

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **07-01-2021**, and ending **06-30-2022**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
THE SOCIETY OF THE FOUR ARTS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
100 FOUR ARTS PLAZA

City or town, state or province, country, and ZIP or foreign postal code  
PALM BEACH, FL 33480

**D** Employer identification number  
59-0454318

**E** Telephone number  
(561) 655-7227

**F** Name and address of principal officer:  
DR PHILIP RYLANDS  
100 FOUR ARTS PLAZA  
PALM BEACH, FL 33480

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.FOURARTS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1936

**M** State of legal domicile: FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
TO ENCOURAGE AND CULTIVATE A TASTE FOR MUSIC, LITERATURE, DANCE AND OTHER ARTS. TO MOUNT OPERATIC OR DRAMATIC PRESENTATIONS, CONCERTS, LECTURES, EXHIBITS OF THE VISUAL ARTS, AND OTHER ENTERTAINMENTS. TO BRING INTO COMMUNICATION WITH EACH OTHER ALL THOSE WHO DESIRE TO ELEVATE THE STANDARD OF THE ARTS, AND TO PROMOTE AND CREATE THE ENJOYMENT OF THE ARTS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	135
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	134
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	63
<b>6</b> Total number of volunteers (estimate if necessary)	6	5
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	17,103,206	11,858,692
<b>9</b> Program service revenue (Part VIII, line 2g)	258,460	1,236,120
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,096,876	4,048,877
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,849	145,046
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,597,391	17,288,735
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,070,145	4,118,865
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,717,400		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,676,480	7,945,822
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,746,625	12,064,687
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	13,850,766	5,224,048

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	121,173,909	110,356,718
<b>21</b> Total liabilities (Part X, line 26)	15,312,240	10,119,470
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	105,861,669	100,237,248

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2024-04-12

DR PHILIP RYLANDS PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01330899
Firm's name ▶ EISNER ADVISORY GROUP LLC			Firm's EIN ▶ 87-1353108	
Firm's address ▶ 130 NORTH 18TH STREET SUITE 3000 PHILADELPHIA, PA 19103			Phone no. (215) 881-8800	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE PART I, LINE 1.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 3,127,836 including grants of \$ ) (Revenue \$ 502,195 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,740,718 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,694,582 including grants of \$ ) (Revenue \$ 733,925 )  
See Additional Data

(Code: ) (Expenses \$ 810,301 including grants of \$ ) (Revenue \$ 20,946 )

THE FOUR ARTS GARDENS WERE FOUNDED IN THE 1930'S, WHEN MANY VISITORS AND NEW RESIDENTS WERE UNFAMILIAR WITH THE SUBTROPICAL FLORA OF SOUTH FLORIDA. THE GARDENS WERE DESIGNED TO DEMONSTRATE THE VARIETIES OF HORTICULTURE POSSIBLE IN THE REGION. THE HORTICULTURAL DISPLAY GARDENS FEATURE NINE SEPARATE SECTIONS RANGING FROM A CHINESE-STYLE WALLED GARDEN TO A FORMAL COLONIAL GARDEN TO A SPANISH GARDEN AGAINST A MEDITERRANEAN-REVIVAL FACADE AND SHOWCASING AN ANTIQUE SPANISH WELL. THE GARDENS ARE MAINTAINED BY THE GARDEN CLUB OF PALM BEACH. IMMEDIATELY ADJACENT, THE TWO-ACRE PHILIP HULITAR SCULPTURE GARDEN, WHICH DISPLAYS AN ENCYCLOPEDIA COLLECTION OF AMERICAN AND INTERNATIONAL SCULPTURE AND FUNCTIONS AS A PUBLIC PARK FOR PALM BEACH, IA A FURTHER SHOWCASE FOR SUBTROPICAL HORTICULTURE. THE GARDENS ARE OPEN TO THE PUBLIC YEAR-ROUND, FREE OF CHARGE. ATTENDANCE 52,678.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 810,301 including grants of \$ ) (Revenue \$ 20,946 )

**4e Total program service expenses** ▶ 7,373,437

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
<b>9</b>	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		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</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		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	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		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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 . . . . .		No
<b>23</b>	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 . . . . .	Yes	
<b>24a</b>	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 . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>25b</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 . . . . .		No
<b>26</b>	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 . . . . .		No
<b>27</b>	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 . . . . .		No
<b>28</b>	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):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b>	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 . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		84
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with multiple rows and columns containing questions and answers regarding IRS filings and tax compliance. Includes sections for employees reported, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (135), 1b (134), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GLORIA REX 100 FOUR ARTS PLAZA PALM BEACH, FL 33480 (561) 655-7227

**Part VII**

**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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, or 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 hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,398,517	0	306,804

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
CONKLING & LEWIS CONSTRUCTION 1241 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401	CONSTRUCTION IMPROVEMENTS	589,944
BERKE ARCHITECTS DPC PO BOX 919770 ORLANDO, FL 32891	ARCHITECTURE SERVICES	293,626
ROOD LANDSCAPE TCI ROOD 7900 SE BRIDGE ROAD HOBE SOUND, FL 33455	LANDSCAPING	154,899

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 3**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	2,798,790				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	555,592				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,504,310				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	590,171				
	<b>h Total.</b> Add lines 1a-1f . . . . .			11,858,692			
<b>Program Service Revenue</b>	<b>2a</b> SPONSORED PROGRAMS	Business Code					
		713990	1,236,120	1,236,120			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		1,236,120					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,036,520			2,036,520	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	124,100				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0				
		<b>c</b> Rental income or (loss)	124,100				
	<b>d</b> Net rental income or (loss) . . . . .		124,100			124,100	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	25,885,174				
		(ii) Other	124,980				
		<b>b</b> Less: cost or other basis and sales expenses	23,997,797		0		
		<b>c</b> Gain or (loss)	1,887,377	124,980			
	<b>d</b> Net gain or (loss) . . . . .		2,012,357	124,980		1,887,377	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>b</b> Less: direct expenses . . . . .					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>b</b> Less: direct expenses . . . . .						
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS	713990	20,946	20,946				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		20,946					
<b>12 Total revenue.</b> See instructions . . . . .		17,288,735	1,382,046	0	4,047,997		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	691,148	411,094	231,859	48,195
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,549,372	1,516,364	855,234	177,774
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	340,966	246,890	77,743	16,333
<b>9</b> Other employee benefits . . . . .	316,543	193,898	99,818	22,827
<b>10</b> Payroll taxes . . . . .	220,836	140,117	67,195	13,524
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	91,069	33,360	48,633	9,076
<b>c</b> Accounting . . . . .	25,440	7,250	15,137	3,053
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	262,781	110,368	112,996	39,417
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	491,383	122,801	254,821	113,761
<b>12</b> Advertising and promotion . . . . .	259,424	191,238	56,678	11,508
<b>13</b> Office expenses . . . . .	530,265	284,982	157,183	88,100
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,018,263	684,943	283,940	49,380
<b>17</b> Travel . . . . .	21,272	17,786	2,415	1,071
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	245,333		245,333	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,568,888	1,213,799	293,373	61,716
<b>23</b> Insurance . . . . .	217,512	83,422	111,581	22,509
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPONSORED ACTIVITIES	2,227,102	1,640,456	19,431	567,215
<b>b</b> CATERING & EVENTS	816,589	340,260	10,634	465,695
<b>c</b> LIBRARY EXPENSE	108,515	108,515		
<b>d</b> MISCELLANEOUS	28,782	8,884	16,575	3,323
<b>e</b> All other expenses	33,204	17,010	13,271	2,923
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,064,687	7,373,437	2,973,850	1,717,400
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,425,957	<b>1</b>	7,841,294
	<b>2</b> Savings and temporary cash investments . . . . .	1,611,063	<b>2</b>	1,615,849
	<b>3</b> Pledges and grants receivable, net . . . . .	217,728	<b>3</b>	48,096
	<b>4</b> Accounts receivable, net . . . . .	30,510	<b>4</b>	0
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	11,816	<b>8</b>	11,816
	<b>9</b> Prepaid expenses and deferred charges . . . . .	752,177	<b>9</b>	503,809
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	64,257,731		
	<b>b</b> Less: accumulated depreciation	17,852,484		
	<b>11</b> Investments—publicly traded securities . . . . .	64,676,980	<b>11</b>	51,427,299
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,253,546	<b>15</b>	2,503,308
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	121,173,909	<b>16</b>	110,356,718	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	981,940	<b>17</b>	543,361
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	665,725	<b>19</b>	2,740,959
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	12,058,033	<b>23</b>	6,058,033
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,606,542	<b>25</b>	777,117
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,312,240	<b>26</b>	10,119,470
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	96,969,556	<b>27</b>	87,663,795
	<b>28</b> Net assets with donor restrictions . . . . .	8,892,113	<b>28</b>	12,573,453
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	105,861,669	<b>32</b>	100,237,248	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	121,173,909	<b>33</b>	110,356,718	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,288,735
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,064,687
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,224,048
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	105,861,669
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-10,629,295
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-219,174
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	100,237,248

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0454318

**Name:** THE SOCIETY OF THE FOUR ARTS INC

Form 990 (2021)

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### **Form 990, Part III, Line 4a:**

ARTISTIC PROGRAMMING CONSISTS OF ART EXHIBITIONS, CONCERTS, FILMS, HD SCREENINGS FROM THE METROPOLITAN OPERA AND OTHER ARTS ORGANIZATIONS, AND LECTURES. EACH YEAR THE SOCIETY OF THE FOUR ARTS PRESENTS A FULL SEASON OF NOTABLE PROGRAMS IN EACH OF ITS FOUR DESIGNATED MISSION AREAS: MUSIC, DRAMA, LITERATURE, AND THE VISUAL ARTS (PAINTING, SCULPTURE, AND ARCHITECTURE). CONCERTS, USUALLY PRESENTED ON WEDNESDAY EVENINGS AND SUNDAY AFTERNOONS, ATTRACT ENTHUSIASTIC AUDIENCES TO PROGRAMS BY THE WORLD'S LEADING MUSICIANS IN DIVERSE PERFORMANCES OF CLASSICAL, JAZZ, BLUEGRASS, AND MORE. RECENT ART EXHIBITIONS IN THE SOCIETY'S ESTHER B. O'KEEFFE GALLERY INCLUDED A BEAUTIFUL MESS: WEAVERS & KNOTTERS OF VANGUARD; AN EYE ON MICHELANGELO AND BERNINI: PHOTOGRAPHS BY AURELIO AMENDOLA; AND IN A NEW LIGHT: AMERICAN IMPRESSIONISM 1870-1940, WORKS FROM THE BANK OF AMERICA COLLECTION. ART FILMS AND MEMORABLE HOLLYWOOD MOVIES ARE SHOWN ON FRIDAY AFTERNOON AND EVENINGS; EACH SEASON'S FULL SCHEDULE OF LIVE HD BROADCASTS IS OFFERED ON SATURDAYS AND SUNDAYS. MANY EXHIBITIONS AND CONCERTS ARE ACCOMPANIED BY LECTURES AND GALLERY TALKS, AND THE SOCIETY'S MULTI-ACRE GARDENS - BOTANICAL DISPLAY GARDENS AND A TWO-ACRE SCULPTURE GARDEN - ARE OPEN TO THE PUBLIC YEAR-ROUND, FREE OF CHARGE. ATTENDANCE 26,125 AND 109 EVENTS.

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**Form 990, Part III, Line 4b:**

BECAUSE THE TOWN OF PALM BEACH HAS NO PUBLIC LIBRARIES, THE SOCIETY'S TWO LIBRARIES - THE KING LIBRARY FOR ADULTS AND A SEPARATE, SUPERBLY EQUIPPED CHILDREN'S LIBRARY, SERVE, IN EFFECT, AS THE TOWN'S "OFFICIAL" LIBRARIES. BOTH ARE OPEN TO THE PUBLIC AT NO CHARGE (ADULTS PAY A SMALL FEE FOR BORROWING PRIVILEGES); BOTH PRESENT A FULL SEASON'S SCHEDULE OF EVENTS: STORY HOURS FOR CHILDREN, PLUS CELEBRATIONS OF SPECIAL EVENTS LIKE NATIONAL FIRE PREVENTION WEEK WHEN PALM BEACH'S FIRE TRUCKS AND FIREFIGHTERS VISIT THE CHILDREN'S LIBRARY, AUTHOR VISITS, BOOK SIGNINGS, POETRY READINGS, LECTURES, BOOK DISCUSSIONS, AND OTHER EVENTS FOR ADULTS. ATTENDANCE 18,516 AND 210 EVENTS.

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**Form 990, Part III, Line 4c:**

EDUCATION (CAMPUS ON THE LAKE) PROGRAMMING CONSISTS OF FIELD TRIPS, LECTURES, MASTER CLASSES, SEMINARS, AND WORKSHOPS DEDICATED TO THE LIVING ARTS. THESE PROGRAMS AND EVENTS ARE PRESENTED IN THE NEW FOUR ARTS CAMPUS ON THE LAKE EDUCATION BUILDING. THE PRESENTATIONS RANGE WIDELY IN SUBJECT MATTER: ONGOING CLASSES ON CLASSICAL MUSIC, OPERA, LITERATURE, ART, WATERCOLOR PAINTING, SCULPTURE, COOKING, AND FLOWER ARRANGING; ONE-TIME LECTURES ON A WIDE VARIETY OF SUBJECTS. DESIGNED TO ATTRACT A BROAD AUDIENCE, THE CAMPUS ON THE LAKE HAS WON WIDE PRAISE FOR THE VARIETY AND DEPTH OF ITS PROGRAMS. ATTENDANCE 13,055 AND 158 EVENTS.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR ROBERT L FORBES ..... VICE CHAIRMAN	3.00 .....	X		X				0	0	0
MR WILLIAM S GUBELMANN ..... SECRETARY	3.00 .....	X		X				0	0	0
DR RANDOLPH H GUTHRIE ..... CHAIRMAN	5.00 .....	X		X				0	0	0
MR PATRICK HENRY ..... VICE CHAIRMAN	3.00 .....	X		X				0	0	0
MRS JOHN D KOCH ..... TREASURER/VICE CHAIRMAN	3.00 .....	X		X				0	0	0
MR GILBERT C MAURER ..... VICE CHAIRMAN	3.00 .....	X		X				0	0	0
MRS MARY M MORSE ..... ASSISTANT TREASURER/VICE C	3.00 .....	X		X				0	0	0
MR MICHAEL AINSLIE ..... TRUSTEE	1.00 .....	X						0	0	0
MRS MICHAEL AINSLIE ..... TRUSTEE	1.00 .....	X						0	0	0
MR FRANCIS A ARGENBRIGHT JR ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS FRANCIS A ARGENBRIGHT JR ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOHN T AVELLINO ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JOHN T AVELLINO ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WALTER F BALLINGER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS MERRILYN BARDES ..... TRUSTEE	1.00 .....	X						0	0	0
DR DIANA BARRETT ..... TRUSTEE	1.00 .....	X						0	0	0
MR LAWRENCE BEYER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS LAWRENCE BEYER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS ELLEN HASSENFELD BLOCK ..... TRUSTEE	1.00 .....	X						0	0	0
AMBASSADOR WL LYONS BROWN ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS ALICE CARY BROWN ..... TRUSTEE	1.00 .....	X						0	0	0
MR DOUGLAS BUCK ..... TRUSTEE	1.00 .....	X						0	0	0
MR GEORGE A COHON ..... TRUSTEE	1.00 .....	X						0	0	0
MRS GEORGE A COHON ..... TRUSTEE	1.00 .....	X						0	0	0
MR DENIS P COLEMAN JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS DENIS P COLEMAN JR ..... TRUSTEE	1.00 .....	X						0	0	0
MR MARVIN H DAVIDSON ..... TRUSTEE	1.00 .....	X						0	0	0
MRS MARY MCDONNELL DAVIDSON ..... TRUSTEE	1.00 .....	X						0	0	0
MRS F ASHTON DE PEYSTER III ..... TRUSTEE	1.00 .....	X						0	0	0
MRS J SIMPSON DEAN JR ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR JOHN R DONNELL ..... TRUSTEE	1.00 .....	X						0	0	0
MR ROBERT G DONNELLEY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS ROBERT G DONNELLEY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS EDITH B EGLIN ..... TRUSTEE	1.00 .....	X						0	0	0
AMBASSADOR EDWARD E ELSON ..... TRUSTEE	1.00 .....	X						0	0	0
MRS EDWARD E ELSON ..... TRUSTEE	1.00 .....	X						0	0	0
MR ALEXANDER P FEDERBUSH ..... TRUSTEE	1.00 .....	X						0	0	0
MRS MARJORIE FEDERBUSH ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOSEPH P FLANAGAN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS ROBERT L FORBES ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR STANLEY N GAINES ..... TRUSTEE	1.00 .....	X						0	0	0
MRS STANLEY N GAINES ..... TRUSTEE	1.00 .....	X						0	0	0
MR PETER N GEISLER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS PETER N GEISLER ..... TRUSTEE	1.00 .....	X						0	0	0
MR PETER N GEISLER JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS PETER N GEISLER JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JODY S GILL ..... TRUSTEE	1.00 .....	X						0	0	0
MR THOMAS D GILL JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS ROBERT M GRACE ..... TRUSTEE	1.00 .....	X						0	0	0
MR MARTIN D GRUSS ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS MARTIN D GRUSS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM S GUBELMANN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS RANDOLPH H GUTHRIE ..... TRUSTEE	1.00 .....	X						0	0	0
MRS EDWARD A HANSEN ..... TRUSTEE	1.00 .....	X						0	0	0
MR THOMAS E HASSEN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS THOMAS E HASSEN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS PATRICK HENRY ..... TRUSTEE	1.00 .....	X						0	0	0
MS HEATHER HENRY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS SAMUEL HEYMAN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS BIRGITT HILTON ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR BARRY HOYT ..... TRUSTEE	1.00 .....	X						0	0	0
MRS BARRY HOYT ..... TRUSTEE	1.00 .....	X						0	0	0
MRS PAGE LEE HUFTY ..... TRUSTEE	1.00 .....	X						0	0	0
MR SAM HUNT ..... TRUSTEE	1.00 .....	X						0	0	0
MRS SAM HUNT ..... TRUSTEE	1.00 .....	X						0	0	0
MR WILLIAM E JAMES ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM E JAMES ..... TRUSTEE	1.00 .....	X						0	0	0
MR JASON TAUBMAN KALISMAN ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JOSEPHINE KALISMAN ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOHN D KOCH ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR LEONARD A LAUDER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS LEONARD A LAUDER ..... TRUSTEE	1.00 .....	X						0	0	0
AMBASSADOR HOWARD H LEACH ..... TRUSTEE	1.00 .....	X						0	0	0
MRS HOWARD H LEACH ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOSEPH W LUTER III ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JOSEPH W LUTER III ..... TRUSTEE	1.00 .....	X						0	0	0
MR J PETER LYONS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS J PETER LYONS ..... TRUSTEE	1.00 .....	X						0	0	0
MR LANCE D MAHANEY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS LANCE D MAHANEY ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS MITRA MUJICA- MARGOLIS ..... TRUSTEE	1.00 .....	X						0	0	0
MR GRANT E MASHEK ..... TRUSTEE	1.00 .....	X						0	0	0
MRS GRANT E MASHEK ..... TRUSTEE	1.00 .....	X						0	0	0
MR GEORGE G MATTHEWS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS GEORGE G MATTHEWS ..... TRUSTEE	1.00 .....	X						0	0	0
MR WILLIAM M MATTHEWS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM M MATTHEWS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS TALBOTT MAXEY ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOHN J MCATEE JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JOHN J MCATEE JR ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMBASSADOR BONNIE MCELVEEN-HUNTER ..... TRUSTEE	1.00 .....	X						0	0	0
MR HENRY P MCINTOSH IV ..... TRUSTEE	1.00 .....	X						0	0	0
MR LEVERETT S MILLER ..... TRUSTEE	1.00 .....	X						0	0	0
MR AMBROSE K MONELL ..... TRUSTEE	1.00 .....	X						0	0	0
MRS AMBROSE K MONELL ..... TRUSTEE	1.00 .....	X						0	0	0
MR DUDLEY L MOORE JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS DUDLEY L MOORE JR ..... TRUSTEE	1.00 .....	X						0	0	0
MR DAVID H MORRISH ..... TRUSTEE	1.00 .....	X						0	0	0
MRS DAVID H MORRISH ..... TRUSTEE	1.00 .....	X						0	0	0
MR ROBERT NEDERLANDER ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS JOHN A NYHEIM ..... TRUSTEE	1.00 .....	X						0	0	0
MISS CLARE O'KEEFFE ..... TRUSTEE	1.00 .....	X						0	0	0
MR DAVID G OBER ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM G PANNILL ..... TRUSTEE	1.00 .....	X						0	0	0
MRS FRANK C PAO ..... TRUSTEE	1.00 .....	X						0	0	0
DR NICHOLAS PAPANICOLAOU ..... TRUSTEE	1.00 .....	X						0	0	0
MRS NICHOLAS PAPANICOLAOU ..... TRUSTEE	1.00 .....	X						0	0	0
MR GARY L PATSLEY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS GARY L PATSLEY ..... TRUSTEE	1.00 .....	X						0	0	0
MRS JOHN J POHANKA ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR THOMAS C QUICK ..... TRUSTEE	1.00 .....	X						0	0	0
MR OLIVER H QUINN ..... TRUSTEE	1.00 .....	X						0	0	0
MR DOUGLAS E ROGERS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS DOUGLAS E ROGERS ..... TRUSTEE	1.00 .....	X						0	0	0
THE HONORABLE PHILIP E RUPPE ..... TRUSTEE	1.00 .....	X						0	0	0
MRS PHILIP E RUPPE ..... TRUSTEE	1.00 .....	X						0	0	0
MR THOMAS A SAUNDERS III ..... TRUSTEE	1.00 .....	X						0	0	0
MRS THOMAS A SAUNDERS III ..... TRUSTEE	1.00 .....	X						0	0	0
MR JOHN H SCHULER ..... TRUSTEE	1.00 .....	X						0	0	0
THE HONORABLE LESLY S SMITH ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR RANDALL D SMITH ..... TRUSTEE	1.00 .....	X						0	0	0
MRS RANDALL D SMITH ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM J SOTER ..... TRUSTEE	1.00 .....	X						0	0	0
MR WILLIAM H TOLD JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS WILLIAM H TOLD JR ..... TRUSTEE	1.00 .....	X						0	0	0
MRS MEREDITH A TOWNSEND ..... TRUSTEE	1.00 .....	X						0	0	0
MRS KATHRYN C VECELLIO ..... TRUSTEE	1.00 .....	X						0	0	0
MR ROBERT VILA ..... TRUSTEE	1.00 .....	X						0	0	0
MR J WILLIAM WEEKS ..... TRUSTEE	1.00 .....	X						0	0	0
MRS J WILLIAM WEEKS ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS LYNNE WHEAT ..... TRUSTEE	1.00 .....	X						0	0	0
MR MICHEL WITMER ..... TRUSTEE	1.00 .....	X						0	0	0
MR ROBERT K WOOD ..... TRUSTEE	1.00 .....	X						0	0	0
MRS ROBERT K WOOD ..... TRUSTEE	1.00 .....	X						0	0	0
DR PHILIP RYLANDS ..... PRESIDENT & CEO	40.00 .....			X				341,288	0	177,014
GLORIA REX ..... FINANCE DIRECTOR	40.00 .....				X			198,219	0	12,327
BRIDGET BARATTA ..... DIRECTOR OF ADVANCEMENT	40.00 .....				X			196,093	0	15,352
SOFIA MADURO ..... DIRECTOR OF PROGRAMMING	40.00 .....				X			175,900	0	19,719
RACHEL SCHIPPER ..... DIRECTOR OF LIBRARIES	40.00 .....					X		130,375	0	10,435
RONALD MINNICKS ..... DIRECTOR OF BUILDINGS & GROUNDS	40.00 .....					X		120,210	0	37,113

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIP BARNES ..... DIRECTOR OF STAGE & TECHNOLOGY SERV.	40.00 .....					X		118,346	0	16,519
DEBRA WATSON ..... DIRECTOR OF ACCOUNTING & PATRON SERV.	40.00 .....					X		118,086	0	18,325

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**  
THE SOCIETY OF THE FOUR ARTS INC

**Employer identification number**  
59-0454318

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions)
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 14 Public support percentage for 2021 (82.440%), 15 Public support percentage for 2020 Schedule A, Part II, line 14 (83.880%)

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in 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 the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
THE SOCIETY OF THE FOUR ARTS INC

**Employer identification number**  
59-0454318

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	65,556,259	44,910,126	41,309,687	37,015,644	34,972,248
<b>b</b> Contributions . . . . .	1,491,118	10,743,414	3,931,758	259,480	285,934
<b>c</b> Net investment earnings, gains, and losses	-6,968,179	11,620,281	1,108,493	2,020,416	2,628,038
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			39,076	-3,246,055	1,170,576
<b>f</b> Administrative expenses . . . . .	7,594,243	1,717,562	1,400,736	1,231,908	-300,000
<b>g</b> End of year balance . . . . .	52,484,955	65,556,259	44,910,126	41,309,687	37,015,644

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 87.021 %
- b** Permanent endowment ▶ 12.979 %
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		10,426,850		10,426,850
<b>b</b> Buildings . . . . .		47,670,742	13,085,962	34,584,780
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		6,160,139	4,766,522	1,393,617
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				46,405,247



**Part VII Investments - Other Securities.**

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	777,117
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	777,117

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	6,192,788
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-10,629,295	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-188,871	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -10,818,166
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 17,010,954
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	262,781	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	15,000	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 277,781
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 17,288,735

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	11,817,209
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	15,303	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 15,303
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 11,801,906
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	262,781	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 262,781
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 12,064,687

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0454318

**Name:** THE SOCIETY OF THE FOUR ARTS INC

## Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	<p>THE SOCIETY'S COLLECTIONS INCLUDE PAINTINGS, SCULPTURES, GRAPHICS, CERAMICS, FURNITURE AND OTHER ITEMS. IN CONFORMITY WITH THE PRACTICES FOLLOWED BY MANY MUSEUMS, COLLECTION ITEMS WHICH ARE (A) HELD FOR PUBLIC EXHIBITION AND EDUCATION; (B) PROTECTED, CARED FOR AND PRESERVED; AND (C) SUBJECT TO A POLICY DESIGNATING THE PROCEEDS FROM ANY SALES OF COLLECTION ITEMS TO ACQUIRING OR PRESERVING OTHER COLLECTIONS, ARE NOT CAPITALIZED AND ARE NOT REPORTED IN THE STATEMENT OF FINANCIAL POSITION. THE SOCIETY HAS DEVELOPED POLICIES FOR THE STEWARDSHIP OF THE COLLECTION FOLLOWING THE GUIDELINES OF THE AMERICAN ASSOCIATION OF MUSEUMS. TO BE CONSIDERED FOR THE COLLECTION, THE ITEM SHOULD BE RELATED TO THE COLLECTION AS IT NOW EXISTS, THE ITEMS SHOULD BE HIGH QUALITY, AND THE ITEM MUST BE APPROPRIATE TO THE EXISTING BODY OF WORK IN THE AREA IT IS TO BE PLACED. THE SOCIETY ALSO CONSIDERS THE SPECIAL REQUIREMENTS FOR STORAGE AND EXHIBITION. IF THE ITEM IS TO BE DONATED, THE DONOR SHALL ALSO BE WILLING TO MAKE AN UNRESTRICTED GIFT. TO BE CONSIDERED FOR SALE, THE SOCIETY MUST DETERMINE THAT IT IS UNABLE TO PROPERLY CARE FOR THE OBJECT, OR IT IS DETERMINED THAT THERE IS A MARKED DISCREPANCY BETWEEN THE COST OF THE CONSERVATION AND THE AESTHETIC, HISTORICAL, OR FINANCIAL VALUE OF THE OBJECT. OBJECTS OF MARKEDLY INFERIOR QUALITY, EITHER INTRINSICALLY OR RELATIVELY, IN COMPARISON WITH OTHER OBJECTS OF THE SAME TYPE IN THE COLLECTION, MAY BE CONSIDERED FOR SALE. ALSO, OBJECTS NOW DETERMINED TO LACK RELEVANCE TO THE COLLECTION MAY BE CONSIDERED FOR SALE. IN ANY SALE OR DISPOSAL OF COLLECTION ITEMS, THE APPROPRIATE LEVEL OF APPROVAL MUST BE OBTAINED AND THE PROCEEDS FROM THE SALE ARE REPORTED AS AN INCREASE IN NET ASSETS WITH DONOR RESTRICTIONS FOR ACQUISITION OR DIRECT CARE OF THE COLLECTION. DIRECT CARE INCLUDES COSTS TO PROCURE SUPPLIES AND MATERIALS NECESSARY TO SAFELY HOUSE, INSTALL/DE-INSTALL, AND DISPLAY OBJECTS AND ESTABLISHING AND IMPLEMENTING PROTOCOLS FOR PREVENTATIVE MAINTENANCE. SALES OF COLLECTION OBJECTS TOTALED APPROXIMATELY \$125,000 FOR THE YEAR ENDED JUNE 30, 2022. THE FAIR VALUE OF COLLECTION OBJECTS ACQUIRED BY GIFT FOR WHICH THE SOCIETY CAN MAKE A REASONABLE ESTIMATE OR OBTAIN APPRAISALS IS NOT REPORTED AS CONTRIBUTION REVENUE IN THE STATEMENT OF ACTIVITIES BECAUSE THE COLLECTION IS NOT CAPITALIZED. THE SOCIETY RECEIVED DONATED COLLECTION OBJECTS VALUED AT APPROXIMATELY \$15,000 FOR THE YEAR ENDED JUNE 30, 2022. THE SOCIETY DOES NOT RE-APPRAISE THE ENTIRETY OF ITS COLLECTION ON AN ANNUAL BASIS, BUT DOES EXERCISE PRUDENT STEWARDSHIP AND RISK MANAGEMENT BY CARRYING FINE ART INSURANCE COVERAGE OF \$6,000,000 ON THE COLLECTION.</p>

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	THE SCULPTURE GARDEN WITH WORKS OF ART BY INTERNATIONALLY KNOWN ARTISTS IS OPEN TO, AND FOR PUBLIC EXHIBITION, SEVEN DAYS A WEEK.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	<p>THE SOCIETY IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE SOCIETY'S GENERAL NOT-FOR-PROFIT STATUS, MANAGEMENT BELIEVES, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE SOCIETY'S CONSOLIDATED FINANCIAL STATEMENTS. U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF THE SOCIETY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SOCIETY AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.</p>

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -188,871.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONATED ARTWORK NOT RECORDED ON BOOKS 15,000.



# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED 15,303.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE SOCIETY OF THE FOUR ARTS INC

Employer identification number  
59-0454318

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	4a	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	5a	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	6a	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR PHILIP RYLANDS PRESIDENT & CEO	(i)	311,288	30,000	0	10,000	167,014	518,302	0
	(ii)	0	0	0	0	0	0	0
2 BRIDGET BARATTA DIRECTOR OF ADVANCEMENT	(i)	190,093	6,000	0	10,000	5,352	211,445	0
	(ii)	0	0	0	0	0	0	0
3 GLORIA REX FINANCE DIRECTOR	(i)	186,219	12,000	0	3,714	8,613	210,546	0
	(ii)	0	0	0	0	0	0	0
4 SOFIA MADURO DIRECTOR OF PROGRAMMING	(i)	168,900	7,000	0	10,000	9,719	195,619	0
	(ii)	0	0	0	0	0	0	0
5 RONALD MINNICKS DIRECTOR OF BUILDINGS & GROUNDS	(i)	115,210	5,000	0	10,000	27,113	157,323	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:	DR. PHILIP RYLANDS, PRESIDENT & CEO - 457 PLAN (\$10,938) GLORIA REX, FINANCE DIRECTOR - 457 PLAN (\$7,000) SOFIA MADURO, DIRECTOR OF PROGRAMMING - 457 PLAN (\$7,000) RACHEL SCHIPPER, DIRECTOR OF LIBRARIES - 457 PLAN (\$5,375) RONALD MINNICKS, DIRECTOR OF BUILDINGS & GROUNDS - 457 PLAN (\$5,375) DEBRA WATSON, DIRECTOR OF ACCOUNTING & PATRON SERVICES - 457 PLAN (\$5,375) PHILLIP BARNES, DIRECTOR OF STAGE & TECHNOLOGY SERVICES - 457 PLAN (\$5,375) INCLUDED IN DR. PHILIP RYLANDS AND RONALD MINNICKS NONTAXABLE BENEFITS IS EMPLOYER PROVIDED HOUSING WITH A VALUE OF \$157,968 AND \$18,500, RESPECTIVELY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE SOCIETY OF THE FOUR ARTS INC

Employer identification number  
59-0454318

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	1	15,000	APPRAISALS
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	39	575,171	STOCK MARKET VALUES
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	THE ORGANIZATION USED MERRILL LYNCH TO SELL DONATED SECURITIES DURING THE YEAR.

**SCHEDULE O**  
(Form 990)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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

THE SOCIETY OF THE FOUR ARTS INC

Employer identification number

59-0454318

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AMENDED FORM 990	THIS 990 IS BEING AMENDED TO REPORT THE VALUE OF EMPLOYER PROVIDED HOUSING WHICH MET ALL THREE CRITERIA; THE CONVENIENCE OF EMPLOYER, CONDITION OF EMPLOYMENT AND FURNISHED ON THE BUSINESS PREMISES BUT WAS INADVERTENTLY LEFT OUT OF THE AMOUNT REPORTED FOR NON-TAXABLE BENEFITS FOR THE CALENDAR YEAR 2021. HOUSING WITH A VALUE OF \$157,968 AND \$18,500 HAS BEEN ADDED TO THE COMPENSATION IN COL (F) IN PART VII OF THE FORM 990 FOR THE PRESIDENT & CEO AND THE DIRECTOR OF BUILDING & GROUNDS, RESPECTIVELY.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 2</p>	<p>THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP. MR. &amp; MRS. MICHAEL AINSLIE - HUSBAND &amp; WIFE MR. &amp; MRS. FRANCIS A. ARGENBRIGHT, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. JOHN T. AVELLINO - HUSBAND &amp; WIFE MR. &amp; MRS. LAWRENCE BEYER - HUSBAND &amp; WIFE AMBASSADOR &amp; MRS. W.L. LYONS BROWN - HUSBAND &amp; WIFE MR. &amp; MRS. GEORGE A. COHON - HUSBAND &amp; WIFE MR. &amp; MRS. DENIS P. COLEMAN, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. MARVIN H. DAVIDSON - HUSBAND &amp; WIFE MR. &amp; MRS. ROBERT G. DONNELLEY - HUSBAND &amp; WIFE AMBASSADOR &amp; MRS. EDWARD E. ELSON - HUSBAND &amp; WIFE MR. &amp; MRS. ALEXANDER P. FEDERBUSH - HUSBAND &amp; WIFE MR. &amp; MRS. ROBERT L. FORBES - HUSBAND &amp; WIFE MR. &amp; MRS. STANLEY N. GAINES - HUSBAND &amp; WIFE MR. &amp; MRS. PETER N. GEISLER - HUSBAND &amp; WIFE MR. &amp; MRS. PETER N. GEISLER, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. THOMAS D. GILL, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. MARTIN D. GRUSS - HUSBAND &amp; WIFE MR. &amp; MRS. WILLIAM S. GUBELMANN - HUSBAND &amp; WIFE DR. &amp; MRS. RANDOLPH H. GUTHRIE - HUSBAND &amp; WIFE MR. &amp; MRS. THOMAS E. HASSEN - HUSBAND &amp; WIFE MR. &amp; MRS. PATRICK HENRY - HUSBAND &amp; WIFE MS. HEATHER HENRY - DAUGHTER OF PATRICK HENRY MR. &amp; MRS. BARRY HOYT - HUSBAND &amp; WIFE MR. &amp; MRS. SAM HUNT - HUSBAND &amp; WIFE MR. &amp; MRS. WILLIAM E. JAMES - HUSBAND &amp; WIFE MR. &amp; MRS. JASON TAUBMAN KALISMAN - HUSBAND &amp; WIFE MR. &amp; MRS. JOHN D. KOCH - HUSBAND &amp; WIFE MR. &amp; MRS. LEONARD A. LAUDER - HUSBAND &amp; WIFE AMBASSADOR &amp; MRS. HOWARD H. LEACH - HUSBAND &amp; WIFE MR. &amp; MRS. JOSEPH W. LUTER, III - HUSBAND &amp; WIFE MR. &amp; MRS. J. PETER LYONS - HUSBAND &amp; WIFE MR. &amp; MRS. LANCE D. MAHANEY - HUSBAND &amp; WIFE MR. &amp; MRS. GRANT E. MASHEK - HUSBAND &amp; WIFE MR. &amp; MRS. GEORGE G. MATTHEWS - HUSBAND &amp; WIFE MR. &amp; MRS. WILLIAM M. MATTHEWS - HUSBAND &amp; WIFE MR. &amp; MRS. JOHN J. MCATEE, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. AMBROSE K. MONELL - HUSBAND &amp; WIFE MR. &amp; MRS. DUDLEY L. MOORE, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. DAVID H. MORRISH - HUSBAND &amp; WIFE MR. &amp; MRS. NICHOLAS PAPANICOLAOU - HUSBAND &amp; WIFE MR. &amp; MRS. GARY L. PATSLEY - HUSBAND &amp; WIFE MR. &amp; MRS. DOUGLAS E. ROGERS - HUSBAND &amp; WIFE THE HONORABLE &amp; MRS. PHILIP E. RUPPE - HUSBAND &amp; WIFE MR. &amp; MRS. THOMAS A. SAUNDERS, III - HUSBAND &amp; WIFE MR. &amp; MRS. RANDALL D. SMITH - HUSBAND &amp; WIFE MR. &amp; MRS. WILLIAM H. TOLD, JR. - HUSBAND &amp; WIFE MR. &amp; MRS. J. WILLIAM WEEKS - HUSBAND &amp; WIFE MR. &amp; MRS. ROBERT K. WOOD - HUSBAND &amp; WIFE</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS THAT PAY A MEMBERSHIP FEE, WHICH ENTITLES THEM TO A RIGHT TO VOTE FOR THE ORGANIZATION'S OFFICERS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS RECEIVE VOTING PROXIES EVERY FEBRUARY AND A QUORUM NUMBER IS DETERMINED TO COUNT AND APPROVE THE OFFICERS. THIS OCCURS AT THE ANNUAL MEETING, WHICH MEMBERS MAY ATTEND.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS ARE ENTITLED TO VOTE FOR THE ORGANIZATION'S OFFICERS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE AUDIT AND EXECUTIVE COMMITTEES AND IS MADE AVAILABLE TO THE TRUSTEES BEFORE IT IS FILED.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE POTENTIAL CONFLICTS OF INTEREST. POTENTIAL CONFLICTS OF INTEREST ARE COMPILED BY THE FINANCE DIRECTOR AND PRESENTED TO THE AUDIT COMMITTEE.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE APPROVES AND REVIEWS THE PRESIDENT/CEO SALARY ONCE A YEAR AND COMPARES THE SALARY AND BENEFITS TO OTHER LOCAL NON-PROFIT ORGANIZATIONS AS WELL AS THE AMERICAN MUSEUM SALARY SURVEY. THE PRESIDENT/CEO REVIEWS THE SALARY OF UPPER MANAGEMENT ON AN ANNUAL BASIS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -188,871. COLLECTION ITEMS PURCHASED BY NOT C APITALIZED -15,303. DONATED ARTWORK NOT RECORDED ON BOOKS -15,000.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE SOCIETY OF THE FOUR ARTS INC

**Employer identification number**

59-0454318

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

(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
<b>(1)</b> 2020 SEAVIEW PROPERTIES LLC 100 FOUR ART PLAZA PALM BEACH, FL 33480 88-0690742	REAL ESTATE HOLDING	FL	120,500	2,169,861	THE SOCIETY OF THE FOUR ARTS INC

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of 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) Percentage ownership
							Yes	No		Yes	No	

**Part IV 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.

(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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> EMBASSY CORPORATION 100 FOUR ARTS PLAZA PALM BEACH, FL 33480 59-0294178	REAL ESTATE HOLDING	FL	THE SOCIETY OF THE FOUR ARTS INC	C			100.000 %		No

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**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 thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EMBASSY CORPORTION	N	150,424	INTER-ORG ALLOCATION



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

<b>Return Reference</b>	<b>Explanation</b>