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)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Dep	artment of	the Treasury ue Service		ocial security numbers o rs. <i>gov/Form990</i> for inst		-	-		0	pen to P Inspecti	
\overline{A}			ar year, or tax year beginning	*	ending						
В	Check if a	pplicable: C Nam	e of organization					D Employe	r identifica	tion number	·
	Address d	hange	FRIENDS C	F THE VISUAL	ARTS						
同	Name cha	nge	g business as WILLAMETT						**22	77	
H		Num	ber and street (or P.O. box if mail is not deliver BOX 7498	ered to street address)		Room/s	suite	E Telephor	number 365-	2011	
님	Initial retur		or town, state or province, country, and ZIP or	foreign postal code				303	303-	<u> </u>	
\sqsubseteq	terminated		LEM	OR 97303				• 0	: (28/	4,030
	Amended	and the same	e and address of principal officer:	OR 37303				G Gross re	ceipis \$		
	Application		INDY NELSON			H(a)	Is this a gro	oup return for	subordinates	? Yes	X No
_			THE HELIOUN			H(b)	Are all sub	ordinates inc	luded?	Yes	☐ No
								attach a list		ctions	_
$\overline{}$	Tay-evem	npt status:	501(c)(3) 501(c) () (ii	nsert no.) 4947(a	a)(1) or 527						
<u>.</u>	Website:		FRIENDSOFVISARTS.		3)(1) 01 321	H(c)	Group exe	mption numb	≏r		
ĸ			Corporation Trust Association	Other		L Year of fo		inpuon numb		of legal domic	ile:
	Part I	Summa		0.00					0.0.10	o. 10ga. do	
	_		the organization's mission or mos	t significant activities:							
a		ARTS ED		g							
Governance	•										
Ĕ	-										
Š	2 (Check this box	if the organization discontinue	d its operations or disp	osed of more than	25% of its	net asse	ts.			
ග න	3 1		ng members of the governing body					١٠	10		
			pendent voting members of the go		line 1b)				57		
Activities	5 7	Fotal number of	f individuals employed in calendar	vear 2022 (Part V. line				. 5	7		
듕	6 7	Fotal number o	f volunteers (estimate if necessary) (a.t t,t				6	0		
⋖	7a T	Total unrelated	business revenue from Part VIII, c	olumn (C) line 12							0
			usiness taxable income from Form					7b			0
	 ~	tot umolutou b		000 1, 1 alt 1, 1110 11.			Prior Yea			Current Year	
40	8 (Contributions ai	nd grants (Part VIII, line 1h)				52	2,173		69	,487
Revenue	9 F	Program service	9:	3,257		138	,714				
eve	10 li	nvestment inco	me (Part VIII, column (A), lines 3,	4, and 7d)				538			16
œ	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8	Bc, 9c, 10c, and 11e)			52	2,117		52	,176
			add lines 8 through 11 (must equ				198	3,085		260	,393
	13 (Grants and sim	ilar amounts paid (Part IX, column	(A), lines 1-3)			28	3,110		20	,000
	14 E	Benefits paid to	or for members (Part IX, column (A) line 4)							0
s	15 9	Salaries, other	compensation, employee benefits (8:	1,668		107	,381
nses	16a F		ndraising fees (Part IX, column (A),								0
Exper	. b ⊺	Total fundraisin	g expenses (Part IX, column (D), li	ne 25)	11,469						
ш	17 (Other expenses	(Part IX, column (A), lines 11a-1	1d, 11f–24e)			11'	7,829		127	,932
	18 ⊺	Total expenses.	Add lines 13-17 (must equal Part	IX, column (A), line 25	5)			7,607		255	,313
	19 F		xpenses. Subtract line 18 from line				-29	9,522			,080
Net Assets or	86						ning of Cur			End of Year	
Sets	20 ⊺	Total assets (Pa	art X, line 16)					1,695			,030
₩.	21 ⊺							1,887			<u>,613</u>
			und balances. Subtract line 21 from	line 20			14	9,808		161	<u>,417</u>
	Part II		ire Block								
			I declare that I have examined this ret . Declaration of preparer (other than of		•			•	nowledge	and belief,	it is
	uc, conc	I	. Declaration of preparer (other than of	nicer) is based on all lillor	mation of which prep	dici ilas aliy	Kilowicag	,c.			
0:		Signature of office	NP					Date			
Si	_				DDEGIDEN			Dale			
не	ere	CINDY			PRESIDEN	IT					
		Type or print nam		Dronorodo sien-t			Data	П	<u> </u>	DTINI	
Pai	id	Print/Type prepare		Preparer's signature			Date	Check	□"	PTIN	
	eparer	BRIAN J. R		 	ETET D 2200	TO 1 T C		/23 self-en		*****	
	e Only	Firm's name	WINDEDAHL, RANG	ELTSCH, GROEN	EVELD, NOR	TONTTC	F	irm's EIN	**	-***0	226
US	Ully		P.O. BOX 126	200					EAA	270	1100
		Firm's address	· · · · · · · · · · · · · · · · · · ·	308				hone no.	203	-378-	$\overline{}$
Ma	y tne IR	a discuss this	return with the preparer shown about	ove? See instructions						X Yes	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		<u></u>
	ARTS EDUCATION	
	Did the approximation and adoles are similar and approximation during the approximation and listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	les M
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	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.	
4 a	(Code:) (Expenses \$ 226,031 including grants of \$ 20,000) (Revenue \$	138,714
	ARTS EDUCATION	
	•	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	I/A	
	•	
	•	
	•	
	•	
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	I/A	
	•	
	·	
	·	
	·	
Δd	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 10,201 including grants of \$) (Revenue \$	

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)? If "Yes,"	١.	3.5	
•	complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Α.
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	x	
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	alaction in offs at during the tay years If IVan II complete Calculus C. Bort II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	440		х
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	x	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the appropriation appropriate and appropriate facilities of following appropriate Calculate	20a		X
b	If "Voc" to line 200 did the expenization attach a convert to audited financial attachments to this pature?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х
		_		

Pa	art IV Checklist of Required Schedules (continued)		1	Т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		_^
23	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		
С	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		_^
С	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
_	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	250		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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 on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art 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			<u> </u>
	5-1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 1 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	repended garning (garneing) winninge to prize winners:	IC	L	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Э				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution with every solicitation and express statement that such contributions in the second of the	ns or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ooas		70		
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			10		
·	required to file Form 93933	3		7c		
d	If "Voc " indicate the number of Forms 9292 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		I			
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:		I			
a		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	444				
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	 າ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		į	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	le the expenientian licensed to issue qualified health plane in more than one state?			13a		
_	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				
14a	Did the executation receive any neyments for indeer tenning convices during the tay year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuner	ation	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	57			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
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		X
6	Did the organization have members or stockholders?			6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ode.)		
					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 Form 990 to all members of its governing body before filing	the fo	rm?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document 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
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OR					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 requi	ection :	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est po	licy,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds				
	JKE CHICQUAYE 2330 17TH ST NE					.
SZ	ALEM OR 9730	1	503	3-36	<u>5-3</u>	<u>911</u>

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	off	x, unle icer a	ess per nd a d	tion nore son is irecto	than on s both a r/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JENNIFER BEUGLI	2.00							D\/		
DIRECTOR	0.00	X						0	0	0
(2) SAGE DUNHAM										
	2.00									
DIRECTOR	0.00	X						0	0	0
(3) DEA EDWARDS										
TREASURER	3.00 0.00	x						0	0	0
(4) PAT GRUBER										
	1.00									
DIRECTOR	0.00	X						0	0	0
(5) KAREN HACKNEY										
	4.00								_	
SECRETARY	0.00	X						0	0	0
(6) JOSE HANSON	0.00									
DIDECTOR	2.00 0.00	x						0	^	0
DIRECTOR (7) KEVIN HERZBERG	0.00						-	U	0	<u> </u>
(/) KEVIN HERZBERG	3.00									
VICE PRESIDENT	0.00	X						0	0	0
(8) DAVE MCCONNELL	0.00	1								
(-)	2.00									
DIRECTOR	0.00	X						0	0	0
(9) CINDY NELSON										
	5.00									
PRESIDENT	0.00	X						0	0	0
(10) HEATHER SKINNER										
	2.00								_	_
FURTURE DIRECTOR	0.00	X		\vdash		\vdash	\dashv	0	0	0
(11)										

Pai	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)				
	Name and title Average box hours officing per week				Pos check ess pe	rson i directo	than cos both or/trusto	an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amou of other compensation from the organization ar			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		-	nizations	s
						J			PY					
1b c d 2	Subtotal Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, S	 mite						e) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			3	Yes	No X
4	For any individual listed on line organization and related organization and related organization.	e 1a, is the sum nizations greater	of rethar	eport	table 50,00	com 00? /:	npens f "Ye	satio s," c	n and other compensation complete Schedule J for suc	from the ch		4		х
5	Did any person listed on line of for services rendered to the or	1a receive or acc rganization? <i>If "</i> Y	rue	com	pens	atior	n fror	n ar	ny unrelated organization or			5		х
<u>Secti</u>	on B. Independent Contractor Complete this table for your five compensation from the organize	ve highest comp									ear.			
		(A) business address								(B) ion of services		Co	(C) mpensatio	on
2	Total number of independent or received more than \$100,000								se listed above) who	0				

Pa	rt V			f Revenue edule O conta	ains a	a respor	nse or note	to any line in this	s Part VIII		
		-		-		<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated camp	paigns		1a						
ìrar oun	b	Membership du			1b		1,710				
s, G	С	Fundraising eve			1c		230				
iifts ar /	d	Related organiz			1d						
s, G	е	Government grants (c			1e		59,596				
ions r Si	f	All other contributions,	gifts, gra	ants,	46						
ibut	a	and similar amounts no Noncash contributions			1f		7,951				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g		230				
<u>2</u> <u>r</u>	h	Total. Add lines	1a–11	<u> </u>	<u></u>			69,487			
	_						Business Code	120 714	120 714		
/ice	2a	PROGRAM SE	RVICE	FEES				138,714	138,714		
Program Service Revenue	b	•									
III (C										
ogra	u a										
Pr	ŧ	All other program		ico rovonuo							
		Total. Add lines						138,714			
	3	Investment inco						230,.21			
	ľ	other similar am	•	٠				16			16
	4	Income from inv						-			
	5	Royalties		•		•					
		,		(i) Real			Personal				
	6a	Gross rents	6a					\mathbb{P}_{X}			
	b	Less: rental expenses	6b					/			
	С	Rental inc. or (loss)	6c								
			ne or (loss)							
	7a	Gross amount from sales of assets		(i) Securities			i) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re		Gain or (loss)	7c								
ther		Net gain or (loss			. <u></u>						
ğ	8a	Gross income from									
		(not including \$		230							
		of contributions rep		on line			75 010				
		1c). See Part IV, lii			8a		75,813				
		Less: direct exp			8b		23,637	52,176			
		Net income or (Gross income fr		_	events	;		52,176			
	3d	activities. See P			9a						
	h	Less: direct exp			9a 9b						
		Net income or (1					
		Gross sales of i									
		returns and allo		c	10a						
	b	Less: cost of go			10b						
		Net income or (
·^		,					Business Code				
ous e	11a										
ane	b										
Miscellaneous Revenue	С										
Mis	d	All other revenu									
	е	Total. Add lines									
	12	Total revenue.	See in	nstructions	<u></u>			260,393	138,714	0	16

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (B) Program service (C) Management and (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 20,000 20,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 78,987 78,987 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 28,394 28,394 Payroll taxes Fees for services (nonemployees): a Management 150 150 **b** Legal **c** Accounting 1,584 1,584 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 29,184 29,184 778 778 12 Advertising and promotion 12,756 12,314 442 Office expenses 13 2,237 3,627 Information technology 5,864 14 Royalties 15 49,556 49,532 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 10,479 10,479 Depreciation, depletion, and amortization 22 1,785 1,785 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,469 11,469 COGS 3,948 3,948 SERVICE FEES BANK CHARGES 329 329 50 50 LICENSES e All other expenses 7,612 255,313 236,232 11,469 Total functional expenses. Add lines 1 through 24e **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)

Part X Balance Sheet

	art <i>X</i>	Check if Schedule O contains a response or note	to any line ir	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			55,966	1	84,824
	2	Savings and temporary cash investments			80,020	2	53,893
	3	Pledges and grants receivable, net			·	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer, direc	ctor,			
		trustee, key employee, creator or founder, substantial co	ntributor, or	35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers					
s		under section 4958(f)(1)), and persons described in sec	•			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	200
	9	Prepaid expenses and deferred charges				9	130
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	108,685			
	b	Less: accumulated depreciation	10b	80,702	35,709	10c	27,983
	11	Investments—publicly traded securities			·	11	· · · · · ·
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33			171,695	16	167,030
	17					17	,
	18	Accounts payable and accrued expenses Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o	f Schedule I	D		21	
s	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co		35%			
abil		controlled entity or family member of any of these perso				22	
=	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Complete F	Part X			
		of Schedule D			21,887	25	5,613
	26	Total liabilities. Add lines 17 through 25			21,887	26	5,613
		Organizations that follow FASB ASC 958, check here					
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			138,043	27	141,319
Ba	28	Net assets with donor restrictions			11,765	28	20,098
pu		Organizations that do not follow FASB ASC 958, che	ck here]			
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipmen	fund	[30	
As	31	Retained earnings, endowment, accumulated income, or	other funds	s		31	
Ę	32	Total net assets or fund balances			149,808	32	161,417
_	33	Total liabilities and net assets/fund balances			171,695	33	167,030

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	60,	393
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	55,	<u> 313</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			080
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	49,	808
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9		6,	529
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	61,	417
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	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 on a 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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

FRIENDS OF THE VISUAL ARTS

Employer identification number **-***2277

Pa	art I	Reaso	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.					
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box)						
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n sectio	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3	П	A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)	(iii).						
4	П	•		I in conjunction with a hospital o				ospital's name,					
		city, and state	- · · · · · · · · · · · · · · · · · · ·	,									
5		•		of a college or university owned	or operate	ed by a c	overnmental unit described in						
	ш	_	(b)(1)(A)(iv). (Complete Part	=	•	, ,							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7			on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	m a gove	ernmental	unit or from the general public	:					
8													
9													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	X	An organizati	on that normally receives (1)) more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gro	SS					
		•		pt functions, subject to certain e	•	. ,							
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
44			•	, , , ,			•						
11	Н	-		exclusively to test for public safe		_		and of					
12	Ш			exclusively for the benefit of, to property of the property one described in section 509(a									
				scribes the type of supporting or				Official					
	а		•	erated, supervised, or controlled	-		•	na					
	-			ver to regularly appoint or elect a				9					
				omplete Part IV, Sections A ar									
	b	Type II. A	A supporting organization su	pervised or controlled in connec	tion with	its suppo	rted organization(s), by having						
		control or	management of the suppor	ting organization vested in the s	ame pers	ons that	control or manage the support	ed					
		organizati	on(s). You must complete	Part IV, Sections A and C.									
	С			supporting organization operated structions). You must complete				ith,					
	d		•	I. A supporting organization ope				• •					
			• •	e organization generally must sa	-		•	ess					
			,	nust complete Part IV, Section									
	е			eived a written determination fro n-functionally integrated support			ватурет, турет, туретт						
	f		nber of supported organizati		9 9.94								
	g			ne supported organization(s).									
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
	or	ganization		(described on lines 1-10		ur governing	support (see	other support (see					
				above (see instructions))	docur		instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)													
<u></u>													
(D)													
													
(E)													
Tota	ı												

Schedule A (Form 990) 2022

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	C	JUF	Υ			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10	(ago instructions)				12	
13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the or						
13	organization, check this box and stop her	-		-	•		
Sec	tion C. Computation of Public Su						
<u>555</u> 14	Public support percentage for 2022 (line 6)			nn (f))		14	%
15	Public support percentage from 2021 Sche	edule A Part II lin	. 11			4.5	——————————————————————————————————————
16a	33 1/3% support test—2022. If the organ				33 1/3% or more,		
	box and stop here . The organization quali			-4:			
b	33 1/3% support test—2021. If the organ						
	this box and stop here . The organization	qualifies as a pub	licly supported orga	anization			
17a	10%-facts-and-circumstances test—202	2. If the organizat	ion did not check a				_
	10% or more, and if the organization meet Part VI how the organization meets the fa						
b	organization 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the	21. If the organizat meets the facts-a facts-and-circums	ion did not check a and-circumstances stances test. The o	a box on line 13, 1 test, check this borganization qualifie	6a, 16b, or 17a, an ox and stop here. es as a publicly su	nd line Explain oported	
18	organization Private foundation. If the organization did instructions	not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	ee	

Page 3

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

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

Sec	tion A. Public Support	quality arraor ar	io tooto notou s	olow, ploado oc	ompioto i dit ii.	,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,	, ,		• •		
	received. (Do not include any "unusual grants.")	104,192	74,296	89,208	52,173	69,487	389,356
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	104,192	184,633	114,927	168,777	214,527	787,056
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	208,384	258,929	204,135	220,950	284,014	1,176,412
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sac	tion B. Total Support) 			1,176,412
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	American from Union	208,384	258,929	204,135	220,950	284,014	1,176,412
		200,304	230,929	204,133	220,930	204,014	1,170,412
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45	38	29	13	16	141
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	45	38	29	13	16	141
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		258,967	204,164	220,963	284,030	1,176,553
14	First 5 years. If the Form 990 is for the or	-	econd, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop her						<u></u>
	tion C. Computation of Public St						
15	Public support percentage for 2022 (line 8			nn (f))			99.99%
<u>16</u>	Public support percentage from 2021 Sche					16	99.99 %
	tion D. Computation of Investme			(0)		T 4= T	
17 40	Investment income percentage for 2022 (I		lin = 47			40	<u>%</u>
	Investment income percentage from 2021 \$ 33 1/3% support tests—2022. If the orga			14 and line 15 in			<u>%</u>
19a	17 is not more than 33 1/3%, check this be						X
b	33 1/3% support tests—2021. If the orga		=				<u> </u>
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did		=			=	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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 document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

	Vaa	N-
	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b	1	
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
100		
10b		
Schedule	A (Form 9	90) 2022

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
Jecti	on o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		-100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		
	OURS SUDDONED DIGISIONS OF THESE DESCRIPE IN MAIN MITTHE THE DIAVEN BY THE BROWN IN THE PROPERTY.	-5173	,	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 1	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations r	nust comp	lete Sections A through E	<u>.</u>
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	_	(A) I IIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type II	I supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Page **7**

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D – Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1				
2	Amounts paid to perform activity that directly furthers exempt purposes		2					
	organizations, in excess of income from activity	orted organizations		3				
3	Administrative expenses paid to accomplish exempt purposes of suppr	orted organizations		4				
	Amounts paid to acquire exempt-use assets	nile in Deut V/		5				
<u>5</u>	Qualified set-aside amounts (prior IRS approval required—provide deta	alis III Fail VI)		6				
	Other distributions (describe in Part VI). See instructions.			7				
7	Total annual distributions. Add lines 1 through 6.	tion is recognition		8				
8	Distributions to attentive supported organizations to which the organizations (provide details in Part VI). See instructions.	illori is responsive		٥				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	Line o amount divided by line 9 amount	(i)	(ii)	110	(iii)			
Soct	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions		Distributable			
Seci	ion E - Distribution Anocations (see Instructions)	Excess Distributions	Pre-2022	•				
1	Distributable amount for 2022 from Section C. line 6		P16-2022		Amount for 2022			
2	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022							
2	(reasonable cause required–explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
	From 2018							
	From 2019							
d	From 2020							
	From 2021							
	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
d	Excess from 2021							
e	Excess from 2022							

Schedule A (Form 990) 2022

FRIENDS OF THE VISUAL ARTS Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Pa	IT III.			
Name	e of organization				ification number
	FRIENDS OF THE VI			**-***22	• •
	rt I-A Complete if the organization is ex	•			on.
1	Provide a description of the organization's direct and in	ndirect political campaign activities	in Part IV. See in	structions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instruction	ns		\$	
3	Volunteer hours for political campaign activities. See i				
Par	rt I-B Complete if the organization is ex				
1	Enter the amount of any excise tax incurred by the org	anization under section 4955			
2	Enter the amount of any excise tax incurred by organize	zation managers under section 49	55	\$	
3	If the organization incurred a section 4955 tax, did it file	e Form 4720 for this year?			Yes X No
4a	Was a correction made?		. <u></u>		Yes X No
	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the organization is ex		•	tion 501(c)(3).	
1	Enter the amount directly expended by the filing organ	ization for section 527 exempt fun	iction		
	activities			\$	
2	Enter the amount of the filing organization's funds con	tributed to other organizations for	section		
				\$	
3	Total exempt function expenditures. Add lines 1 and 2.				
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this	year?			Yes No
5	Enter the names, addresses and employer identification	n number (EIN) of all section 527	political organization	ons to which the filing	
	organization made payments. For each organization lis	sted, enter the amount paid from t	he filing organization	on's funds. Also enter	
	the amount of political contributions received that were	promptly and directly delivered to	o a separate politica	al organization, such	
	as a separate segregated fund or a political action con	nmittee (PAC). If additional space	is needed, provide	information in Part IV.	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lunus. Il none, enter -o	delivered to a separate
					political organization.
					If none, enter -0
(1)					
			-		
(2)					
(3)					
(4)					
			1		
(5)					
			1		
(6)					
		I	1	1	l

Sched	dule C (Form 990) 2022 FRIEN	IDS OF THE	VISUAL ART	S	**-***227	7 Page 2				
Par	rt II-A Complete if the organi	zation is exemp	t under section 5	01(c)(3) and	filed Form 5768 (e	election under				
	section 501(h)).									
A (Check if the filing organization		÷ · ·		h affiliated group mei	mber's name,				
	address, EIN, expense			•						
B (Check if the filing organization	checked box A a	nd "limited control" p	provisions apply	•					
		bbying Expendi			(a) Filing organization's totals	(b) Affiliated group totals				
12	(The term "expenditures" Total lobbying expenditures to influence p				organization s totals	group totals				
b	Total lobbying expenditures to influence a		4 . I - I - I - 1							
C	Total lobbying expenditures (add lines 1a		* **							
d	Other exempt purpose expenditures									
u _	Total exempt purpose expenditures (add li	 nes 1c and 1d)								
f	Lobbying nontaxable amount. Enter the ar									
•	columns.	nount nom the follow	ving table in both							
	If the amount on line 1e, column (a) or (b) is	: The lobbying no	ntaxable amount is:							
	Not over \$500,000	20% of the amour	nt on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10 ⁴	% of the excess over \$1,	000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	00,000.						
	Over \$17,000,000	\$1,000,000.	:1,000,000.							
g	Grassroots nontaxable amount (enter 25%	of line 1f)								
h	Subtract line 1g from line 1a. If zero or les	s, enter -0-								
i	Subtract line 1f from line 1c. If zero or less			L						
j	If there is an amount other than zero on e	ther line 1h or line 1	i, did the organization f	ile Form 4720						
	reporting section 4911 tax for this year?					Yes No				
		4-Year Averag	ing Period Under S	Section 501(h)						
	(Some organizations that mad	e a section 501(h) election do not h	ave to complet	e all of the five col	umns below.				
	S	see the separate i	instructions for line	es 2a through 2	2f.)					
	l c	hhving Expendit	ures During 4-Year	Averaging Pe	riod					
		Jiiig =xpoliditi								
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
	beginning in)	`,								
٥-	Labladia a mantanal la amand									
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount									
	(150% of line 2a, column (e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount									
	(150% of line 2d. column (e))									

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

***2277** Page **3**

	(election under section 501(h)).				3		
Eor		(6	a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-			
c	Media advertisements?						
	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
	Total. Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5),	or s	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		
Га	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O		OI S	ecuon			
		R (b)	Par			3, is	
1	answered "Yes."		Par			3, is	
1 2	answered "Yes."		1			3, is	
	answered "Yes." Dues, assessments and similar amounts from members		1			3, is	
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1			3, is	
2 a	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year		1			3, is	
2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a			3, is	
2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a 2b			3, is	
2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total		1 2a 2b			3, is	
2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b			3, is	
2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 2a 2b			3, is	
2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		1 2a 2b 2c 3			3, is	
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2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		1 2a 2b 2c 3	t III-A,		3, is	
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DAA Schedule C (Form 990) 2022

Schedule C (Forn	n 990) 2022	FRIENDS	OF THE	VISUAL	ARTS	**-** <u>2277</u>	Page 4
Part IV	Supplemental	Information	(continued)				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number **-***2277 FRIENDS OF THE VISUAL ARTS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) 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" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

~ -		_
"	77	Page 2

Pa	rt III Organizations Maintaining (Collections of A	Art, His	torical Tr	easures, d	or Other	Similar	Assets	(contin	ued))
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records,	check a	ny of the foll	lowing that m	ake significa	ant use of	its			
а	Public exhibition	d 🗌 L	oan or ex	xchange pro	gram						
b	Scholarly research	e 🗆 C	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's colle	ections and explain l	how they	further the	organization's	exempt pu	rpose in F	art			
	XIII.										
5	During the year, did the organization solicit or	receive donations of	f art, histo	orical treasu	res, or other	similar				_	
	assets to be sold to raise funds rather than to	be maintained as pa	art of the	organization	n's collection?				Y	es L	No
Pa	rt IV Escrow and Custodial Arra	ngements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for co	ntributions o	r other asset	s not			_	_	_
	included on Form 990, Part X?								Y	es L	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing tab	ole:			_				
									Amour	ıt	
С	Beginning balance						10	;			
d	Additions during the year						10	t			
е	Distributions during the year						16				
f	Ending balance						1f				
	Did the organization include an amount on For									es	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation	has been pr	rovided on Pa	art XIII					
Pa	rt V Endowment Funds.	1 (2.4	_								
	Complete if the organization a								I		
		(a) Current year	(b) Pi	rior year	(c) Two yea	ars back	(d) Three ye	ears back	(e) Fou	ır years	back
	Beginning of year balance										
	Contributions				<u> </u>						
С	Net investment earnings, gains, and										
	losses										
	Grants or scholarships										
е	Other expenditures for facilities and										
_	programs	+									
	Administrative expenses	+									
g	End of year balance										
2	Provide the estimated percentage of the currer	•	(line 1g,	column (a))	held as:						
	Board designated or quasi-endowment	%									
	Permanent endowment %										
С	Term endowment %	1.1.000/									
٥-	The percentages on lines 2a, 2b, and 2c shoul	•									
3a	Are there endowment funds not in the possess	sion of the organizati	ion that a	are neid and	administered	for the				Vaa	l Na
	organization by:								20(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizati								3b		
Do	Describe in Part XIII the intended uses of the		vment tur	nas.							
Fa	rt VI Land, Buildings, and Equip Complete if the organization a		on Eorn	o 000 Day	rt IV/ lino 1	10 500 5) Dort \	/ line	10	
	•							J, Part /			
	Description of property	(a) Cost or other ba (investment)	1010	(b) Cost or o		• • •	umulated eciation		(d) Book	value	
4 -	Land	(mresument)		(Oute	,	асріє					
ld h	Land										
D	Buildings										
	Leasehold improvements			•	74,845		61,1	75		1 2	670
	Equipment Other				33,840		19,5			$\frac{13}{14}$,	
	Other	ual Form 990, Part 2	X, columi								983

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	Form 000 Port IV/ li	on 11h Son Form 000 Port V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial			
(1) Filianciai (2) Closely by	derivatives		
	eld equity interests		+
(3) Other			+
(A)			_
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lii	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		JP Y	
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
1 411 151	Complete if the organization answered "Yes" on F	Form 990 Part IV lii	ne 11d See Form 990 Part X line 15
	(a) Description	Om ooo, rarry, m	(b) Book value
(1)	(-)		(4, 250.150.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
· /	income taxes		
(2) GIFT	CERTIFICATES		5,61
(3) VISA	CARD		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		5,61
	uncertain tax positions. In Part XIII, provide the text of the fool	note to the ergonization's	·

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 . 1
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4
b		4
С	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4
d	· · · · · · · · · · · · · · · · · · ·	
е	9	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a		-
b	· · · · · · · · · · · · · · · · · · ·	1.
C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5
5 Da		1 - 1
Fa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
_	Tatal symmetric and larger was evident financial electronomic	1
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a		-
b		-
C C		-
d	(======================================	20
е 3	9	2e 3
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a b		1
	Other (Describe III Fait Alli.)	
	Add lines 4e and 4h	4c
С	Add lines 4a and 4b	4c 5
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
5 P a	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	5
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	5
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	5 Part X, line
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Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
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Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
C 5 Page Provided the second s	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
C 5 Page Provided the second s	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Part X, line
C 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, line

Schedule D (Fo	orm 990) 2022	FRIENDS	OF	THE	VISUAL	ARTS	**-***2277	Page 5
Part XIII	orm 990) 2022 Supplement	al Informati	ion (c	ontinue	ed)			
	• •				,			
							V	
							Y	
								
•								

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization FRIENDS OF THE VIS	UAL ARTS				Employer identificat	
Part I Fundraising Activities. Complete if	the organization			ed "Yes" on Form 99	<u> </u>	
Form 990-EZ filers are not required to	•			Oh a ala all that are all t		
1 Indicate whether the organization raised funds through a		_				
a Mail solicitations			_	ernment grants		
b Internet and email solicitations	f Solicitation	_		_		
c Phone solicitations	g Special fur	ndraisi	ng ev	ents		
d In-person solicitations		<i></i>		rc !:		
 2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (fu 	in connection with	profe	ssion	al fundraising services?	udrajaar ja ta ha	Yes No
compensated at least \$5,000 by the organization.				nents under which the lui	iuraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	d fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3	CO	F		Y		
4						
5						
6						
7						
0						
8						
9						
0						
Total						
3 List all states in which the organization is registered or li registration or licensing.	censed to solicit o	ontrib	utions	or has been notified it is	exempt from	

-*2277 Schedule G (Form 990) 2022 FRIENDS OF THE VISUAL ARTS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events EMPTY BOWLS ARTISAN VILLAGE (add col. (a) through col. (c)) (total_number) (event type) (event type) Revenue 34,496 24,952 73,470 14,022 1 Gross receipts 2 Less: Contributions 30 30 3 Gross income (line 1 minus 34,466 24,952 14,022 73,440 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 1,288 6,110 14,756 22,154 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2022 FRIENDS OF THE VISUAL ARTS **-***2277			F	Page 🤅	3
11	Does the organization conduct gaming activities with nonmembers?			Yes	N	0
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	\square N	o
13	Indicate the percentage of gaming activity conducted in:				_	
а	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	\square N	0
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш		ш	
	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:					
-						
	Name					
				•		
	Address					
				-		
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer					
4-7	Manual atomic all atomics at a manual atomic					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			Vaa		
L	retain the state gaming license?		Ш	Yes	∐ N	O
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
Pa	spent in the organization's own exempt activities during the tax year \$ INT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v). an	d		-
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			u		
	See instructions.		-			
						_

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

-*2277 FRIENDS OF THE VISUAL ARTS FORM 990, PART III, LINE 4D ALL OTHER ACCOMPLISHMENTS ART EDUCATION FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 -GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART IX, LINE 11G -OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT æ GENERAL **FUNDRAISING** INSTRUCTOR FEES 25,500 GRANT WRITER 2,000 \$ 0 0 PAYROLL PROCESSING FEE 1,684 TOTAL \$ 29,184 FORM 990, PART XI ADDITIONAL INFORMATION FORM 990, PART XI, LINE 9 - PRIOR YEAR PREPAID GRANT EXPENSES

Schedule O (Form 990) 2022 Page 2

Name of the organization FRIENDS OF THE VISUAL ARTS	Employer identification number **-**2277				
PPP LOAN	\$	17,575			
ADJUSTMENTS TO UNRESTRICTED NET ASSETS	\$	-11,046			
TOTAL	\$	6,529			
COPY					
	PAGE 1				

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Name(s) shown on return

FRIENDS OF THE VISUAL ARTS

Identifying number **-***2277

	ess or activity to which this form relates NDIRECT DEPRECIAT									
	ert I Election To Exper		erty Under Se	ction 1	179					
1 6	Note: If you have a					omnlet	e Part	I		
1	Maximum amount (see instruction		-		_				1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)								2	2/000/000
3	Threshold cost of section 179 pro								3	2,700,000
4	Reduction in limitation. Subtract lin								4	= 7 : 00 7 000
5	Dollar limitation for tax year. Subtract lir				separately.	see instru	tions		5	
6	(a) Description		,		(business use			lected cost		
7	Listed property. Enter the amount	from line 29				7				
8	Total elected cost of section 179	property. Add amount	s in column (c), line	es 6 and	17				8	
9	Tentative deduction. Enter the sn		0						9	
10	Carryover of disallowed deduction	from line 13 of your	2021 Form 4562						10	
11	Business income limitation. Enter	the smaller of busine	ss income (not les	s than ze	ero) or line	5. See ii			11	
12	Section 179 expense deduction. A	ndd lines 9 and 10, bu	ıt don't enter more	than line	11	<u> </u>			12	
13	Carryover of disallowed deduction			l2		13				
	: Don't use Part II or Part III below									
Pa	rt II Special Depreciati						e listed	propert	y. Se	e instructions.)
14	Special depreciation allowance for									
	during the tax year. See instruction		,						14	
15	Property subject to section 168(f)								15	C (FO
<u> 16</u>	Other depreciation (including ACF								16	6,658
Pa	rt III MACRS Depreciat	ion (Don't includ	e iistea properi Secti		Instructio	ons.)				
47	MAODO deductions for sectorals								4-7	3,428
17 40	MACRS deductions for assets pla								17	3,420
18	If you are electing to group any assets place	In service during the tax year. Assets Placed in Ser						ciation S	vetom	
	Codion B 7	(b) Month and year	(c) Basis for depred			I	Т	olution o	yotom	
	(a) Classification of property	placed in service	(business/investmen only–see instruction	t use	(d) Recovery period	(e) Cor	vention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	SCIVICC	orny—see manded	0113)	<u> </u>					
b	5-year property									
С	7-year property		2	,753	7.0	Н	Y	200	DB	393
d	10-year property			,						
е	15-year property									
f	20-year property									
g	25-year property				25 yrs.			S/L		
h	Residential rental				27.5 yrs.	М	M	S/L		
	property				27.5 yrs.	M	М	S/L		
i	Nonresidential real				39 yrs.	М	M	S/L		
	property					М		S/L		
		sets Placed in Servi	ce During 2022 T	ax Year	Using the	Alternat	ive Dep	reciation	Systen	n
20a								S/L		
	12-year				12 yrs.			S/L		
	30-year				30 yrs.		M	S/L		
<u>d</u>	<u> </u>	1			40 yrs.	M	M	S/L		
	strt IV Summary (See ins								1	
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12, here and on the appropriate lines								22	10,479
23	For assets shown above and place				-3cc IIIsilu	6110115				10,413
	portion of the basis attributable to				23					

Year Ended: December 31, 2022 **-**2277

Friends of the Visual Arts PO Box 7498 Salem, OR 97303

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

-*2277

FYE: 12/31/2022

Federal Asset Report Form 990, Page 1

07/05/2023 2:42 PM Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year 56 57 58	GDS Property: Grinder and Battery Kiln Laptop with Stand	9/04/22 5/04/22 3/28/22	248 1,000 1,505 2,753		248 1,000 1,505 2,753	7 HY 200DB 7 HY 200DB 7 HY 200DB	0 0 0 0	35 143 215 393
1 4 6 9	MACRS: Firing Equipment Kiln and shelves Kiln shelves Capital Improvement Pacific Glyde Torc 400 Wheel CMC Robert Brent Pottery Wheel Pug Mill Hollow Form Die Shed Gallery Remodel Artisan Village Flags Mac Mini CTO Recirculating pump Canopy/Tent Kiln cover Studio Equipment Paragon AS-38 High Tire Kiln Hipperson 220 Volt Kiln & Electric Kiln 2 Olympic Electric Kiln Kiln Shelves Thermal Life Shelves North Star extruder & die sets Seville Stainless Work Table Global Lockers Bailey Slab Rollber with Stand Toshiba Laptob 3 COMPARTMENT SINK 8' SPLASH MOUNT AIR PURIFIERS MAX PORTABLE COLD FOGGER INSPIRION LAPTOP ROGER ELEMENTS-SHUTT ELECTRIC KILN TRICKLE CHARGER/ LITHIUM PORTAI LENOVO LAPTOP BROTHER PRINTER	3/01/07 8/05/08 3/05/08 3/05/08 11/12/08 4/20/09 5/15/09 4/06/09 9/24/09 1/18/09 11/06/09 8/18/09 6/19/10 6/15/10 7/20/10 1/09/13 9/30/14 2/18/19 6/01/19 6/16/19 1/18/19 4/19/19 4/22/19 11/25/19 5/01/19 3/01/20 10/14/20 12/30/20 7/18/20 12/30/20 7/18/20 12/30/21 5/05/21 5/27/21 12/21/21	5,215 1,850 1,301 3,800 350 865 5,462 918 3,000 5,914 2,917 948 264 206 1,500 6,000 250 800 2,617 2,605 1,411 150 1,251 200 1,062 594 3,416 780 827 348 300 960 600 59,331	x x x x x x x x	5,215 925 650 1,900 175 432 2,731 459 1,500 5,914 1,459 948 264 206 750 6,000 250 800 500 2,617 2,605 1,411 150 1,251 200 150 1,062 594 3,416 780 827 348 300 960 600 48,349	7 HY 200DB 7 HY 200DB 7 HY 200DB 15 HY S/L 7 HY 200DB 9 MM S/L 7 HY 200DB 1 MQ200DB 1 MQ200DB 1 MQ200DB 1 MQ200DB 1 MQ200DB 2 MQ200DB 3 MQ200DB 3 MQ200DB 4 MQ200DB 5 MQ200DB 5 MQ200DB 5 MQ200DB	5,215 1,850 1,301 3,610 350 865 5,462 918 3,000 1,839 2,917 948 264 206 1,500 6,000 141 450 281 1,473 1,466 794 84 704 113 84 493 276 1,063 243 300 12 54 240 30 44,546	0 0 0 127 0 0 0 0 0 0 151 0 0 0 0 0 0 0 31 100 63 327 325 176 19 156 25 19 162 90 672 153 150 96 70 288 228 3,428
Other 27 28 29 30 31 32 33	Depreciation: Bailey Gas Kiln 40" Samsung TV Ipad 32GB Shed Olympic 23" Raku Kiln/Natural Gas 4C Shimpo W/Splash Pan Wheels 4C - Model CXC 110 Volt W/Splash pan W Total Other Depreciation Total ACRS and Other Deprec Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	iation =	30,080 268 280 3,707 2,394 4,476 5,396 46,601 108,685 0 0		30,080 268 280 3,707 2,394 4,476 5,396 46,601 97,703 0 97,703	7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L	17,189 191 160 2,206 1,112 2,185 2,634 25,677 70,223 0 0 70,223	4,297 39 40 530 342 639 771 6,658 6,658

-*2277

FYE: 12/31/2022

AMT Asset Report Form 990, Page 1

07/05/2023 2:42 PM Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
56 Gr 57 Ki	DS Property: rinder and Battery In uptop with Stand	9/04/22 5/04/22 3/28/22	248 1,000 1,505 2,753		248 1,000 1,505 2,753	7 HY 200DB 7 HY 200DB 7 HY 200DB	0 0 0 0	35 143 215 393
4 Kii 6 Kii 9 Ca 10 Pau 11 CN 114 Pu 15 Ho 16 Sh 17 Ga 18 Ar 19 Ma 23 Re 24 Ca 25 Kii 34 Pau 35 Hi 36 2 G 37 Kii 38 Th 39 No 41 Se 42 Gl 43 Ba 44 To 46 3 G 47 8' 48 AI 50 Ma 51 IN 51 EL 53 TR 54 LE	ring Equipment Iln and shelves Iln shelves apital Improvement cific Glyde Torc 400 Wheel MC Robert Brent Pottery Wheel g Mill ollow Form Die	3/01/07 8/05/08 3/05/08 11/12/08 4/20/09 5/15/09 4/06/09 9/24/09 1/18/09 1/18/09 1/18/09 6/19/10 6/15/10 7/20/10 1/09/13 9/30/14 2/18/19 3/06/19 6/01/19 6/16/19 10/16/19 10/16/19 1/18/19 4/22/19 11/25/19 5/01/19 3/01/20 3/01/20 3/01/20 10/14/20 12/30/20 7/18/20 12/01/21 5/05/21 5/27/21 12/21/21	5,215 1,850 1,301 3,800 350 865 5,462 918 3,000 5,914 2,917 948 264 206 1,500 6,000 2,50 800 500 2,617 2,605 1,411 150 1,251 200 150 1,062 594 3,416 780 827 348 300 960 600 59,331	x x x x x x x x	5,215 925 650 1,900 175 432 2,731 459 1,500 5,914 1,459 948 264 206 6,000 250 800 500 2,617 2,605 1,411 150 1,251 200 150 1,062 594 3,416 780 827 348 300 960 600 48,349	7 HY 200DB 7 HY 200DB 7 HY 200DB 15 HY S/L 7 HY 200DB 7 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 200DB 7 MQ 200DB	5,215 1,850 1,301 3,610 350 865 5,462 918 3,000 1,839 2,917 948 264 206 1,500 6,000 141 450 281 1,473 1,466 794 84 704 113 84 493 276 1,063 243 300 12 54 240 30 44,546	0 0 0 127 0 0 0 0 0 0 151 0 0 0 0 0 0 0 31 100 63 327 325 176 19 156 25 19 162 90 672 153 150 96 70 288 228
27 Ba 28 40' 29 Ipa 30 Sh 31 Ol 32 4C	epreciation: uiley Gas Kiln " Samsung TV ad 32GB aed lympic 23" Raku Kiln/Natural Gas C Shimpo W/Splash Pan Wheels C - Model CXC 110 Volt W/Splash pan W Total Other Depreciation Total ACRS and Other Deprec Grand Totals Less: Dispositions and Transfer Net Grand Totals	- iation ₌	30,080 268 280 3,707 2,394 4,476 5,396 46,601 108,685 0		30,080 268 280 3,707 2,394 4,476 5,396 46,601 97,703 0 97,703	7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L	17,189 191 160 2,206 1,112 2,185 2,634 25,677 70,223 0 70,223	4,297 39 40 530 342 639 771 6,658 6,658

-*2277

Bonus Depreciation Report Form 990, Page 1

Page 1

07/05/2023 2:42 PM

FYE: 12/31/2022

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	Kiln and shelves	8/05/08	1,850		0	0	925	925
6	Kiln shelves	3/05/08	1,301		0	0	651	650
9	Capital Improvement	11/12/08	3,800		0	0	1,900	1,900
10	Pacific Glyde Torc 400 Wheel	4/20/09	350		0	0	175	175
11	CMC Robert Brent Pottery Wheel	5/15/09	865		0	0	433	432
14	Pug Mill	4/06/09	5,462		0	0	2,731	2,731
	Hollow Form Die	9/24/09	918		0	0	459	459
16	Shed	1/18/09	3,000		0	0	1,500	1,500
18	Artisan Village Flags	8/18/09	2,917		0	0	1,458	1,459
25	Kiln cover	1/09/13	1,500		0	0	750	750
50	MAX PORTABLE COLD FOGGER	12/30/20	780		0	0	0	780
		Grand Total	22,743		0	0	10,982	11,761



-*2277

FYE: 12/31/2022

Depreciation Adjustment Report All Business Activities

07/05/2023 2:42 PM

Page 1

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	Description	Tax	AMT	AMT Adjustments/ Preferences			
MACRS Adjustments:									
Page 1	1	1	Firing Equipment	0	0	0			
Page 1	1	4	Kiln and shelves	0	0	0			
Page 1	1	6	Kiln shelves	0	0	0			
Page 1	1	9	Capital Improvement	127	127	0			
Page 1	1	10	Pacific Glyde Torc 400 Wheel	0	0	0			
Page 1	1	11	CMC Robert Brent Pottery Wheel	0	0	0			
Page 1	1	14	Pug Mill	0	0	0			
Page 1	1	15	Hollow Form Die	0	0	0			
Page 1	1	16	Shed	0	0	0			
Page 1	1	17	Gallery Remodel	151	151	0			
Page 1	1	18	Artisan Village Flags	0	0	0			
Page 1	1	19 23	Mac Mini CTO	0	0	0			
Page 1	1 1	23 24	Recirculating pump	0	0	0			
Page 1 Page 1	1	2 4 25	Canopy/Tent Kiln cover	0	0	0			
Page 1	1	26	Studio Equipment	0	0	0			
Page 1	1	34	Paragon AS-38 High Tire Kiln	31	31	0			
Page 1	1	35	Hipperson 220 Volt Kiln & Electric Kiln	100	100	ŏ			
Page 1	1	36	2 Olympic Electric Kiln	63	63	ŏ			
Page 1	1	37	Kiln Shelves	327	327	ŏ			
Page 1	î	38	Thermal Life Shelves	325	325	ő			
Page 1	1	39	North Star extruder & die sets	176	176	ő			
Page 1	î	41	Seville Stainless Work Table	19	19	ő			
Page 1	1	42	Global Lockers	156	156	0			
Page 1	1	43	Bailey Slab Rollber with Stand	25	25	0			
Page 1	1	44	Toshiba Laptob	19	19	0			
Page 1	1	46	3 COMPARTMENT SINK	162	162	0			
Page 1	1	47	8' SPLASH MOUNT	90	90	0			
Page 1	1	48	AIR PURIFIERS	672	672	0			
Page 1	1	50	MAX PORTABLE COLD FOGGER	153	153	0			
Page 1	1	51	INSPIRION LAPTOP ROGER	150	150	0			
Page 1	1	52	ELEMENTS-SHUTT ELECTRIC KILN	96	96	0			
Page 1	1	53	TRICKLE CHARGER/ LITHIUM PORTABLE	70	70	0			
Page 1	1	54	LENOVO LAPTOP	288	288	0			
Page 1	1	55	BROTHER PRINTER	228	228	0			
Page 1	1	56	Grinder and Battery	35	35	0			
Page 1	1	57	Kiln	143	143	0			
Page 1	1	58	Laptop with Stand	215	215	0			
				3,821	3,821	0			
									

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07/05/2023 2:42 PM Future Depreciation Report FYE: 12/31/23

Page 1

FYE: 12/31/2022

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Prior M	1ACRS:				
1 4 6 9 10 11 14 15 16 17 18 19 23 24 25 26 34 35 36 37 38 39 41 42 43 44 46 47 48 50 51 52 53 54 55 56 57 58	Firing Equipment Kiln and shelves Kiln shelves Capital Improvement Pacific Glyde Torc 400 Wheel CMC Robert Brent Pottery Wheel Pug Mill Hollow Form Die Shed Gallery Remodel Artisan Village Flags Mac Mini CTO Recirculating pump Canopy/Tent Kiln cover Studio Equipment Paragon AS-38 High Tire Kiln Hipperson 220 Volt Kiln & Electric Kiln 2 Olympic Electric Kiln Kiln Shelves Thermal Life Shelves North Star extruder & die sets Seville Stainless Work Table Global Lockers Bailey Slab Rollber with Stand Toshiba Laptob 3 COMPARTMENT SINK 8' SPLASH MOUNT AIR PURIFIERS MAX PORTABLE COLD FOGGER INSPIRION LAPTOP ROGER ELEMENTS-SHUTT ELECTRIC KILN TRICKLE CHARGER/ LITHIUM PORTABLE LENOVO LAPTOP BROTHER PRINTER Grinder and Battery Kiln Laptop with Stand	3/01/07 8/05/08 3/05/08 3/05/08 11/12/08 4/20/09 5/15/09 4/06/09 9/24/09 1/18/09 11/06/09 8/18/09 6/19/10 6/15/10 7/20/10 1/09/13 9/30/14 2/18/19 3/06/19 6/01/19 6/16/19 10/16/19 10/16/19 11/18/19 4/19/19 4/22/19 11/25/19 5/01/19 3/01/20 3/01/20 12/30/20 7/18/20 12/30/20 7/18/20 12/01/21 5/05/21 5/27/21 12/21/21 9/04/22 5/04/22 3/28/22	5,215 1,850 1,301 3,800 350 865 5,462 918 3,000 5,914 2,917 948 264 206 1,500 6,000 250 800 500 2,617 2,605 1,411 150 1,251 200 1,062 594 3,416 780 827 348 300 960 600 248 1,000 1,505 62,084	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Oth 1	Donnaciation			-,	~ 7 * * * *
27	Depreciation: Bailey Gas Kiln	12/23/17	30,080	4,297	4,297
28 29 30 31 32 33	40" Samsung TV Ipad 32GB Shed Olympic 23" Raku Kiln/Natural Gas 4C Shimpo W/Splash Pan Wheels 4C - Model CXC 110 Volt W/Splash pan Wheels Total Other Depreciation	1/05/17 1/05/17 12/21/17 10/25/17 10/03/18 7/24/18 7/24/18	268 280 3,707 2,394 4,476 5,396	38 40 529 342 640 770 6,656	38 40 529 342 640 770 6,656
	Total ACRS and Other Depreciation		46,601	6,656	6,656
	Grand Totals		108,685	9,742	9,742

							_
(F	CHEDULE G			ndraising Other Eve		2022	
	990-EZ)	For calendar year 2022	, or tax year	beginning	, and ending		
Nan	ne					Employer Identification Number	ſ
F	RIENDS OF	THE VISUAL AF	RTS			**-***2277	
		(a) Other even	t	(b) Other event	(c) Other event		
						(d) Total other events	
		CLAY				(add col. (a) through	
a)		(event type)		(event type)	(event type)	col. (c))	
Revenue	1 Gross receipts	14	1,022			14,02	22
ď	2 Less: Charitabl					,	
	contributions						
	3 Gross income						
	(line 1 minus line	2) 14	1,022			14,02	2:2
	4 Cash prizes						
	5 Noncash prizes	3					
sesus	6 Rent/facility co	sts					
Direct Expenses	7 Food/beverages	3					
Direc	8 Entertainment						
	9 Other expense:	s 14	1,756			14,75	6

33. Number of volunteers

Form **990**

Two Year Comparison Report

For calendar year 2022, or tax year beginning

, ending

2021 & 2022

Name

Taxpayer Identification Number

				ı	, ,	
E	RIENDS OF THE VISUAL ARTS				**-*	**2277
			2021	2022		Differences
	1. Contributions, gifts, grants	1.	2,983	8,	181	5,198
	2. Membership dues and assessments	2.	2,220	1,	710	-510
	3. Government contributions and grants	3.	46,970	59,	596	12,626
n e	4. Program service revenue	4.	93,257	138,	714	45,457
⊑	5. Investment income	5.	13		16	3
>	6. Proceeds from tax exempt bonds	6.				
ъ Ф	7. Net gain or (loss) from sale of assets other than inventory	7.	525			-525
	8. Net income or (loss) from fundraising events		52,117	52,	176	59
	9. Net income or (loss) from gaming					
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	198,085	260,	393	62,308
	13. Grants and similar amounts paid	13.	28,110	20,	000	-8,110
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.	81,668	107,	381	25,713
e	17. Professional fundraising fees	17.				
χ O	18. Other professional fees	18.	24,282	30,	918	6,636
ш	19. Occupancy, rent, utilities, and maintenance	19.	23,049	49,	556	26,507
	20. Depreciation and Depletion	20.	11,014	10,	479	-535
	21. Other expenses	21.	59,484	36,	979	-22,505
	22. Total expenses. Add lines 13 through 21	22.	227,607	255,	313	27,706
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-29,522	5,	080	34,602
	24. Total exempt revenue	24.	198,085	260,	393	62,308
	25. Total unrelated revenue	25.				
<u>o</u>	26. Total excludable revenue	26.	93,795	138,	730	44,935
nat	27. Total assets	27.	171,695	167,	030	-4,665
Information	28. Total liabilities	28.	21,887		613	-16,274
<u>=</u>	29. Retained earnings	29.	149,808	161,	417	11,609
þer	30. Number of voting members of governing body	30.	9	10		
-	31. Number of independent voting members of governing body	31.	72	57		
	32. Number of employees	32.	7	7		
	22 Number of valuators	22				

33.

Form 990		Tax R	Tax Return History			2022
Name FRIENDS OF	F THE VISUAL ARTS	tīs			Employer **-*	Employer Identification Number **-**2277
	2018	2019	2020	2021 40.052	2022	2023
Contributions, girts, grants	_	2,700	١,	١.	4 :	
Program service revenue	4 4	108,709	60,978	93,257	138,714	
Capital gain or loss		-100		525		
Investment income	45	38	29	13	16	
Fundraising revenue (income/loss)	46,611	52,580	18,357	52,117	52,176	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	226,350	235,523	188,568	198,085	260,393	
Grants and similar amounts paid	40,000	L ⊾I	282	28,110	20,000	
Benefits paid to or for members						
Compensation of officers, etc.			- 1			
Other compensation		84,365	68,233	-	107,381	
Professional fees	29,082	24,875	19,915	24,282	30,918	
Occupancy costs	20,243		19,726	-	_	
Depreciation and depletion	6,460	8,957		11,014		
Other expenses		<u>(</u>	_	_	-	
Total expenses	244,718	_	-	227,607	255,313	
Excess or (Deficit)	-18,368	24,206	33,260	-29,522	5,080	
- Cleaning beautiful later	226 350	235 523	188 568	108 085	260 303	
	000,001	2	_	_	_	
lotal unrelated revenue	75 547	c				
Total excludable revenue	15,54/	اٰα	4	4	٦	
Total Assets	_	147,933	٦	-	_	
Total Liabilities	- 4	1	3,592	_	_	
Net Fund Balances	120,123	146,801	179,853	149,808	161,417	

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Federal Statements

7/5/2023 2:42 PM Page 1

FYE: 12/31/2022

Taxable Interest on Investments

	Des	scription							
			Amount		Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
202	EXCLUDED	INTEREST	SAVINGS \$	16		14			
	TOTAL		\$	16					



Page 2 7/5/2023 2:42 PM Fund Raising ₩. Management & General Form 990, Part IX, Line 11q - Other Fees for Service (Non-employee) S 25,500 2,000 1,684 29,184 Program Service Federal Statements S 25,500 2,000 1,684 29,184 Expenses Total S 29360 Friends of the Visual Arts PAYROLL PROCESSING FEE Description INSTRUCTOR FEES GRANT WRITER FYE: 12/31/2022 TOTAL **-**2277

29360 Friends of the Visual Arts **-**2277 FYE: 12/31/2022	Federal Statements	7/5/2023 2:42 PM Page 3
	Schedule A, Part III, Line 1(e)	
	Description	Amount
MEMBERSHIP DUES		\$ 1,710 5 50 506
INDIVIDUAL/SMALL BUSINESS CENTER GENERAL, MFRCHANDISF.	IR.	7,951
CASH		200
NONCASH CONTRIBUTION TOTAL		\$ 69,487
	Schedule A. Part III. Line 2(e)	
	Description	Amount
		\$ 138,714 2,278 95 24,952
BOWLS SALE //GARDEN P		34,466
ARTIST SATURDAY SALE CLAY momini		14,
ТОТАБ		\$ 214,52/
	Schedule A, Part III, Line 10a(e)	
	Description	Amount
202 EXCLUDED INTEREST SAVINGS TOTAL		\$ \$ 16