 11-05-14

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at 

WWW.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization The Society of the Four Arts, 59-0454318 Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990 art IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of abjistorically important land area Protection of natural habitat Preservation a contified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure include d Number of conservation easements included in (c) acquired after 8/17/Q6, and not on a historic structure listed in the National Register leased, extinguished, or terminated by the organization during the tax Number of conservation easements modified, transferred Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to mentioning inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring associating, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 The Soc	iety of th	e Foi	ur Art	s, Inc	:		59-0	454318	3 Page <b>2</b>
Pa	rt III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	er Siı	milar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	at are a s	signific	ant use of	its collection	ı items
	(check all that apply):									
а	X Public exhibition	đ	· Ll	oan or exc	hange progr	ams				
þ	Scholarly research	e	. Ш	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further tl	ne organizat	ion's exe	empt p	urpose in F	Part 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 X No									
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for o	contribution	s or other a	ssets no	t includ	ied ,		
	on Form 990, Part X?							l	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing to	able:						
									Amount	
c	Beginning balance						1	С		
d	Additions during the year						[_1	q		
e	Distributions during the year					<b>A</b>	1	e		
f	Ending balance						└	lf		
	Did the organization include an amount on Fe				63	- TO	ility? .	L	Yes	∐ No
***	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i				-8			·· ·· ·· · · · · · · · · · · · · · · ·	. 1	
		(a) Current year		ior year	(c) wo yea		<u> </u>	ree years bai		years back
1a	Beginning of year balance	36,637,601.		704,380.		7,930.		2,370,00		844,786.
b	Contributions	854,369.		476,266	W	4,910.		8,928,69		188,482.
С	Net investment earnings, gains, and losses	117,858.	4	612,332.	₹ 3,48	5,441.	-678,572.		2. 3,	830,438.
d	Grants or scholarships		<u> </u>		· · · · ·					
е	Other expenditures for facilities		A.							004 565
	and programs	7,059,984.		837,268.	.,	8,682.	3,896,079			201,767.
f	Administrative expenses	64,041.		318,099.		5,229.	306,113.			291,938.
g	End of year balance	30,485,113.		637,601.		4,370.	3	6,417,93	0. 32,	370,001.
2	Provide the estimated percentage of the curr	ent year and balanc	•	ı, column (a	)) held as:					
a	Board designated or quasi endowment	<u>₹1</u> , 56	_%							
b	Permanent endowment  4.01	<b>*</b>								
C		4 4 %								
_	The percentages in lines 2a, 2b, and 2c, no	WS.								
За	Are there endowment funds not in the posses	of the organiza	ition that	are held ar	nd administe	erea for t	ne org	anization	Г	v 1 N-
	by:									Yes No
	(i) unrelated organizations								3a(i)	$\frac{x}{x}$
1-		المعادية والمعادية								— A
	If "Yes" to 3a(ii), are the related organizations							·····	3b	
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	inus.						
I al	, , , , , , , , , , , , , , , , , , , ,		Dort IV	lina 11a Ca	o Form 000	Dort V	line 10			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value									
	Description of property	(a) Cost or ot		basis (a)		٠,	ccumu preciat	1	(d) Book	value
	I 4	basis (investm	ent)	,	0,668.	uel	oi coidt	IOH	3 0//	,668.
	Land				2,738.	7 /	ገደባ	569.	25,853	
	Buildings			34,34	4,130+	1 ,	, ,		<u>دی, دی</u>	, 100
	Leasehold improvements				3,242.		37	780.	2 ⊏	,462.
	Equipment		+			2 1				
	e Other 4,489,283. 2,517,750. 1,971,533. btal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c. 30,900,832.									
rutal	. Add mies ta milough te. (Columni (d) must et	juuri Omi 330, Fail i	n, coluiti	1 (D); III G I (	,					,

Schedule D (Form 990) 2014 The Society of	the Four	Arts Inc.		59-0454318 Page
Schedule D (Form 990) 2014 The Society of Part VIII Investments - Other Securities.	CHC TOUL	neco, ano.		JO GIOLOLO Page
Complete if the organization answered "Yes" to Form	n 990 Part IV line 1	11h See Form 990	Part X line 12	
	) Book value			r end-of-year market value
(1) Financial derivatives		. ,		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				M
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to Form	n 990, Part IV, line 1	1c. See Form 990,	Part X, line 13.	
	) Book value			end-of-year market value
(1)		4		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<b>*</b>		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	N V			
Part IX Other Assets.				
Complete if the organization answered "Yes" to Form		1d. See Form 990,	Part X, line 15.	
(a) Desgrip	tion			(b) Book value
(1)				
(2)				
(3)				,,,,,,,
(4)				
(5)		THE THE THE THE THE THE THE THE THE THE		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X Other Liabilities.				
Complete if the organization answered "Yes" to Form			1990, Part X, line	25.
1. (a) Description of liability	(	b) Book value		
(1) Federal income taxes				
(2) Deferred Compensation		1,025,726.		
(3)				

(4) (5) (7) (8) 1,025,726. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

The Society has developed policies for the stewardship of the collection following the guidelines of the American Association of Museums. To be

432054 | Schedule D (Form 990) 201

Part XIII | Supplemental Information (continued)

considered for the collection, the item should be related to the collection as it now exists, the item should be high quality, and the item must be appropriate to the existing body of work in the area to be placed. The Society also considers the special requirements for storage and exhibition. If the item is to be donated, the donor shall also be willing to make an unrestricted gift.

To be considered for sale, the Society must determine it is unable to properly care for the object, or it is determined there is a marked discrepancy between the cost of the conservation and the aesthetic, historical, or financial value of the object. Objects of markedly inferior quality, either intrinsically or relatively in comparison with other objects of the same type in the collection may be considered for sale. Also, objects now determined to lack relevance to the collection may be considered for sale. In any sale or disposal of collections items, the appropriate level of approvational mast be obtained and the proceeds from the sale are designated for acquisition or direct care of the collection.

The fair value of the offlection objects acquired by gift for which the Society can make a reasonable estimate or obtain appraisals are not reported as contribution revenue in the statement of activities because the collection is not capitalized.

Proceeds from the sale of collection items, if any, are reported as an increase in unrestricted net assets.

Part III, line 4:

The sculpture garden with works of art by internationally known artists

Schedule D (Form 990) 2014

432055 10-01-14

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	bout Schedule G (Form 990 or 990-E2	() and its instri	uctions is at www.irs.c	Employer ide	entification number
The Soc	iety of the Four	Arts, I	Inc.	59-0454	:318
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ</li> <li>t.</li> </ul>	ered "Yes" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	! filers are not
Indicate whether the organization rais	e Soliciti f Soliciti g Special or oral agreement with any individual art VII) or entity in connection with ividuals or entities (fundraisers) pur	ation of non-g ation of gover al fundraising al (including o professional	povernment grants rnment grants events officers, directors, tru fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receips from Circliv	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contributions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or 990-l	EZ. S	chedule G (Form 9	90 or 990-EZ) 2014

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 The Society of the Four Arts, Inc. 59-	0454318 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	. 13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name ►	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
A	
Name	
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10b, 15b,
	·····

modulo d	i (Porm 990 or 990-EZ)	THE DOCTORY	OL OHO IO	<u> </u>		-0454318 Pa
art IV	Supplemental In	The Society formation (continued)				
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				·		Amount 11 - 12 - 11 - 11 - 12 - 11 - 12 - 11 - 12 - 11 - 12 - 11 - 12 - 11 - 12 - 11 - 12 -

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

The Society of the Four Arts, Inc.

59-0454318

Employer identification number

P	art I Questions Regarding Compensation			
			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ļ		
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	. 2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	: 
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	. <u>5</u> a		<u>X</u>
b	Any related organization?	. 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ζK
	contingent on the net earnings of:			
а	The organization?	. <u>6a</u>		<u>X</u> _
b	Any related organization?	6b	300 1	X
_	If "Yes" to line 6a or 6b, describe in Part III.			A.A.
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	12.73	3.99	"李宁的" ***
_	not described in lines 5 and 6? If "Yes," describe in Part III			<u>X</u>
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	\$27A	STREET,	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		e statue de	<u>X</u>
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1883	海 (4	
	Regulations section 53.4958-6(c)?	9		
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	J (Form	990) 2	2014
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule			
	•			



The Society of the Four Arts, Inc. Schedule J (Form 990) 2014

59-0454318

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of M	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior Form 990
Ervin S. Duggan	0 292,739.	39,787.	0	27,500.	0.	360,026.	0
President			0		0	0.	0
	152,01	8,250.	0	16,80	20,030.	197.091.	0.
Exec. Vice President	(ii) 0.		0		4		0
bek	() 128,736.	7,977.	0	15,600.	6.651.	158.96	
Financial Director	(ii) 0 •		0		4		0
	(0)						
	(ii)						
	0)					in the second se	
	(3)						
	0						
	(8)						
	0)						***************************************
	(ii)						
	0						
	(E)						
	0					A CONTRACTOR OF THE CONTRACTOR	
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	0						
	(ii)						
	(9)						
	(i)						
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	Ü						
	0)						
	(ii)						
	(0)						
)	(ii)						
	6	,					
)	(E)						
	0						
)	(ii)						
432112 10-13-14						Schedu	Schedule J (Form 990) 2014

Soriedule J(Form 990) 2014 The Society of the Four Arts, Inc.	59-0454318 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a. 6b. 7, and 8, and for Part II also commissions the part II.	
	iso comprete uns part for any additional information.
Part I, Line 4b:	
Evin S. Duggan, President - 457 Plan:\$17,500	
Nancy Mato, Executive Vice President - 457 Plan: \$6,800	THE PARTY OF THE P
Kathy Mardambek, Finance Director - 457 Plan: \$5,600	
620440	Schedule J (Form 990) 2014
10-78-14 10-78-14	

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Employer identification number

The Society of the Four Arts, Inc.

59-0454318

Pa	rt I Types of Property					· •
- 1.00 April 200		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications			***************************************		
5	Clothing and household goods					
6	Cars and other vehicles	<u> </u>				
7	Boats and planes					-
8	Intellectual property			A		
9	Securities - Publicly traded	X	17	1,428,589	Public Exch	ange
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other		<b>A</b>			
15	Real estate - Residential					
16	Real estate - Commercial		V			
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	11	16,680.	Retail Valu	e
20	Drugs and medical supplies					
21	Taxidermy			·		
22	Historical artifacts					
23	Scientific specimens			·		
24	Archeological artifacts	X				
25	Archeological artifacts Other ► (Misc. Gifts &	X	3	8,500.	Retail Valu	e
26	Other (					
27	Other (					
28	Other ► (					
29	Number of Forms 8283 received by the organization		•			
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement29		
						Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it	
	must hold for at least three years from the date		•	•		
	exempt purposes for the entire holding period?	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any non-standard contribu	ıtions?	31 X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash		
	contributions?		•••••			32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	eckeđ,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990	<b>)</b> .	Schedule M (	Form 990) (2014)

Part II		The Society c	or one rour			59-0454318	Pag
	Supplemental I	Information. Provide	the information requ	ired by Part I, lir	nes 30b, 32b, and	33, and whether the organization of both. Also com	ation
	is reporting in Part I	, column (b), the number	of contributions, the	number of item	ns received, or a c	ombination of both. Also com	plete
	and part for diffy date						
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				Website To the Control of the Contro			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Society of the Four Arts, Inc.

Employer identification number 59-0454318

Form 990, Part I, Line 1, Description of Organization Mission:
operatic or dramatic presentations, concerts, lectures, exhibits of the
visual arts, and other entertainments. To bring into communication with
each other all those who desire to elevate the standard of the arts,
and to promote and create the enjoyment of the arts.
Form 990, Part III, Line 4a, Program Service Accomp Ashments:
broadcasts from the Metropolitan Opera are offered on Saturdays. Many
exhibitions and concerts are accompanied by lectures and gallery talks,
and the Society's multi-acre gardens - botanical display gardens and a
two-acre sculpture garden - are open to the public year-round, free of
charge. Attendance for the events was 47,380.
For the fiscal year ending June 30, 2015, the following events were
provided:
Exhibits (2)
O'Keffe Speaker Series (14)
Concerts (18)
Met. Opera (15)
Bolshoi & Nutcracker (5)
NTL (6)
Films (17)
Form 990, Part III, Line 4b, Program Service Accomplishments:

Children's Library (214)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization The Society of the Four Arts, Inc.	Employer identification number 59-0454318
Exhibits (1)	
King Library (91)	
Form 990, Part III, Line 4c, Program Service Accomplishme	nts:
COL (314)	
Form 990, Part III, Line 4d, Other Program Services:	
The Four Arts gardens were founded in the 1930s, when man	y visitors and
new residents were unfamiliar with the subtropical flora	of South
Florida. The gardens were designed to demonstrate the va	rieties of
horticulture possible in the region. The horticultural di	splay gardens
feature seven separate sections ranging from a Chinese-st	
garden to a formal colonial garden to a Spanish garden ag	ainst a
Mediterranean-revival facade and showcasing an antique Sp	anish well.
The gardens are maintained by the Carden Club of Palm Bea	ch.
Immediately adjacent, the two cre Philip Hulitar sculptu	re garden,
which displays an encyclopedic collection of American and	
sculpture and functions as a public park for Palm Beach,	
showcase for subtropical horticulture, a social gathering	place, and a
venue for cultural events. The gardens are open to the pu	blic
year-round, free of charge.	
Expenses \$ 1,095,696. including grants of \$ 0. Revenu	e \$ 5,300.
Other programs and services.	
Expenses \$ 0. including grants of \$ 0. Revenue \$ 14,4	29.
Form 990, Part VI, Section A, line 2:	

Name of the organization

The Society of the Four Arts, Inc.

Employer identification number 59-0454318

Form 990, Part VI, Section A, line 6:

The organization has members that pay a membership fee and entitle them to a right to vote for organization officers.

Form 990, Part VI, Section A, line 7a:

Members receive voting proxies every February and a quorum number is determined to count and approve the officers. This occurs at the annual meeting in which members may attend.

Form 990, Part VI, Section A, line 7b:

Members are entitled to vote for the organization officers.

Form 990, Part VI, Section B, line 11:

The Form 990 is reviewed by the audit and executive committee and is made available to the trustees before it is filed.

Form 990, Part VI, Section B, Line 12c:

Each board member is required to sign a conflict of interest statement and disclose potential conflicts of interest. Potential conflicts of interest are reviewed by the Finance Director and brought to the President's attention.

Form 990, Part VI, Section B, Line 15:

The compensation committee approves reviews the President/CEO salary once a year and compares the salary and benefits to other local non-profit organizations as well as the American Museum Salary Survey.

Name of the organization  The Society of the Fo	our Arts,	Inc.	Employer identification number 59-0454318
The President/CEO reviews the sala:	ry of upp	er management	on an annual
basis.			
Form 990, Part VI, Section C, Line	19:		
The organization makes its governing	ng docume:	nts, conflict	of interest
policy, and financial statements as	vailable	to the public	upon request.
PART XII LINE 2C			
The audit report is reviewed at the	e annual a	audit report r	eview meeting
as presented by the independent aud	litor. The	e process has	not changed
from prior years.			, , , , , , , , , , , , , , , , , , ,
Page 6, Part VI, Section A, Line	<b>**</b>		
Mr. & Mrs. Rand Araskog- fa	aily relat	tionship	
Amb. & Mrs. W.L. Lyons Brown-	n	15	
Mr. & Mrs. Lawrence Beyer	II		
Mr. & Mrs. Curtis Bloke	11	11	
Mr. & Mrs. Denis P. Coleman, Jr	11	11	
Mr. & Mrs. Marvin H. Davidson-	II	п	
Mr. & Mrs. Robert G. Donnelley-	17	<b>?</b> 1	
Amb. & Mrs. Edward E. Elson	n	11	······································
Mr. & Mrs. Joseph P. Flanagan-	21	u	
Mr. & Mrs. Robert L. Forbes-	11	If	
Mr. & Mrs. Peter N. Geisler-	п	н	
Dr. & Mrs. Randolph H. Guthrie-	11	ti	
Mr. & Mrs. Thomas E. Hassen-	ŤI.	17	
Mr. & Mrs. Patrick Henry-	11	li Oakaa	LL 0 (F 000 - 000 000 000 000 000 000 000 000 000
00.07.14		School	lule O (Form 990 or 990-FZ) (2014).

Schedule O (Form 990 or 990-EZ) (2014)			Page 2
Name of the organization  The Society of the I	our Art	s, Inc.	Employer identification number 59-0454318
Mr. & Mrs. Barry Hoyt- fa	amily re	elationship	
Mr. & Mrs. Sam Hunt-	n	11	
Mr. & Mrs. Charles B. Johnson	II	11	
Mr. & Mrs. John D. Koch-	11	17	
Amb. & Mrs. Howard H. Leach-	'n	13	
Mr. & Mrs. J. Peter Lyons-	11	11	
Mr. & Mrs. Lance D. Mahaney-	и	17	
Mr. & Mrs. William H. Mann-	ti	"	
Mr. & Mrs. Robin B. Martin-	11	"	
Mr. & Mrs. William M. Matthews-	If	"	
Mr. & Mrs. Gilbert C. Maurer-	13		
Mr. & Mrs. John J. McAtee, Jr	11		
Mr. & Mrs. Henry P. McIntosh, IV-		71	
Mr. & Mrs. Leverett S. Miller-	II .	11	
Mr. & Mrs. Dudley L. Moore, Jr.	"	н	
Mr. & Mrs. David Hubbard Morrish-	н	н	
Mr. & Mrs. John A. Nyheim	11	TI .	
Mr. & Mrs. Nicholas Papanicolaou-	11	11	
Mr. & Mrs. John J. Pohanka-	If	IF	
Mr. & Mrs. David B. Robb, Jr	II	IX	
Mr. & Mrs. Doyle Rogers-	11	н	
Mr. & Mrs. John B. Rogers-	jt	11	
Hon. & Mrs. Philip E. Ruppe-	11	11	
Mr. & Mrs. David H. Scaff-	11	IF	
Mr. & Mrs. John H. Schuler-	11	11	
Mr. & Mrs. William Soter-	n	11	
Mr. & Mrs. William H. Todd, Jr	ΤΙ	11	
Mr. & Mrs. Robert K. Wood-	11	11	
432212 08-27-14	4.0		hedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No. 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Open to Public Inspection

Section 512(b)(13) controlled Schedule R (Form 990) 2014 Employer identification number 59-0454318 9 N entity? Direct controlling Yes gn answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Direct controlling entity End-of-year assets **©** status (if section Public charity 501(c)(3)) Total income Exempt Code ਉ section Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) The Society of the Four Arts, Inc. Identification of Related Tax-Exempt Organizations Complete if the organizations during the tax year. Primary activity Ð For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Part Partil

59-0454318

Schedule R (Form 990) 2014 The Society of the Four Arts, Inc.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of Independent of the sessets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
				110000000000000000000000000000000000000							
				5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	as a Corpo		omplete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ation answe	red "Yes" on For	rm 990, Parl	IV, line 34	because it had	one or ma	re related
(a) Name, address, and EIN of related organization	<u>Z</u> c	Prime	(b) Primary activity	Legal domicile Direct co (state or en foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
Embassy Corporation - 59-0294178 Four Arts Plaza Palm Beach, FL 33480	78	e He g	a e Holding	The Society of the Four Arts, FL Inc.	Society of Four Arts,	CORP				100%	3
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
										Ç	
432162 08-14-14				52					Schedu	ile R (Forr	Schedule R (Form 990) 2014

59-0454318

Part W Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					207
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		355
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	A:			-t	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				2	×
c Giff, grant, or capital contribution from related organization(s)					×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				10	×
f Dividends from related organization(s)				*	×
(2)				- F	×
	· · · · · · · · · · · · · · · · · · ·	C		F =	i ×
i Exchange of assets with related organization(s)				<b>=</b>	×
j Lease of facilities, equipment, or other assets to related organization(s)	***************************************	) (		F	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	» •		F	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
	tion(s)			-	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
p Reimbursement paid to related organization(s) for expenses				ф.	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)	<b>*</b>			1	×
s Other transfer of cash or property from related organization(s)	4			1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on a	who must complete this line,	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) Embassy Corporation, Inc.	Ä	174,477.	Inter-org. allocation		
(2)			THE PROPERTY OF THE PROPERTY O		
(3)					
(4)		name.	THE PROPERTY OF THE PROPERTY O		
(5)		777 milyasyan adda	TO THE PROPERTY OF THE PROPERT		
(9)					
432163 DB-14-14	53		Schedule	Schedule R (Form 990) 2014	990) 201

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

No. (f) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	micile (a) micile (related, unrelated, recluded from tax under sections 512-514)  ry) sections 512-514)	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.    Primary activity   Legal domicile   Preformant income   Country   Region   Country   Restrict   Restrict   Restric	(e)				
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Schedule R (Form 990) 2014