Form 8879-TE	IRS e-file Signature Authorization	OMB No. 1545-0047
	for a Tax Exempt Entity	
	For calendar year 2021, or fiscal year beginning $07/01/2021$ and ending $06/30/2022$ Do not send to the IRS. Keep for your records.	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	EIN or SSN	
	IDATION FOR ADVANCEMENT IN THE ARTS, INC. 59-214	1837
Name and title of officer or pe		
TANYA REID, V	eturn and Return Information	
J	eturn for which you are using this Form 8879-TE and enter the applicable amount, if any, from the	e return Form 8038-
	may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box of	
5a, 6a, 7a, 8a, 9a, or 10 5b, 6b, 7b, 8b, 9b, or	Da below, and the amount on that line for the return being filed with this form was blank, then leav 10b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, t not complete more than one line in Part I.	e line 1b, 2b, 3b, 4b,
1a Form 990 check h	ere	12328830.
2a Form 990-EZ chec		
3a Form 1120-POL ch		
4a Form 990-PF chec		
5a Form 8868 check		
6a Form 990-T check		
7a Form 4720 check 8a Form 5227 check		
9a Form 5330 check		
10a Form 8038-CP che		
Part II Declaratio	n and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury	, I declare that X I am an officer of the above entity or \Box I am a person subject to tax with respe	ect to (name
of entity)	, (EIN) and that I have examined a cop	•
	d accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, co e that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to all	
acknowledgement of rece the date of any refund. If (direct debit) entry to the return, and the financial in 1-888-353-4537 no later processing of the electron	der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the I ipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refur applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds of financial institution account indicated in the tax preparation software for payment of the federal taxes owe nstitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financi than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions invo ic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues re ted a personal identification number (PIN) as my signature for the electronic return and, if applicable, the co	nd, and (c) withdrawal ed on this al Agent at lved in the elated to
PIN: check one box only	ai.	
X I authorize	BDO USA, LLP to enter my PIN 1942	8 as my signature
	ERO firm name Enter five numbers	s, but
	do not enter all ze 21 electronically filed return. If I have indicated within this return that a copy of the return is being filed v ating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my l e consent screen.	vith a state
	erson subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 elevate indicated with the state agency(ies) regulating class are program, I with the state agency is a copy of the return is being filed with a state agency (ies) regulating class are program, I with the state agency is a copy of the return's disclosure consent screen.	
Signature of officer or person	Tala 1.4 5/15/2023	
	on and Authenucauou	
•	ur six-digit electronic filing identification y your five-digit self-selected PIN. 6 0 9 2 9 4 1 3 5 3 8 Do not enter all zeros	
	meric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I con in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IR urns.	
ERO's signature	COB COOK Date 05/15/2023	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	
For Privacy Act and Pape JSA 1X3008 3.000		Form 8879-TE (2021)

Form 8879-TE	IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047		
	For calendar year 2021, or fiscal year beginning $07/01/2021$ and ending $06/30/2022$			
Department of the Treasury	► Do not send to the IRS. Keep for your records.	2021		
Internal Revenue Service	► Go to www.irs.gov/Form8879TE for the latest information.			
Name of filer	EIN or SSN			
NATIONAL FOUN Name and title of officer or pe	DATION FOR ADVANCEMENT IN THE ARTS, INC. 59-214	1837		
TANYA REID, V				
	eturn and Return Information			
	eturn for which you are using this Form 8879-TE and enter the applicable amount, if any, from the	he return. Form 8038-		
CP and Form 5330 filers	may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box o	n line 1a, 2a, 3a, 4a,		
5b, 6b, 7b, 8b, 9b, or	a below, and the amount on that line for the return being filed with this form was blank, then leav 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, the			
applicable line below. Do I	not complete more than one line in Part I.			
1a Form 990 check he				
2a Form 990-EZ chec				
3a Form 1120-POL ch 4a Form 990-PF chec				
4a Form 990-PF chec 5a Form 8868 check				
6a Form 990-T check		NONE		
7a Form 4720 check				
8a Form 5227 check				
9a Form 5330 check	here▶ b Tax due (Form 5330, Part II, line 19)			
10a Form 8038-CP che				
	n and Signature Authorization of Officer or Person Subject to Tax			
of entity)	n, I declare that ⊥ I am an officer of the above entity or ⊥ I am a person subject to tax with respe , (EIN) and that I have examined a cop			
	d accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, co			
complete. I further declare	e that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to al	low my		
•	der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the ipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refu			
-	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds			
(direct debit) entry to the	inancial institution account indicated in the tax preparation software for payment of the federal taxes ow	ed on this		
	nstitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ han 2 business days prior to the payment (settlement) date. I also authorize the financial institutions invo			
	ic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues re			
	ted a personal identification number (PIN) as my signature for the electronic return and, if applicable, the	consent to		
electronic funds withdraws	al.			
PIN: check one box only				
X I authorize	BDO USA, LLP to enter my PIN [1 9 4 2] ERO firm name Enter five numbers	8 as my signature s, but		
on the toy year OC	do not enter all ze	eros		
	21 electronically filed return. If I have indicated within this return that a copy of the return is being filed v ating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my			
return's disclosure				
As an officer or p	erson subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 el	ectronically		
filed return. If I ha	we indicated with the third the state agency (ies) regulating c	harities as part		
of the IRS Fed/St	ate program, I wi avhiest to tax			
Signature of officer or person				
Part III Certification	on and Autheningation			
•	ur six-digit electronic filing identification			
	y your five-digit self-selected PIN.			
I contifue the state of the		Sime that I		
	meric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I con in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IR			
Providers for Business Retu				
ERO's signature JACO	B COOK Date ► 05/15/2023			
	ERO Must Retain This Form - See Instructions			
	Do Not Submit This Form to the IRS Unless Requested To Do So			
JSA	erwork Reduction Act Notice, see back of form.	Form 8879-TE (2021)		
1X3008 3.000				

PUBLIC	INSPECTION	COPY
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Form 990
Department of the Treasury

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.

Public

OMB No. 1545-0047

		enue Service	iiy		Go to ww	/w.irs.gov/Form990	for instructions	s and	d the la	atest infor	mation.			nspect	tion
A F	or th	e 2021 ca	lend	ar year, or tax	year beginning		07/01/202	1 ar	nd end	ling		06	/30/20	22	
		С	Name	e of organization N	NATIONAL H	FOUNDATION FO					D Employer ide				
Bc	Check if a	applicable:		THE ARTS,											
	Addre			business as YOU							59-2142	183	7		
		e change				not delivered to street a	address)	Rc	oom/sui	ite	E Telephone nu		,		
	-	l return	210	0 BISCAYN							(305)3	77_	1140		
		return/				and ZIP or foreign posta	al code				(303)3	//	1110		
	termi Amer	inated nded		MI, FL 33		g					G Gross receipts	2 \$	41	200	,208.
	returi Appli			e and address of			NO				H(a) Is this a gro			, 290 Yes	
	pend	ing			•	CLIVE CHA	NG				subordinates	?		1	<u> </u>
-	Taylow			AS "C" A				<u> </u>		507	H(b) Are all subord		Ilist. See inst	Yes	No
<u>.</u>		empt statu		X 501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or		527	-			luctions	
J				YOUNGARTS					1		H(c) Group exem	-			
		of organiza			Trust	Association Oth	ner 🕨		L Ye	ar of forma	tion: 1981 M	State	of legal do	micile:	FL
P	art I	Sum													
	1	Briefly d	escrit	be the organiza	tion's mission (or most significant ac	tivities: <u>IDEN</u>	TI	FY A	ND ASS	IST EMERG	ING	ARTIS	TS.	
ce															
Governance															
ver	2	Check th	nis bo	x 🕨 📃 if the	e organization	discontinued its ope	rations or dispos	sed o	of more	e than 25%	6 of its net asset	s.			
	3	Number	of vo	ting members o	of the governing	g body (Part VI, line 1	a)					3			27
کە د	4					the governing body (4			27
ctivities &	5	Total nu	mber	of individuals e	mployed in cal	endar year 2021 (Pa	rt V, line 2a)					5			301
ţ	6					ssary)						6			38
Ac	7a					/III, column (C), line						7a			NONE
						Form 990-T, Part I, I						7b			NONE
											Prior Year		Cur	rent Ye	ear
	8	Contribu	tions	and grants (Pa	rt VIII. line 1h)						7,868,94	10.	8	.758	,103.
nue	9										96,4				,194.
Revenue	10					ies 3, 4, and 7d)					5,133,42		3		,135.
Å	11					, 6d, 8c, 9c, 10c, and					21,5				,602.
	12					t equal Part VIII, colu					13,120,44				,830.
	13				- · ·	lumn (A), lines 1-3)					1,041,02				, <u>030.</u> ,175.
	14											ONE	± ,		<u>, 1 / 5 .</u> NONE
						umn (A), line 4)						-	1	252	-
ses	15			•		efits (Part IX, column	().				4,024,92		4	. 454	<u>,978.</u>
Expense	168					n (A), line 11e)			• • •	••	55,4	07.			NONE
Ä	d -			• • •		(D), line 25) ▶				_		10		0.5.0	1.5.5
						1a-11d, 11f-24e)					3,015,55				,166.
	18					I Part IX, column (A)					8,136,99				<u>,319.</u>
- 0	19	Revenue	less	expenses. Sub	tract line 18 fro	m line 12		<u> </u>			4,983,45				<u>,511.</u>
Net Assets or Fund Balances											nning of Current			l of Yea	
sset	20										60,834,68		53		<u>,119.</u>
a B B	21									••	843,9				<u>,734.</u>
					Subtract line 2	1 from line 20		<u></u>			59,990,70)9.	53	274	,385.
	art II	•		Block											
						nis return, including ac in officer) is based on a						fmyl	knowledge	and be	elief, it is
trut	.,								Propul						
.															
Sig		Sigr	nature	of officer							Date				
He	re	TA	NYA	REID			VP	, OI	F FI	NANCE					
		Тур	e or p	rint name and title											
_	-	Print/Typ	oe pre	parer's name		Preparer's signature			Date		Check	if ^I	PTIN		
Paic		JACOB	С	OOK		ЈАСОВ СООК			05	/15/202		'. I	P01240)455	
	parer	Firm's no		▶ BDO USA	, LLP						Firm's EIN		3-5381		
Use	Only	Firm's ad			-	SUITE 685 BOCA R.	ATON, FL 33432	2			Phone no.		<u>5 5501</u> 61-909		00
		1									1	5			

No

Fo	rm 990 (2021) Pag	je Z
P	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	THE MISSION OF THE NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS,	
	INC. DBA YOUNGARTS IS TO IDENTIFY EXCEPTIONAL YOUNG ARTISTS, AMPLIFY	
	THEIR POTENTIAL AND INVEST IN THEIR LIFELONG CREATIVE FREEDOM.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (0	Code:) (Expenses \$1,517,043. including grants of \$1,121,175.) (Revenue \$197,194.)
	NFAA ACKNOWLEDGES ARTISTIC EXCELLENCE AND PROVIDES LIFELONG
_	SUPPORT TO YOUNG ARTISTS IN THE LITERARY, VISUAL AND PERFORMING
	ARTS, INCLUDING CLASSICAL MUSIC, DANCE, DESIGN ARTS, FILM, JAZZ,
_	PHOTOGRAPHY, THEATER, VISUAL ARTS, VOICE AND WRITING. EACH YEAR,
_	MORE THAN 7,000 APPLICANTS SUBMIT FOR THE YOUNGARTS COMPETITION.
_	IN 2022, 729 ARTISTS ORIGINATING FROM ACROSS THE COUNTRY WERE
_	SELECTED AT THE FINALIST, HONORABLE MENTION AND MERIT AWARD
_	LEVELS. WITHIN THIS TOTAL POOL, 769 CASH AWARDS WERE GRANTED (SOME
	WINNERS RECEIVED AWARDS IN MULTIPLE CATEGORIES), FOR A TOTAL OF
	\$761,975 IN AWARDS. THESE ARTISTS JOINED A COMMUNITY OF MORE THAN
	20,000 YOUNGARTS WINNERS WHO HAVE (CONTINUED ON SCHEDULE O)

4b	(Code:) (Expenses \$330,331. including grants of \$) (Revenue \$)
	PROGRAMS FOR PAST YOUNGARTS WINNERS OFFERED YOUNGARTS ARTISTS
	SUPPORT TO GROW THEIR CAREERS BEYOND THEIR WINNER YEAR WITHIN
	THREE FOCUS AREAS: CREATIVE DEVELOPMENT, PROFESSIONAL DEVELOPMENT
	AND COMMUNITY ENGAGEMENT. THROUGH YEAR-LONG INITIATIVES BOTH
	IN-PERSON AND VIRTUAL, SOLELY AUTHORIZED BY YOUNGARTS AND ACHIEVED
	IN PARTNERSHIP WITH COLLEAGUE INSTITUTIONS, PAST WINNERS RECEIVED
	ACCESS TO FELLOWSHIPS, CREATIVE RESIDENCES, PERFORMANCE AND
	EXHIBITION OPPORTUNITIES, 1:1 MENTORSHIP, DISCIPLINE-SPECIFIC AND
	SKILLS-BASED TRAINING WORKSHOPS AND MICROGRANTS FOR CREATIVE
	PROJECT SUPPORT OR EMERGENCY RELIEF. (CONTINUED ON SCHEDULE O)

4c	(Code:) (Expenses \$	56,490. including gr	ants of \$	NONE) (Rever	nue \$	NONE)
	THE IN-P	PERSON PSA PROGRA	M WAS DISCONTINUE	D BY THE	DEPARTMENT OF		, -
	EDUCATIC	N DURING THE COV	ID-19 PANDEMIC. E	XPENSES 1	REFLECT		
	YOUNGART	S' DONATION AND	BOARD DUES PAID T	O THE PRI	ESIDENTIAL		
	SCHOLARS	FOUNDATION.					
d	Other progra	im services (Describe on	Schedule O.)				
	(Expenses \$	4,696,716. includin	g grants of \$) (Re	venue \$)	

(Expenses \$ 4,696,716. Including grants of \$ 4e Total program service expenses ► 6,600,580.

Form 9	90 (2021)		F	-age 3
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,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	–		
Ū	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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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	Х	
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	<u>11a</u>	X	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		v
h	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X X
	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			<u> </u>
	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	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	<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		77
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	<u> </u>
19	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
JSA 1E1021			990	(2021)

Form 990 (2021)

Page	4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		<u>X</u>
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	20-		37
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		v
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u></u>
~	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jour		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
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		х
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		Х
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	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 301			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a		4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<u></u>
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E a		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0-		
а	Is the organization licensed to issue qualified health plans 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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		_	~~~	

Form 990 (2021)

 1a En If t if a Control of the En If a En If a Control of the En If a En If a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0. Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management There are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar miltee, explain on Schedule O. in the number of voting members included on line 1a, above, who are independent. id any officer, director, trustee, or key employee have a family relationship or a business relationship with y other officer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct upervision of officers, trustees, or key employees to a management company or other person? id the organization become aware during the year of a significant diversion of the organization have members or stockholders?	See in	struc	
 1a En If t if a Control of the En If a En If a Control of the En If a En If a	Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management There are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar mittee, explain on Schedule O. Image: the number of voting members included on line 1a, above, who are independent. Image: the number of voting members included on line 1a, above, who are independent. Image: the number of voting members included on line 1a, above, who are independent. Image: the number of voting members included on line 1a, above, who are independent. Image: the number of voting members or key employee have a family relationship or a business relationship with yo ther officer, director, trustee, or key employees to a management company or other person? Image: the direct is governing documents since the prior Form 990 was filed? Image: the organization have members or stockholders? Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization have the text or the organization have members, the organization reserved to (or subject to approval by) members, ockholders, or persons other than the governing body? Image: the organization contemporaneously docume	2 3 4 5 6 7a 7b 8a 8b	Yes	X No X X X X X X X X
 1a En If t if a Control of the En If a En If a Control of the En If a En If a	A. Governing Body and Management Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar in the governing body delegated broad authority to an executive committee or similar in the governing body delegated broad authority to an executive committee or similar in the governing body delegated broad authority to an executive committee or similar in the governing body delegated broad authority to an executive committee or similar in the governing body at the number of voting members included on line 1a, above, who are independent	2 3 4 5 6 7a 7b 8a 8b	Yes	No X X X X X X X X X
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lf t if col b En 2 Dia 3 Dia 3 Dia 5 Dia 5 Dia 6 Dia 7a Dia 6 Dia 7a Dia 6 Dia 7a Dia 8 Dia 8 Dia 8 Dia 8 Dia 8 Dia 8 Dia 9 Di	there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar membitee, explain on Schedule O. there the number of voting members included on line 1a, above, who are independent	3 4 5 6 7a 7b 8a 8b		x x x x x x
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lf t if col b En 2 Dia 3 Dia 3 Dia 5 Dia 5 Dia 6 Dia 7a Dia 6 Dia 7a Dia 6 Dia 7a Dia 8 Dia 8 Dia 8 Dia 8 Dia 8 Dia 8 Dia 9 Di	there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar mmittee, explain on Schedule O. There the number of voting members included on line 1a, above, who are independent	3 4 5 6 7a 7b 8a 8b		X X X X X
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 b En 2 Dia an 3 Dia sup 4 Dia 5 Dia 6 Dia 7a Dia on b Area state 8 Dia the a Th 	Ib 27 id any officer, director, trustee, or key employee have a family relationship or a business relationship with id any officer, director, trustee, or key employee?	3 4 5 6 7a 7b 8a 8b		X X X X X
 2 Dia and and and and and and and and and an	id any officer, director, trustee, or key employee have a family relationship or a business relationship with ny other officer, director, trustee, or key employee?	3 4 5 6 7a 7b 8a 8b		X X X X X
any 3 Did 5 Did 5 Did 6 Did 7a Did 7a Did 0n b Ard 8 Did 8 Did the a Th	hy other officer, director, trustee, or key employee?	3 4 5 6 7a 7b 8a 8b		X X X X X
 3 Dia sup 4 Dia 5 Dia 6 Dia 6 Dia 6 Dia 7a Dia 6 Dia 5 0 Dia 6 Dia	d the organization delegate control over management duties customarily performed by or under the direct upervision of officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets? id the organization have members or stockholders?	3 4 5 6 7a 7b 8a 8b		X X X X X
4 Dic 5 Dic 6 Dic 7a Dic 7a Dic 0n b Are stc 8 Dic the a Th	appervision of officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets? id the organization have members or stockholders?	4 5 6 7a 7b 8a 8b		X X X X
 4 Dia 5 Dia 6 Dia 6 Dia 7a Dia 6 on 6	d the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets? id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or appoint he or more members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, ockholders, or persons other than the governing body? id the organization contemporaneously document the meetings held or written actions undertaken during e year by the following: he governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at e organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	4 5 6 7a 7b 8a 8b		X X X X
5 Dia 6 Dia 7a Dia 0n b Are sta 8 Dia the a Th	In the organization become aware during the year of a significant diversion of the organization's assets? In the organization have members or stockholders? In the organization have members, stockholders, or other persons who had the power to elect or appoint the or more members of the governing body? In the organization contemporaneously document the meetings held or written actions undertaken during the organization contemporaneously document the meetings held or written actions undertaken during the governing body? In the organization contemporaneously document the governing body? In the organization contemporaneously document the meetings held or written actions undertaken during the governing body? In the organization contemporaneously document the governing body? In the organization contemporaneously document the governing body? In the organization contemporaneously the power of the governing body? In the organization contemporaneously the power of the governing body? In the organization contemporaneously the power of the governing body? It approximation the organization of the governing body? It approximation the power of the governing body? It approximation the power of the power o	5 6 7a 7b 8a 8b		X X X
6 Dia 7a Dia 0n b Are sto 8 Dia the a Th	In the organization have members or stockholders?	6 7a 7b 8a 8b		x x
7a Dia on b Are sto 8 Dia the a Th	Id the organization have members, stockholders, or other persons who had the power to elect or appoint the or more members of the governing body?	7a 7b 8a 8b		x
b Are sto 8 Dia the a Th	The or more members of the governing body?	7b 8a 8b		
 b Are sto 8 Dia the a Th 	The any governance decisions of the organization reserved to (or subject to approval by) members, ockholders, or persons other than the governing body?	7b 8a 8b		
sto 8 Dia the a Th	ockholders, or persons other than the governing body?	8a 8b		x
8 Dia the a Th	Id the organization contemporaneously document the meetings held or written actions undertaken during e year by the following: he governing body?	8a 8b		X
the a Th	e year by the following: he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at e organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	8b		
a Th	the governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at e organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	8b		
	ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at e organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	8b		
b Ea	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at e organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X	<u> </u>
	e organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	a		<u> </u>
		I 0.		
	B. Policies (This Section B requests information about policies not required by the Internal Revenue)	-	<u> </u>	X
Section		Code	· ·	
			Yes	No
10a Dio	d the organization have local chapters, branches, or affiliates?	10a		X
b lf '	"Yes," did the organization have written policies and procedures governing the activities of such chapters,			
aff	filiates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a Has	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	L
b De	escribe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Dia	id the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b We	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give			
rise	e to conflicts?	12b	X	L
c Dia	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
de	escribe on Schedule O how this was done	12c	X	
13 Die	id the organization have a written whistleblower policy?	13	Х	
14 Dia	d the organization have a written document retention and destruction policy?	14	Х	
	d the process for determining compensation of the following persons include a review and approval by			
	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	ne organization's CEO, Executive Director, or top management official	15a	Х	
	ther officers or key employees of the organization	15b		X
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	the a taxable entity during the year?	16a		х
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
org	ganization's exempt status with respect to such arrangements?	16b		
	C. Disclosure			
	st the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T		tion 5	01(c)
)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(380	1011 0	51(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10 0-		f into	roct -	oliov
	escribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	i intel	est p	oncy,
	nd financial statements available to the public during the tax year.	•		
	ate the name, address, and telephone number of the person who possesses the organization's books and record: ANYA REID 2100 BISCAYNE BOULEVARD MIAMI, FL 33137	5 🖻		
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Part VII	Compensation	στ	Officers,	Directors,	Trustees,	ney	Employees,	Hignest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A	. Officers. Direct	ors.	Trustees.	Kev Emplo	vees. and H	liahe	st Compensat	ted Emplo	vees		

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

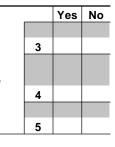
_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average	(do r	not ch	Pos	C) sition more	e than c	one	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week			•		is both or/trust		compensation from the	compensation from related	of other compensation
	(list any				-			organization (W-2/	organizations (W-2/	from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) JEWELLYN MALONE	40.00									
EXECUTIVE DIRECTOR THRU 01/22	5.00			Х				361,823.	NONE	26,261.
(2) DEJHA CARRINGTON	40.00									
VP OF STRATEGIC COMMUNICATIONS	NONE				x			262,256.	NONE	15,346.
(3) LISA LEONE	40.00									<u> </u>
CREATIVE PRODUCER	2.00				X			239,405.	NONE	26,257.
(4) TERESA D. SIDES	40.00									
VP OF ADVANCEMENT	NONE				X			214,718.	NONE	168.
(5) LAUREN SNELLING	40.00									
ARTISTIC DIRECTOR	NONE				X			152,288.	NONE	27,922.
(6) REBEKAH LENGEL	40.00									
DEPUTY DIRECTOR	5.00					X		140,829.	NONE	14,427.
(7) CHRISTOPHER WILLIAMS	40.00									
DIRECTOR OF FINANCE	2.00					Х		140,461.	NONE	14,223.
(8) LEE S. COHEN HARE	40.00									
CREATIVE DIRECTOR	NONE					Х		137,965.	NONE	13,728.
(9) ANGELA GODING	40.00									
SENIOR DIRECTOR OF ADVANCEMENT	NONE					X		138,371.	NONE	8,519.
(10) ROBERTA BEHRENDT FLISS	40.00									
DIRECTOR OF PRODUCTIONS	NONE					X		117,441.	NONE	12,881.
(11) TANYA REID	40.00									
VP OF FINANCE	10.00			Х				114,677.	NONE	7,336.
(12) RICH KOHAN	5.00									
PRESIDENT OF THE BOARD	1.00	X		Х				NONE	NONE	NONE
(13) SARAH ARISON	5.00									
BOARD CHAIR	1.00	Х		Х				NONE	NONE	NONE
(14) NATALIE DIGGINS	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE

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(A)	(B)	/) (C				nest Compensat (D)	(E)	(F)
Name and title	(b) Average			Posi				(D) Reportable	(=) Reportable	(F) Estimated
	hours per	(do r	not ch			e than c	one	compensation	compensation from	amount of
	week (list any			•		is both or/trust		from	related	other
	hours for related						<u> </u>	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(₩-2/1099-10130)	organization and related organizations
15) DERRICK ADAMS	1.00					ted				
TRUSTEE	NONE	x						NONE	NONE	NON
16) DOUG BLUSH	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
17) HAMPTON CARNEY	1.00									
TRUSTEE AS OF 11/2021	NONE	X						NONE	NONE	NON
18) LINDA COLL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
19) BRIAN CULLINAN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
20) KRISTY EDMUNDS	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
21) BERNARDO FORT-BRESCIA	1.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
22) JAY FRANKE	1.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
23) DANIELLE GARNO	1.00_	-								
TRUSTEE	1.00	X						NONE	NONE	NON
24) ROSIE GORDON-WALLACE	1.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NON
25) MICHI JIGARJIAN	1.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total								2,020,234.	NONE	167,068
c Total from continuation sheets to Part								NONE		NON
d Total (add lines 1b and 1c)					• •			2,020,234.	NONE	167,068

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

	000	(2024)	
FORM	990	(2021)	

Part VII Section A. Officers, Directors, ⁻ (A)	(B)	Í		, (C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos neck ss pe	ition more rson	e than c is both cor/trust	an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
26) JASON KRAUS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
27) STEVEN MARKS	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NON
28) LAUREN MATTHIESEN	1.00_	-								
TRUSTEE AS OF 02/2022	NONE	X						NONE	NONE	NON
29) MICHAEL MCELROY	1.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NON
30) DR. JOAN MORGAN	1.00_	-								
TRUSTEE AS OF 11/2021	NONE	X						NONE	NONE	NON
31) WILLIAM MORRISON	1.00_	-								
TRUSTEE THRU 09/2021	NONE	X						NONE	NONE	NON
32) JOHN O'NEIL	1.00_	-								
TRUSTEE	1.00	X						NONE	NONE	NON
33) GLENDA PEDROSO	1.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NON
34) VICTORIA ROGERS	1.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NON
35) MARCUS SHERIDAN	1.00_	-								
TRUSTEE THRU 02/2022	NONE	Х						NONE	NONE	NON
<u>36) JEAN SHIN</u>	1.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total										
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	-				• •	• • •	5			

3	$= \cdots = \cdots$	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

	000	(2024)
Form	990	(2021)

Part VII Section A. Officers, Directors, 1	rustees, Ke	ey En	nplo	byee	es, a	and H	lig	hest Compensat	ed Employe	es (co	ntinued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per	(do	not cl		ition	e than o	ne	Reportable	Reportable		Estimated amount of
	week (list any					is both		compensation from	compensation related	nom	other
	hours for					or/trust		the	organization	IS	compensation
	related	ndi or d	nsti	Officer	Key employee	High High	Former	organization	(W-2/1099-MI	SC)	from the
	organizations below dotted	/idu	tutic	er	emp	lest	ner	(W-2/1099-MISC)			organization and related
	line)	lor tr	onal		oloye	corr					organizations
		Individual trustee or director	Institutional trustee		e	Ipen					
		e	tee			Highest compensated employee					
	1 00					ă					
37) ZUZANNA SZADKOWSKI	<u>1.00</u>	37						NONE			NON
TRUSTEE	NONE 1 0.0	X						NONE	IN	ONE	NON
38) SANDRA TAMER	<u>1.00</u>	37						NONE			NON
RUSTEE	NONE 1 0.0	X						NONE	IN	ONE	NON
9) JOSEPH M. THOMPSON	<u>1.00</u>	37						NONE			NON
RUSTEE	NONE 1 0.0	X						NONE	IN	ONE	NON
0) MAURICE ZARMATI	1.00							NTONT			NT// NT
RUSTEE	NONE	X						NONE	IN	ONE	NON
1) RICHARD WAGMAN	<u>2.00</u>	-		v				NONE		ONTE	NON
REASURER	NONE			Х				NONE	IN	ONE	NON
		1									
		-									
		-									
	+	1									
h Sub-total											
b Sub-total c Total from continuation sheets to Part VII,	Section A	• • •	• •	• •	• •	• • •	5				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of		
reportable compensation from the organizat	ion 🕨					,			. ,		
											Yes No
Did the organization list any former of	ficer, directo	or, or	· tru	uste	e, I	key e	emp	loyee, or highest	t compensate	ed	
employee on line 1a? If "Yes," complete Sch											3 X
For any individual listed on line 1a, is the	e sum of rer	ortak	ole c	com	nen	satior	าลเ	nd other compens	sation from th	ne.	
organization and related organizations	greater than	\$15	50,0	00?	lf	"Yes	s," (complete Schedu	le J for su	ch	
individual											4 X
Did any person listed on line 1a receive	or accrue co	mper	sati	on f	from	n any	un	related organization	on or individu	al	
for services rendered to the organization? If	"Yes," comple	te Sci	hedı	ıle J	l for	such	per	son	<u></u>		5 X
ection B. Independent Contractors											
Complete this table for your five highest co											
compensation from the organization. Repor year.	t compensati	on fo	r the	e ca	lenc	lar ye	ar e	ending with or with	in the organiz	zation'	s tax
•											(-)
(A) SFE SCHEDIILE O Name and business	addraes							(B) Description of se	invices	<u> </u>	(C) mpensation
SEE SCHEDULE O Name and business a	2001000									00	mpensalion
							_				
							-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5 5

Form 990 (2021)

NATIONAL FOUNDATION FOR ADVANCEMENT Part VIII Statement of Revenue

		Check if Schedule	e O ce	ontains a respoi	nse or note to an	y line in this Part V	/		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues							3601013 312-314
¶ D Q U Q	с	Fundraising events		1c	1,900,220.				
sifts ar /	d	Related organizations		1d					
s, G	е	Government grants (co	ontribu	utions) 1e	252,069.				
Sion	f	All other contributions,	gifts,	grants,					
ber		and similar amounts not included above . 1f			6,605,814.				
ğ	g	Noncash contributions included in							
2on		lines 1a-1f			\$				
0.0	h	Total. Add lines 1a-1f				8,758,103.			
e					Business Code	105 104	105 104		
Program Service Revenue	2a	APPLICATION FEES			711190	197,194.	197,194.		
Ser	b								
un el	C								
Bra	d								
Pro	e								
_	f g	All other program serv Total. Add lines 2a-2f			► >	197,194.			
	3	Investment income							
		other similar amounts)	•	0		604,405.			604,405.
	4	Income from investme			. [NONE			
	5	Royalties		•		NONE			
				(i) Real	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c	NONI	e none				
	d	Net rental income or (lo	oss) 🛯	<u></u>	►	NONE			
	7a	Gross amount from		(i) Securities	(ii) Other				
		sales of assets							
		other than inventory	7a	31,661,588					
ue	b	Less: cost or other basis							
Revenue		and sales expenses	7b	28,294,858					
Re		Gain or (loss)	7c	3,366,730	·				
er	d	Net gain or (loss)		•••••	· · · · · · · >	3,366,730.			3,366,730.
Other	8a	Gross income fro		fundraising					
-		events (not including \$		1,900,220.					
		of contributions rep			68,400.				
		1c). See Part IV, line 18			666,520.				
	b c	Less: direct expenses Net income or (loss) fr				-598,120.			-598,120.
	9a		from	gaming					
	Ja	activities. See Part IV, I			NONE				
	b	Less: direct expenses			NONE				
	c	Net income or (loss) f				NONE			
	10a	Gross sales of i		-					
			returns and allowances 10a		NONE				
	b	Less: cost of goods sol	d		NONE				
	c	Net income or (loss) fr	om sa	ales of inventory	<u> ▶</u>	NONE			
SL					Business Code				
neol Ue	11a	MISCELLANEOUS			713990	518.			518.
llar,	b								
Miscellaneous Revenue	c								
Mis	d	All other revenue							
	e	Total. Add lines 11a-1				518.	105 104		2 272 522
	12	Total revenue. See ins	SI UCTI		•••••	12,328,830.	197,194.		3,373,533.

Form **990** (2021)

Part IX Statement of Functional Expenses

NATIONAL FOUNDATION FOR ADVANCEMENT

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,121,175. 1,121,175. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 1,448,458. 1,045,050. 60,086. 343,322. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,190,916. 1,575,137. 93,135. 522,644. 7,758. 56,718. 46,964. 1,996. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 234,217 169,386 5,870 58,961. 322,669. 248,931. 11,508. 62,230. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 9,241 55,642 41,007 5,394. **b** Legal 34,332 34,332. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 188,107. 188,107. f Investment management fees SEE SCHE O g Other. (If line 11g amount exceeds 10% of line 25, column 70,969. 855,415 697,140 87,306. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 264,219 253,183. 1,785 9,251. 109,825. 75,598. 21,905. 12,322. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 9,321 9,320 1. 16 229,573. 206,523. <u>8,</u>867. 14,183. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 28,013 24,652. 2,801. 560. 22 1,867. 8,317. 49,476. 39,292. Insurance 23 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.) a PROGRAM & EVENT CONSULTANT 685,452 685,252. NONE 200. 160,217 64,128 57,782 EQUIPMENT RENTAL 282,127 b 39,058. c MATERIALS AND SUPPLIES 266,664 201,753. 25,853. d e All other expenses Total functional expenses. Add lines 1 through 24e 8,432,319. 6,600,580. 631,993. 1,199,746. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if

JSA 1E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	
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orm 990	· · ·			Page 1 1
Part X	Balance Sheet	ort V		
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,595,057.	1	4,298,320
2	Savings and temporary cash investments.	2,247,659.	2	4,504,018
3	Pledges and grants receivable, net	1,325,618.	3	866,713
4	Accounts receivable, net	45,507.	4	48,976
5	Loans and other receivables from 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	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
ت 2	Notes and loans receivable, net	NONE		NON
Assets	Inventories for sale or use	NONE		NON
AS 8	Prepaid expenses and deferred charges	225,166.		132,347
-	Land, buildings, and equipment: cost or other	22072001		101/01/
	basis. Complete Part VI of Schedule D 10a 1,374,080.			
1	Less: accumulated depreciation	214,524.	10c	373,616
11	Investments - publicly traded securities.	44,067,150.		33,316,990
12	Investments - other securities. See Part IV, line 11	8,817,076.		9,664,355
13	Investments - program-related. See Part IV, line 11	NONE		
14	Intangible assets	NONE		NOI
15	Other assets. See Part IV, line 11	296,931.		380,784
16	Total assets. Add lines 1 through 15 (must equal line 33)	60,834,688.		53,586,119
17	Accounts payable and accrued expenses	781,204.		304,700
18	Grants payable	NONE		NON
19	Deferred revenue	62,775.		7,034
20		NONE		, , , 054 NOI
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NOI
	Loans and other payables to any current or former officer, director,	INOINE	21	NOI
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NOI
	Secured mortgages and notes payable to unrelated third parties	NONE		NOI
23	Unsecured notes and loans payable to unrelated third parties	NONE		NON
25	Other liabilities (including federal income tax, payables to related third	NOME	24	NOI
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	843,979.		311,734
-	Organizations that follow FASB ASC 958, check here ► X	043,575.	20	511,754
Ces	and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	9,215,813.	27	11,314,978
28	Net assets with donor restrictions.	50,774,896.	28	41,959,407
	Organizations that do not follow FASB ASC 958, check here ►	50,771,050.	20	11,000,107
리	and complete lines 29 through 33.			
Assets or Fund Balances 8 2 2 9 0 6 7 2 8 2 7 2 8 2 8 2 7 2 8 2 7 2 8	Capital stock or trust principal, or current funds		29	
s 23	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		30	
a 32	Total net assets or fund balances	59,990,709.	32	53,274,385
ta 32 X 33	Total liabilities and net assets/fund balances	60,834,688.	33	53,274,385
		00,034,000.	55	Form 990 (2021

Form 990 (2021)

NATIONAL	FOUNDATION	FOR	ADVANCEMENT
-		-	

Form 9	90 (2021)				Pa	ge 12
Part						
	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	1	2,3	28,	830
2	Total expenses (must equal Part IX, column (A), line 25)	2				319
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>511</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				709
5	Net unrealized gains (losses) on investments	5	-1	0,5	85,	<u>923</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	26,	<u>912</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	5	3,2	74,	385
Part						
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain (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 com	piled	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 audit	ed on	а			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain (on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in t	ne			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b		

Form **990** (2021)

SCHE	DU	LE	A
(Form	990))	

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.

OMB No. 1545-0047 G

		enue Servio			Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Inspection
Name	of the	organiza	tion N	IATIONAL F	OUNDATION FO	R ADVANCEMENT			Employer identif	ication number
IN	THE	ARTS,	IN	с.					59-2	141837
Par					•	organizations must			,	S.
r	<u> </u>					is: (For lines 1 throu	•		,	
1						tion of churches desc			70(b)(1)(A)(i).	
2						. (Attach Schedule E	-		/ / / / / / / · · · ·	
3					•	rganization described				
4 [earch organiz ne, city, and st	-	conjunction with a ho	spital de	scribed II	section 170(b)(1)(A)(III). Enter the
5		•		•	or the benefit of complete Part II.)	a college or universi	ty owne	d or ope	erated by a governme	ental unit described ir
6			-			rnmental unit describe	d in sec t	tion 170(b)(1)(A)(v).	
7					•					om the general public
		-			(1)(A)(vi). (Compl					. .
8						b)(1)(A)(vi). (Complete	e Part II.)			
9			-			ed in section 170(b)(1			I in conjunction with a	land-grant college
	c	or univer	rsity c	or a non-land-	grant college of ag	riculture (see instruc	tions). E	nter the	name, city, and state c	of the college or
	ι	universit	y:							
10 [11 [r s	eceipts support f acquired	from from I by th	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 1	re than 331/3% of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publ	ertain e: able inco (a)(2). (0	xceptions ome (les Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
12		•		•	•					rry out the purposes of
(0		0	•					ction 509(a)(3). Check
					-	es the type of suppor		-		
а		1				, supervised, or contr				
u	L	•••				regularly appoint or e			•	
				•	., .	e Part IV, Sections A		ajonty of		
b						ed or controlled in co		n with its	supported organizati	ion(s) by having
					-	rganization vested in				
				-		, Sections A and C.				
с		ו		()	•	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
						s). You must comple				
d		1	-	-		porting organization of				rted organization(s)
				•		nization generally mus	•			• • • • •
						omplete Part IV, Sect	-		-	
е		Check	this b	oox if the orga	inization received	a written determinatio	on from t	he IRS t	hat it is a Type I, Type	II, Type III
		functio	nally	integrated, or	Type III non-funct	ionally integrated sup	porting of	organizat	ion.	
f	Ente	er the nu	ımber	of supported	organizations					
g	Prov	ide the	follow	ving information	on about the suppo	orted organization(s).				
	(i) Nar	me of supp	ported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
						above (see instructions))	Yes	ment? No	instructions)	instructions)
<u> </u>										
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	I									
For Pa	aperw	ork Redu	ction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			S	chedule A (Form 990) 2021

Page 2

Schedule A (Form 990) 2021

Part II 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,275,249.	10,293,093.	10,334,908.	7,868,940.	8,758,103.	47,530,293.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	10,275,249.	10,293,093.	10,334,908.	7,868,940.	8,758,103.	47,530,293.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						26,403,270.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						21,127,023.
	tion B. Total Support	(2) 2017	(b) 2018	(a) 2010	(d) 2020	(a) 2021	
_	ndar year (or fiscal year beginning in)	(a) 2017 10,275,249.	(b) 2018 10,293,093.	(c) 2019 10,334,908.	(d) 2020 7,868,940.	(e) 2021 8,758,103.	(f) Total 47,530,293.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,275,249.	910,147.	831,766.	631,673.	604,923.	4,056,206.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10 .						51,586,499.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	884,546.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li					14	40.95 %
15	Public support percentage from 2020	Schedule A, Pa	art II, line 14			15	40.86 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3% or more, c	
	box and stop here. The organization q			•			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-			
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
4.0	organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 🖂</u>

Schedule A (Form 990) 2021

Page 3

Schedule A	(Form	990)	2021
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0047	(1-) 0040	(-) 0040	(-1) 0000	(-) 0004	(0) T-4-1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here					<u></u>	· · · . ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2021 (line 8)			())		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen					<u> </u>	
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2020. If the orga						
~~	line 18 is not more than 331/3%, check		•	°			
20 JSA	Private foundation. If the organization	ulu HOL CHECK a	a DUX ON NNE	14, 19a, or 19b	, check this DO		A (Form 990) 2021
	11.000 1184SN YJ4H					Solicadie	20
	TTOIDN IOJU						4 0

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part	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	on B. Type I Supporting Organizations			

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.
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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

Section 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 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? <i>If "Yes," describe in Part VI</i> the role the organization's			
	supported organizations played in this regard.	3		

Section 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 ins	truction	s).			
•	Asticities Test Assure lines 2s and 2h holes.	Yes	N			
2	Activities Test. Answer lines 2a and 2b below.					

- a 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.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.

2a

2b

3a

Page 5

Yes No

1

2

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		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		
	Check have if the connect open is the connectional first open and functional			· ·

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Page 6

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NATIONAL	FOUNDATION	FOR	ADVANCEMENT

IN THE ARTS, INC.

59-2141837

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

-	3 (Form 990) (2021) organization NATIONAL FOUNDATION FOR ADVANCE IN THE ARTS, INC.	CMENT	Page 2 Employer identification number 59-2141837
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$5,245,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	(Form 990) (2021)	· · · · ·	Page 3
Name of or			dentification number
	IN THE ARTS, INC.	•	-2141837
Part II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is no	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ŧ	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)			Page 4	
Name of ore	ganization NATIONAL FOUNDATION F	OR ADVANCEMENT		Employer identification number	
	IN THE ARTS, INC. Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par e year. (Enter this in	one contributor. Co t III, enter the total o formation once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.,	
	Use duplicate copies of Part III if addit	onal space is neede	ed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (d		(d) Description of how gift is held	
	(e) Transf Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 Relations		onship of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Trans Transferee's name, address, and ZIP + 4		-	nip of transferor to transferee	
(a) No. <u>f</u> rom					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	nip of transferor to transferee	

Schedule B (Form 990) (2021)

SCHEDULE D Suppleme			ental Financial Statements	5	OMB No. 1545-0047
(го	m 990)		the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	2021	
Depa	rtment of the Treasury	Fait IV, inte 0, 7,	 Attach to Form 990. 	20.	Open to Public
Inter	al Revenue Service	÷	/Form990 for instructions and the latest inform		Inspection
	of the organization	NATIONAL FOUNDATION F	OR ADVANCEMENT	Emp	bloyer identification number
	THE ARTS, INC		ised Funds or Other Similar Funds or	Acco	<u>59-2141837</u>
Гa		-	"Yes" on Form 990, Part IV, line 6.		Junes.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a	t end of year			
5	-		advisors in writing that the assets held i		
	-		e organization's exclusive legal control?		
6	-	-	and donor advisors in writing that grant fu		
			fit of the donor or donor advisor, or for an		
Pa		tion Easements.			
10			"Yes" on Form 990, Part IV, line 7.		
1		-	organization (check all that apply).		
	Preservatio	n of land for public use (for example	e, recreation or education) Preservation of	of a h	istorically important land area
	Protection of	of natural habitat	Preservation of	of a c	ertified historic structure
		n of open space			
2	-		eld a qualified conservation contribution in	the fo	
		ast day of the tax year.	_		Held at the End of the Tax Year
а				2a	
b			S	2b	
с С			historic structure included in (a)	2c	
d				2d	
3			nsferred, released, extinguished, or termin		by the organization during the
-	tax year ▶				,
4	-	where property subject to conse	ervation easement is located		
5			garding the periodic monitoring, inspection		
	violations, and enf	orcement of the conservation ea	sements it holds?		🗀 Yes 🗔 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing o	conse	rvation easements during the year
_	►				
7		es incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nser	ation easements during the year
8	►\$	vation assement reported on line	2(d) above satisfy the requirements of section	n 17()(h)(4)(B)(i)
0					
9			conservation easements in its revenue and		
			of the footnote to the organization's financia		
		ounting for conservation easeme			
Pa			of Art, Historical Treasures, or Other "Yes" on Form 990, Part IV, line 8.	Sim	ilar Assets.
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revenue ts held for public exhibition, education, to its financial statements that describes th	e stat or re ese it	ement and balance sheet works search in furtherance of public ems.
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter		earch	in furtherance of public service,
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶ \$
2	•		rt, historical treasures, or other similar a	issets	for financial gain, provide the
			ASB ASC 958 relating to these items:		
a b	Assets included in	on Form 990, Part VIII, line 1.		• • •	· · · · ► \$
		Act Notice, see the Instructions fo			Schedule D (Form 990) 2021

			OUNDATIO					<u></u>	<u></u>		2141837	-	2
-	rt III Organizations Maintaini											,	_
3	Using the organization's acquisition collection items (check all that app		on, and othe	er recor	-	-			-	nake sigr	nificant u	se of its	
а	Public exhibition			d	-		ange	progran	n				
b	Scholarly research			e	Other								
С	Preservation for future gene												
4	Provide a description of the organ XIII.	nization's c	ollections a	nd expla	ain how	they fu	rther	the org	anization'	s exemp	t purpos	e in Par	
5	During the year, did the organization	on solicit or	receive dor	nations o	of art, hist	orical ti	reasu	res, or c	other simil	ar			
	assets to be sold to raise funds rath									_	Yes	No)
Ра	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	rrangeme	ents.			-					nt on Fo	rm	-
1a	Is the organization an agent, trus	tee. custoo	lian or othe	er interm	nediarv fo	or cont	ributi	ons or	other ass	ets not			-
	included on Form 990, Part X?				-					Γ	Yes	No)
b	If "Yes," explain the arrangement i	n Part XIII a	and comple [,]	te the fo	llowing tal	ble:	• • •						
					5					Amount			-
с	Beginning balance						1c						-
d	Additions during the year												-
е	Distributions during the year						1e						-
f	Ending balance						1f						-
2a	Did the organization include an am							stodial	account lia	bility?	Yes	No	_)
	If "Yes," explain the arrangement i												
	rt V Endowment Funds.				•								-
	Complete if the organiza	ation answ	ered "Yes"	on For	m 990, F	Part IV	, line	10.					
	· · · · · ·	(a) Curre	nt year	(b) Prio	r year	(c) Tw	vo year	s back	(d) Three y	ears back	(e) Four	ears back	-
1a	Beginning of year balance	54,61	4,720.	46,9	19,287.	47,	616,7	16.	45,50	08,224.	43,9	29,189.	
b	Contributions	1,00	0,000.						1,00	01,607.			-
	Net investment earnings, gains,												_
Ŭ	and losses	-6,82	9,807.	9,6	58,666.	1,	265,2	71.	2,71	L2,085.	3,1	59,838.	
Ь	Grants or scholarships												-
	Other expenditures for facilities												-
Ū	and programs	2,28	6,000.	1,90	53,233.	1,	962,7	00.	1,60	05,200.	1,5	80,803.	
f	Administrative expenses												-
g	End of year balance	46,49	8,913.	54,6	14,720.	46,	919,2	87.	47,61	16,716.	45,5	08,224.	_
2	Provide the estimated percentage	of the curr	ent vear end	d balanc	e (line 1a	colum	n (a))	held as:					
a	Board designated or quasi-endown				e (e . g		())						
b	Permanent endowment > 35.9	800 %											
с	Term endowment ► 52.7900	%											
	The percentages on lines 2a, 2b, a	and 2c shou	uld equal 100)%.									
3a	Are there endowment funds not in	the posses	sion of the	organiza	ation that	are hel	ld and	d admin	istered for	the	_		_
	organization by:										\	′es No	_
	(i) Unrelated organizations										3a(i)	Х	_
	(ii) Related organizations										3a(ii)	Х	_
b	If "Yes" on line 3a(ii), are the relate	ed organiza	tions listed a	as require	ed on Sch	nedule F	۲?				3b		_
4	Describe in Part XIII the intended u		organizatio	n's endo	wment fu	nds.							_
Ра	rt VI Land, Buildings, and Equ	uipment.		" Г			/ 1:	11- 0		000 04	unt V line	10	
	Complete if the organize Description of property		(a) Cost or oth		(b) Cost		<u> </u>		umulated		I) Book val		-
	···· • • • • • • • • • • • • • • •		(investme			other)			ciation		., 2000 100		
1a	Land	_											_
b	Buildings	• • • • • _											_
С	Leasehold improvements												_
d	Equipment.	_			1,3	374,08	80.	1,00	0,464.		37	3,616.	_
e	Other												_
Tota	I. Add lines 1a through 1e. (Column	(d) must e	qual Form 9	90, Part	X, colum	n (B), lii	ne 10	c.)	►		37	3,616.	

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV/ line 11b, See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
. ,	held equity interests			
(3) Other				
	ERNATIVE INVESTMENTS	9,664,355.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	9,664,355.		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Vos" on Form 000	Part IV line 11d See Form 000	Part V line 15
		scription		(b) Book value
(1)	(0) 50	Sonption		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	

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

X

	INPUT IN ATIONAL FOUNDATION FOR ADVANCEMENT	59-2141837	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4:

YOUNGARTS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF INCOME TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ON AN INFLATION-ADJUSTED BASIS. ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAM ACTIVITIES, EDUCATIONAL OUTREACH AND GENERAL OPERATIONS.

SHEDULE D, PART X, LINE 2:

YOUNGARTS RECOGNIZES AND MEASURES TAX POSITIONS BASED ON ITS TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FOUNDATION FILES INCOME TAX RETURNS. THE FOUNDATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

SCHEDULE F (Form 990)		Statement of Activities Outside the United Statement	ates	OMB No. 1545-0047		
		► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	2021			
		► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection			
Name of the organization NATIONAL FOUNDATION FOR ADVANCEMENT Employer				r identification number		
IN I	THE ARTS, INC	•	59-214	1837		
Part		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatio	on answered "Yes" on		
(•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to			

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIE	BEAN	NONE	NONE	INVESTMENTS		9,669,720.
(2)						
(3)						
(4)						
_(5)						
(6)						
_(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(</u> 15)						
<u>(</u> 16)						
(17)						
sheets to Part I	ntinuation	NONE	NONE			9,669,720.
c Totals (add lines 3	a and 3b)	NONE	NONE			9,669,720.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 Schedule F (Form 990) 2021

² For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

1E1275 1.000

(11)

(12)

(13)

(14)

(15)

(16)

Schedule F (Form 990) 2021

NATIONAL	FOUNDATION	FOR	ADVANCEMENT

59-2141837

Page 2

Part II	Grants and Other Assist							ered "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if addition	onal space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities
	Schedule F (Form 990) 2021

Part III

59-2141837

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region (f) Amount of (g) Description (h) Method of cash disbursement noncash assistance valuation (book, FMV, recipients cash grant of noncash assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2021

Page 3

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2021

SCHEDULE G Form 990) 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. Dependence of the Traceure					OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	► G	Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization	NATIONAL FOUN	NDATION FOR A	DVANCEM	ENT		Employer identificati	on number	
IN THE ARTS, IN		late if the surrout				<u>59-214183</u>		
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.	
	the organization rais	•			activities. Check a	all that apply.		
a Mail solicita	tions	е	Solic	itation of	non-government g	rants		
	email solicitations	f			government grants	6		
c Phone solici		g		cial fundra	ising events			
d In-person so 2a Did the organiza		r oral agreement w	vith any inc	lividual (in	cluding officers d	iractors trustees		
or key employee b If "Yes," list the	es listed in Form 990. 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be	
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control 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								
4								
5								
6								
0								
7								
8								
9								
40								
10								
Total				>	NONE			
3 List all states in registration or lic	which the organization of	IIOT IS TEGISLETED 0						

NATIONAL FOUNDATION FOR ADVANCEMENT

Part II 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.

		giuss receipis greater than \$3,000	<i>.</i>			
			(a) Event #1 GALA AFFAIR	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð		-	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,968,620.			1,968,620.
Ā		Less: Contributions Gross income (line 1 minus	1,900,220.			1,900,220.
	5	line 2)	68,400.			68,400.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	84,050.			84,050.
Direct Expenses	7	Food and beverages	136,880.			136,880.
Direc	8	Entertainment				
	9	Other direct expenses	445,590.			445,590.
	10 11	Direct expense summary. Add line Net income summary. Subtract lir	es 4 through 9 in colu	mn (d)		666,520. -598,120.
Ра	rt I	Gaming. Complete if the orga	anization answered "	Yes" on Form 990	Part IV line 19 or	
		\$15,000 on Form 990-EZ, line				
Revenue		-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	►	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the orga	anization conducts as	mina activities:		
a k	l	Is the organization licensed to cond		in each of these state	es?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	j licenses revoked, susp		iring the tax year?	Yes No

Schedule G (Form 990) 2021

12 Is the forme13 Indicaa The ob An out		3a 3b	Yes [No No
forme 13 Indica a The o b An ou	ed to administer charitable gaming?	3a 3b	Yes [%
13 Indica a The o b An ou	te the percentage of gaming activity conducted in: rganization's facility1 ttside facility1 the name and address of the person who prepares the organization's gaming/special events books a ds:	3a 3b	Yes	%
a Theo b Anou	rganization's facility 13 Itside facility 13 the name and address of the person who prepares the organization's gaming/special events books a ds:	3b		
b An ou	Itside facility	3b		
b An ou	Itside facility	3b		%
	the name and address of the person who prepares the organization's gaming/special events books a ds:			
record				
Name	▶			
Addre	ess ▶			
15 a Does	the organization have a contract with a third party from whom the organization receives ga	mina		
	ue?		Yes	No
b If "Ye	s," enter the amount of gaming revenue received by the organization \blacktriangleright \$ an	id the		
	nt of gaming revenue retained by the third party \blacktriangleright \$			
	s," enter name and address of the third party:			
Name	▶			
Addre	≥ss ▶			
16 Gami	ng manager information:			
Name	▶			
Gami	ng manager compensation ► \$			
Desci	ription of services provided ►			
	Director/officer Employee Independent contractor			
17 Mand	atory distributions:			
	organization required under state law to make charitable distributions from the gaming proce	eds to		
	the state gaming license?		Yes	No
	the amount of distributions required under state law to be distributed to other exempt organi		- L	
	ent in the organization's own exempt activities during the tax year > \$			
Part IV	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions).			

IN THE ARTS, INC Part I General Inf 1 Does the organiza	GO Comp TIONAL FOUNDATION F	Vernmel lete if the or Go FOR ADVAN Assistanc lbstantiate th	nts, and In rganization ans ► A to www.irs.gov CEMENT e an amount of the	-	n the United form 990, Part IV atest information nce, the grantees	d States , line 21 or 22. n.	Employer identificati 59-2141837	2021 Deen to Public Inspection on number
2 Describe in Part IV	the organization's proced Other Assistance to De	lures for mor	nitoring the use	of grant funds in the	e United States.			
	21, for any recipient the		-			•		es on Form 990,
	address of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		-				,		
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)								
(10)								
(11)								
	of section 501(c)(3) and (
3 Enter total number	of other organizations list	ed in the line	1 table				<u></u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

NATIONAL FOUNDATION FOR ADVANCEMENT

59-2141837

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 YOUNGARTS FINALISTS, HON, MENTION & MERIT AWARDS	729	761,975.			
2 YOUNGARTS MICRO & CREATIVE GRANT RECIPIENTS	298	359,200.			
3					
4					
<u>+</u>					
5					
6					
7 Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, d	column (b); and any c	ther additional

PART L, LINE 2:

CASH AWARDS THAT ARE ISSUED TO YOUNG ARTISTS ARE UNRESTRICTED AND THUS

ARE NOT MONITORED.

MICRO AND CREATIVE GRANT RECIPIENTS MUST SUBMIT A FINAL REPORT TO SHOW

THE FUNDS WERE USED ACCORDING TO THE GRANT APPLICATION.

Page 2

SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		For certain Officers, Dire Co ► Complete if the organizati	ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	Compensation Information ○N For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ○ Attach to Form 990. So to www.irs.gov/Form990 for instructions and the latest information.					
Name	of the organization	NATIONAL FOUNDATION FOF	R ADVANCEMENT	Employer identification	Inspo numbe				
IN 7	THE ARTS,	INC.		59-214183	7				
Part	Question	ns Regarding Compensation							
	 990, Part VII, First-cla Travel for Tax index Discretion If any of the or reimburse explain Did the orgation Did the organization's related organization Comperimentation 	Section A, line 1a. Complete Part III to iss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ement or provision of all of the ex- anization require substantiation prior stees, and officers, including the CEC h, if any, of the following the organizations or CEO/Executive Director. Check all th	by ided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch he organization follow a written policy responses described above? If "No," com r to reimbursing or allowing expenses D/Executive Director, regarding the items on used to establish the compensation of at apply. Do not check any boxes for method the CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study	g these items. personal use nal residence on fees auffeur, chef) egarding payment oplete Part III to a incurred by all checked on line the ods used by a	1b 2	Yes	No		
	· · ·	90 of other organizations	X Approval by the board or compensation	ation committee					
4 a	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to ayment?	o the filing	4a		x		
b	Participate in	or receive payment from a supplement	ntal nonqualified retirement plan?		4b		Х		
С	If "Yes" to an	y of lines 4a-c, list the persons and p	sed compensation arrangement?		4c		X		
5	For persons compensation	listed on Form 990, Part VII, Sect n contingent on the revenues of:	ion A, line 1a, did the organization pa						
	-		• • • • • • • • • • • • • • • • • • • •		5a		X		
b	-	e 5a or 5b, describe in Part III.	• • • • • • • • • • • • • • • • • • • •		5b		X		
6	For persons compensation	listed on Form 990, Part VII, Sect n contingent on the net earnings of:	ion A, line 1a, did the organization pa		6-		77		
a b			• • • • • • • • • • • • • • • • • • • •		6a		X		
b	If "Yes" on lin	e 6a or 6b, describe in Part III.			6b		X		
7			on A, line 1a, did the organization prov		7		v		
8	Were any am	ounts reported on Form 990, Part VII,	lescribe in Part III paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject					
		-			8		х		
9	If "Yes" on I	line 8, did the organization also fol	low the rebuttable presumption proced	lure described in	9		_		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JEWELLYN MALONE	(i)	361,823.	NONE	NONE	11,600.	14,661.	388,084.	NONE
1 EXECUTIVE DIRECTOR THRU 01/22	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEJHA CARRINGTON	(i)	262,256.	NONE	NONE	7,929.	7,417.	277,602.	NONE
2 VP OF STRATEGIC COMMUNICATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA LEONE	(i)	239,405.	NONE	NONE	8,741.	17,516.	265,662.	NONE
3 CREATIVE PRODUCER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERESA D. SIDES	(i)	214,718.	NONE	NONE	NONE	168.	214,886.	NONE
4 VP OF ADVANCEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAUREN SNELLING	(i)	152,288.	NONE	NONE	2,787.	25,135.	180,210.	NONE
5 ARTISTIC DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
REBEKAH LENGEL	(i)	140,829.	NONE	NONE	5,613.	8,814.	155,256.	NONE
6 DEPUTY DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER WILLIAMS	(i)	140,461.	NONE	NONE	5,704.	8,519.	154,684.	NONE
7 DIRECTOR OF FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEE S. COHEN HARE	(i)	137,965.	NONE	NONE	5,209.	8,519.	151,693.	NONE
8 CREATIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

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Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir.		spection
Name of the organization		Employer identification	n number
NATIONAL FOUNDATIO	N FOR ADVANCEMENT	59-2141837	1

FORM 990, PART III, LINE 3:

WE HAVE SUSPENDED OUR REGIONAL PROGRAMMING IN NEW YORK AND LOS ANGELES AS WE TAKE THE TIME TO REIMAGINE THEIR FORMAT AND IMPACT IN A POST-COVID ENVIRONMENT.

FORM 990, PART III, LINE 4A, CONTINUED:

ACCESS TO PROGRAMMING THAT SUPPORTS CREATIVE AND PROFESSIONAL DEVELOPMENT, AS WELL AS MENTORSHIP, FUNDING AND COMMUNITY-BUILDING.

NATIONAL YOUNGARTS WEEK AND OTHER WINNER PROGRAMS OFFER MASTER CLASSES, PERFORMANCE AND EXHIBITION OPPORTUNITIES, RECOGNITION AND AWARDS. NATIONAL YOUNGARTS WEEK WAS HELD VIRTUALLY IN JANUARY 2022 FOR 155 WINNERS AND PROVIDED YOUNG ARTISTS WITH DISCIPLINE-SPECIFIC TRAINING WITH CULTURAL PRACTITIONERS, COLLABORATIVE INTERDISCIPLINARY WORKSHOPS AND TIMELY CONVERSATIONS ABOUT COMMUNITY AND INDIVIDUALITY. NFAA ADDITIONALLY SUBSIDIZED FINALIST WINNERS WITH PRODUCTION EQUIPMENT, MATERIALS AND WORK SPACE DUE TO REMOTE ACCESS.

FORM 990, PART III, LINE 4B, CONTINUED:

ARTISTS CONNECT TO THESE OPPORTUNITIES AND TO MORE THAN 3,500 FELLOW YOUNGARTS WINNERS THROUGH A DEDICATED DIGITAL PORTAL. THROUGH THIS RESOURCE AND OTHER PROGRAMS, MORE THAN 450 PAST WINNERS PARTICIPATED IN PROGRAMS IN FISCAL YEAR 2022. 117 CREATIVE MICROGRANTS AND 181 EMERGENCY MICROGRANTS WERE AWARDED, FOR A TOTAL OF \$359,200. OVERALL, PROGRAMMING RESULTED IN MORE THAN \$1.1 MILLION IN FUNDS DISTRIBUTED TO ARTISTS DURING

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the org	anization		
NATIONAL	FOUNDATION	FOR	ADVANCEMENT

YOUNGARTS 40TH ANNIVERSARY SEASON.

FORM 990, PART III, LINE 4D:

OTHER PROGRAMS INCLUDING EXHIBITIONS, PERFORMANCES, RESIDENCIES,

MICROGRANTS AND PROFESSIONAL DEVELOPMENT WORKSHOPS.

EXPENSES \$ 4,696,716. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THERE IS AN EXECUTIVE COMMITTEE OF YOUNGARTS WHICH IS COMPRISED OF MEMBERS FROM THE GOVERNING BOARD OF TRUSTEES. THERE ARE FIVE MEMBERS WHO SIT ON THIS COMMITTEE WHICH IS CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE AT THE END OF THE FISCAL YEAR WERE: SARAH ARISON, NATALIE DIGGINS, DANIELLE GARNO, RICHARD KOHAN AND MICHAEL MCELROY. THE MAIN RESPONSIBILITIES ARE TO PROVIDE LEADERSHIP TO THE FULL BOARD OF TRUSTEES AND TO ACT ON BEHALF OF THE BOARD WHEN NECESSARY. THE EXECUTIVE COMMITTEE ALSO OVERSEES THE STRATEGIC PLAN TO ADVANCE THE MISSION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT AND CONSULTANTS FROM PRICEWATERHOUSECOOPERS AND APPROVED BEFORE IT IS FILED BY THE INDEPENDENDENT ACCOUNTANT WHO PREPARED THE RETURN. THE BOARD OF TRUSTEES IS SENT A COPY OF THE FORM 990 BEFORE THE TAX RETURN IS FILED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL FOUNDATION FOR ADVANCEMENT

Employer identification number

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EMPLOYEES AND IS INCLUDED IN THE EMPLOYEE HANDBOOK. ALL EMPLOYEES ACKNOWLEDGE THEIR UNDERSTANDING OF THE POLICY. THE EXECUTIVE DIRECTOR REITERATES THE POLICY AS DEEMED NECESSARY. THE EXECUTIVE DIRECTOR DETERMINES WHETHER A CONFLICT EXISTS AND REVIEWS THE CONFLICT. IF A CONFLICT EXISTS, RESTRICTIONS INCLUDE PROHIBITING THE EMPLOYEE FROM PARTICIPATING AND TERMINATION, IF NECESSARY. THE BOARD IS ALSO SUBJECT TO A CONFLICT OF INTEREST POLICY WHICH PROHIBITS TRANSACTIONS OR ARRANGEMENTS THAT MAY PRIVATELY BENEFIT ANY TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR ANNUALLY AND THESE DELIBERATIONS ARE GUIDED BY COMPENSATION OF COMPARABLE INSTITUTIONS AND THE CURRENT RATE IN THE MARKET TO ATTRACT THE BEST TALENT TO FILL THIS MOST IMPORTANT POSITION. THE REVIEW PROCESS WAS LAST COMPLETED IN MARCH 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF CHARITABLE TRUST \$(26,912)

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer identification number	
NATIONAL FOUNDATION FOR ADVANCEMENT	59-2141837	

FORM 990, PART VI, LINE 17 - STATES

AL,CT, FL,ME,MD, NH,NC,OK,PA, RI,SC,UT,WA,

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer id	entification number
NATIONAL FOUNDATION FOR ADVANCEMENT	59-214	41837
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE NORFUS FIRM, PLLC 500 NW 2ND AVENUE MIAMI, FL 33101	HR CONSULTING	178,689.
WOW FACTOR MARKETING GROUP, INC. 804 DOUGLAS RD, STE 500 CORAL GABLES, FL 33134	MARKETING CONSULTING	174,007.
FINN PARTNERS, INC. 301 EAST 57TH STREET NEW YORK, NY 10022	PUBLIC REL. CONSUL.	171,500.
MAVEN LEADERSHIP COLLECTIVE P.O. BOX 403731 MIAMI BEACH, FL 33140	LEADERSHP & DEVLPMNT	120,000.
TEAM LOGIC IT OF EAST MEMPHIS TN 5384 POPLAR AVENUE #441 MEMPHIS, TN 38119	IT SRVCS & SUPPORT	104,894.

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization	Employer identificatio	n number		
NATIONAL FOUNDATION FO	DR ADVANCEMENT		59-2141837	,
FORM 990, PART IX - OTHER FEE	ES			
	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTING FEES	697,644.	539,448.		70,969.
INDEPENDENT CONTRACTORS	157,771.	157,692.	79.	NONE
TOTALS				
	855,415.	697,140.	87,306.	70,969.
	==============	=============	==============	=============

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	омв №. 1545-0047 20 21
	Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	► Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	Inspection
Name of the organization	NATIONAL FOUNDATION FOR ADVANCEMENT	Employer identification number
IN THE ARTS,]	NC.	59-2141837

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

		-			-
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) NAT YOUNGARTS FDN SUPPORTING ORG, INC. 45-5508211							
2100 BISCAYNE BOULEVARD MIAMI, FL 33137	FUNDRAISING	FL	501(C)(3)	LINE 12A, I	NFAA	х	
(2)							
(3)							
(4)							
(5)							
(6)							
_ · · ·	1						
(7)							
_ · ·	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

NATIONAL FOUNDATION FOR ADVANCEMENT

59-2141837

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
_(1)	_											
(2)	_											
_(3)												
(4)												
(5)												
(6)												
(7)												
(7)	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2021

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С		1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s).	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s).	1 i		X
j	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	<u> </u>
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
ο	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		X
		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three			
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethodtype (a-s)type (a-s)amount	(d) of det unt inv		ıg
(1)	NAT YOUNGARTS FDN SUPPORTING ORG, INC. O 423,207. FMV			
(2)	NAT YOUNGARTS FDN SUPPORTING ORG, INC. Q 137,871. FMV			
(3)				
(3)				
(4)				
(5)				
(6)				_
JSA	Schedule R (Form	990)	2021

1E1309 1.000

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity (state or foreig country)		from tax under organizations?		total income of (c)(3) nizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													1
(4)													1
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													+
15)													+
16)													

Schedule R (Form 990) 2021