

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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **07-01-2022**, and ending **06-30-2023**

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

G Gross receipts \$ 37,456,635

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH, INSPIRE AND ENGAGE THE PALM BEACH COUNTY COMMUNITY, ENHANCING THE QUALITY OF OUR LIVES THROUGH EDUCATIONAL AND CULTURAL PROGRAMS IN ART, MUSIC, DRAMA, LITERATURE, HISTORICAL AND CURRENT AFFAIRS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	157		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	156		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	60		
	6 Total number of volunteers (estimate if necessary)	6	170		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	11,858,692	Current Year	16,858,990
	9 Program service revenue (Part VIII, line 2g)		1,236,120		749,692
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,048,877		1,806,511
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		145,046		-880,303
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,288,735		18,534,890
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			4,118,865		4,707,470
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 782,056					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			7,945,822		7,433,634
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		12,064,687		12,141,104	
19 Revenue less expenses. Subtract line 18 from line 12		5,224,048		6,393,786	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	110,356,718	End of Year	114,118,413
	21 Total liabilities (Part X, line 26)		10,119,470		4,575,605
	22 Net assets or fund balances. Subtract line 21 from line 20		100,237,248		109,542,808

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: 2024-04-29

DR PHILIP RYLANDS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01330899

Firm's name ▶ EISNER ADVISORY GROUP LLC Firm's EIN ▶ 87-1353108

Firm's address ▶ 505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 Phone no. (561) 832-9292

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 3,243,183 including grants of \$) (Revenue \$ 781,715)
 See Additional Data

4b (Code:) (Expenses \$ 2,052,639 including grants of \$) (Revenue \$)
 See Additional Data

4c (Code:) (Expenses \$ 1,718,871 including grants of \$) (Revenue \$)
 See Additional Data

(Code:) (Expenses \$ 822,998 including grants of \$) (Revenue \$)

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, IS A FURTHER SHOWCASE FOR SUBTROPICAL HORTICULTURE. THE GARDENS ARE OPEN TO THE PUBLIC YEAR-ROUND, FREE OF CHARGE. ATTENDANCE 60,497.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 822,998 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,837,691

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	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	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question, 2a, 2b, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, 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 (157), 1b (156), 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-Total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

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

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.
Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	2,734,331				
	c Fundraising events	1c	2,679,759				
	d Related organizations	1d					
	e Government grants (contributions)	1e	584,485				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,860,415				
	g Noncash contributions included in lines 1a - 1f:\$	1g	817,579				
	h Total. Add lines 1a-1f			16,858,990			
Program Service Revenue	2a SPONSORED PROGRAMS	Business Code					
		713990	641,154	641,154			
	b SALES OF COLLECTION ITEMS	713990	108,538	108,538			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.		749,692					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,355,567			1,355,567	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	124,800				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	124,800				
	d Net rental income or (loss)		124,800			124,800	
	7a Gross amount from sales of assets other than inventory	(i) Securities	17,943,810				
		(ii) Other					
		b Less: cost or other basis and sales expenses	17,483,314	9,552			
		c Gain or (loss)	460,496	-9,552			
	d Net gain or (loss)		450,944	-9,552		460,496	
	8a Gross income from fundraising events (not including \$ 2,679,759 of contributions reported on line 1c). See Part IV, line 18		370,385				
		b Less: direct expenses	1,417,063				
c Net income or (loss) from fundraising events			-1,046,678			-1,046,678	
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		53,391					
	b Less: cost of goods sold	11,816					
	c Net income or (loss) from sales of inventory		41,575	41,575			
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			18,534,890	781,715	0	894,185	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	938,985	279,536	579,911	79,538
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,922,879	1,950,989	848,821	123,069
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	277,201	177,363	87,628	12,210
9 Other employee benefits	295,850	179,274	102,281	14,295
10 Payroll taxes	272,555	158,998	99,476	14,081
11 Fees for services (non-employees):				
a Management				
b Legal	16,978	9,522	5,957	1,499
c Accounting	39,150	21,957	13,737	3,456
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	596,698	335,507	209,995	51,196
12 Advertising and promotion	584,759	430,387	82,801	71,571
13 Office expenses	111,055	66,307	35,355	9,393
14 Information technology	113,909	66,450	41,574	5,885
15 Royalties				
16 Occupancy	1,293,354	752,501	470,798	70,055
17 Travel	50,509	29,483	18,419	2,607
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	140,246		140,246	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,623,238	946,936	592,444	83,858
23 Insurance	233,850	136,419	85,350	12,081
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPONSORED ACTIVITIES	1,562,629	1,524,234	22,066	16,329
b OTHER PROGRAMMING AND	351,000	163,002	0	187,998
c EVENTS-CHAIRMAN & BENEF	254,006	254,006		
d EVENTS-TUESDAY SPEAKERS	219,973	219,973		
e All other expenses	242,280	134,847	84,498	22,935
25 Total functional expenses. Add lines 1 through 24e	12,141,104	7,837,691	3,521,357	782,056
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	7,841,294	1	3,272,870
	2 Savings and temporary cash investments	1,615,849	2	2,456,948
	3 Pledges and grants receivable, net	48,096	3	330,099
	4 Accounts receivable, net		4	2,110
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,816	8	0
	9 Prepaid expenses and deferred charges	503,809	9	939,326
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	64,493,295		
	b Less: accumulated depreciation	19,260,946		
	11 Investments—publicly traded securities	51,427,299	11	48,304,726
	12 Investments—other securities. See Part IV, line 11		12	9,724,437
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,503,308	15	3,855,548
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,356,718	16	114,118,413	
Liabilities	17 Accounts payable and accrued expenses	543,361	17	865,292
	18 Grants payable		18	
	19 Deferred revenue	2,740,959	19	802,725
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,058,033	23	2,058,033
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	777,117	25	849,555
	26 Total liabilities. Add lines 17 through 25	10,119,470	26	4,575,605
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,663,795	27	94,179,058
	28 Net assets with donor restrictions	12,573,453	28	15,363,750
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	100,237,248	32	109,542,808	
33 Total liabilities and net assets/fund balances	110,356,718	33	114,118,413	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,534,890
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,141,104
3	Revenue less expenses. Subtract line 2 from line 1	3	6,393,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,237,248
5	Net unrealized gains (losses) on investments	5	3,436,382
6	Donated services and use of facilities	6	
7	Investment expenses	7	-231,795
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-292,813
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	109,542,808

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0454318

Name: THE SOCIETY OF THE FOUR ARTS INC

Form 990 (2022)

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 HARDBODIES: CONTEMPORARY JAPANESE LACQUER SCULPTURE; CONTEMPLATING CHARACTER: PORTRAIT DRAWINGS & OIL SKETCHES FROM JACQUES-LOUIS DAVID TO LUCIAN FREUD; EDUARD ANGELI: CITIES ON WATER; AND 2022 BENJAMIN MKAPA AFRICAN WILDLIFE PHOTOGRAPHY AWARD. 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 44,499 AND 99 EVENTS.

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 63,234 AND 303 EVENTS.

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 DIXON 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 10,192 AND 152 EVENTS.

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			
DR RANDOLPH H GUTHRIE CHAIRMAN	5.00	X		X				0	0	0
MR ROBERT L FORBES VICE CHAIRMAN	3.00	X		X				0	0	0
MR PATRICK HENRY VICE CHAIRMAN	3.00	X		X				0	0	0
MR JOHN D KOCH VICE CHAIRMAN/TREASURER/ASSISTANT SECRETARY	3.00	X		X				0	0	0
MR GILBERT C MAURER VICE CHAIRMAN	3.00	X		X				0	0	0
MRS MARY M MORSE VICE CHAIRMAN/ASSISTANT TREASURER	3.00	X		X				0	0	0
MR WILLIAM S GUBELMANN SECRETARY	3.00	X		X				0	0	0
MR MICHAEL AINSLIE TRUSTEE	1.00	X						0	0	0
MRS SUZANNE 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 KATHLEEN ARGENBRIGHT TRUSTEE	1.00	X						0	0	0
MR JOHN T AVELLINO TRUSTEE	1.00	X						0	0	0
MRS R ELLEN AVELLINO TRUSTEE	1.00	X						0	0	0
MRS MARY-RANDOLPH 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 MICHELE 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 SUSAN COHON TRUSTEE	1.00	X						0	0	0
MR DENIS P COLEMAN JR TRUSTEE	1.00	X						0	0	0
MRS ANNABELLE COLEMAN 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 MARGARET DEAN TRUSTEE	1.00	X						0	0	0
MRS MAUREEN DONNELL 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 ROBERT G DONNELLEY TRUSTEE	1.00	X						0	0	0
MRS MIRANDA 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 SUZANNE 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
AMB DAVID FISHER TRUSTEE	1.00	X						0	0	0
MRS JENNIFER FISHER TRUSTEE	1.00	X						0	0	0
MR JOSEPH P FLANAGAN 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 J CHRISTOPHER FLOWERS TRUSTEE	1.00	X						0	0	0
MRS ANNE FLOWERS TRUSTEE	1.00	X						0	0	0
MRS LYDIA FORBES TRUSTEE	1.00	X						0	0	0
MR ROBERT FROMER TRUSTEE	1.00	X						0	0	0
MRS ANN FROMER TRUSTEE	1.00	X						0	0	0
MR STANLEY N GAINES TRUSTEE	1.00	X						0	0	0
MRS GAY GAINES TRUSTEE	1.00	X						0	0	0
MR PETER N GEISLER TRUSTEE	1.00	X						0	0	0
MRS CONNIE GEISLER TRUSTEE	1.00	X						0	0	0
MR PETER N GEISLER 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 SORAYA WELTON 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
MR DENNIS R GLASS TRUSTEE	1.00	X						0	0	0
MRS DEBORAH GLASS TRUSTEE	1.00	X						0	0	0
MR MARTIN D GRUSS TRUSTEE	1.00	X						0	0	0
MRS AUDREY GRUSS TRUSTEE	1.00	X						0	0	0
MRS SHELLEY GUBELMANN TRUSTEE	1.00	X						0	0	0
MRS BEATRICE GUTHRIE TRUSTEE	1.00	X						0	0	0
MRS JULIA HANSEN 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 E HASSEN TRUSTEE	1.00	X						0	0	0
MRS MELINDA HASSEN TRUSTEE	1.00	X						0	0	0
MR DESMOND J HEATHWOOD TRUSTEE	1.00	X						0	0	0
MRS ANN HEATHWOOD TRUSTEE	1.00	X						0	0	0
MRS HEATHER HENRY TRUSTEE	1.00	X						0	0	0
MS HEATHER HENRY TRUSTEE	1.00	X						0	0	0
MRS RONNIE HEYMAN TRUSTEE	1.00	X						0	0	0
MRS BIRGITT HILTON TRUSTEE	1.00	X						0	0	0
MR BARRY HOYT TRUSTEE	1.00	X						0	0	0
MRS CYNTHIA HOYT 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 PAGE LEE HUFTY TRUSTEE	1.00	X						0	0	0
MR SAM HUNT TRUSTEE	1.00	X						0	0	0
MRS VICTORIA HUNT TRUSTEE	1.00	X						0	0	0
MR THOMAS IOVINO TRUSTEE	1.00	X						0	0	0
MRS JUDITH IOVINO TRUSTEE	1.00	X						0	0	0
MR JOSEPH JACOBS TRUSTEE	1.00	X						0	0	0
MRS MICHELE JACOBS TRUSTEE	1.00	X						0	0	0
MR WILLIAM E JAMES TRUSTEE	1.00	X						0	0	0
MRS JANET JAMES TRUSTEE	1.00	X						0	0	0
MR JASON T KALISMAN 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 JOSEPHINE KALISMAN TRUSTEE	1.00	X						0	0	0
MS Y MICHELE KANG TRUSTEE	1.00	X						0	0	0
MR GIL KEMP TRUSTEE	1.00	X						0	0	0
MR PETER D KIERNAN III TRUSTEE	1.00	X						0	0	0
MRS EADDO KIERNAN TRUSTEE	1.00	X						0	0	0
MRS GIULIANA KOCH TRUSTEE	1.00	X						0	0	0
MR JAY FREDERICK KREHBIEL TRUSTEE	1.00	X						0	0	0
DR SILVIA KREHBIEL TRUSTEE	1.00	X						0	0	0
MR LEONARD A LAUDER TRUSTEE	1.00	X						0	0	0
AMBASSADOR HOWARD H LEACH TRUSTEE	1.00	X						0	0	0

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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			
MRS GRETCHEN LEACH TRUSTEE	1.00	X						0	0	0
MR JOSEPH W LUTER III TRUSTEE	1.00	X						0	0	0
MRS KARIN LUTER TRUSTEE	1.00	X						0	0	0
MR J PETER LYONS TRUSTEE	1.00	X						0	0	0
MRS KAY LYONS TRUSTEE	1.00	X						0	0	0
MR LANCE D MAHANEY TRUSTEE	1.00	X						0	0	0
MRS PATRICIA MAHANEY TRUSTEE	1.00	X						0	0	0
MR GRANT E MASHEK TRUSTEE	1.00	X						0	0	0
MRS ALLYSON MASHEK TRUSTEE	1.00	X						0	0	0
MR GEORGE G MATTHEWS 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 BETSY MATTHEWS TRUSTEE	1.00	X						0	0	0
MR WILLIAM M MATTHEWS TRUSTEE	1.00	X						0	0	0
MRS JEAN 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
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 LILI MONELL 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 DUDLEY L MOORE JR TRUSTEE	1.00	X						0	0	0
MRS MARGARET B MOORE TRUSTEE	1.00	X						0	0	0
MR JOHN A MORAN TRUSTEE	1.00	X						0	0	0
MRS CAROL MORAN TRUSTEE	1.00	X						0	0	0
MR DAVID H MORRISH TRUSTEE	1.00	X						0	0	0
MRS KAREN CONWAY MORRISH TRUSTEE	1.00	X						0	0	0
MRS MITRA MUJICA-MARGOLIS TRUSTEE	1.00	X						0	0	0
MR ROBERT NEDERLANDER TRUSTEE	1.00	X						0	0	0
MR DAVID G OBER TRUSTEE	1.00	X						0	0	0
MRS ALICE PANNILL 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 ELEANOR PAO TRUSTEE	1.00	X						0	0	0
DR NICHOLAS PAPANICOLAOU TRUSTEE	1.00	X						0	0	0
MRS VICTORIA PAPANICOLAOU TRUSTEE	1.00	X						0	0	0
MR GARY L PATSLEY TRUSTEE	1.00	X						0	0	0
MRS PAMELA PATSLEY TRUSTEE	1.00	X						0	0	0
MR MICHAEL PEACOCK TRUSTEE	1.00	X						0	0	0
MRS LYNN POHANKA TRUSTEE	1.00	X						0	0	0
MR THOMAS C QUICK TRUSTEE	1.00	X						0	0	0
MR OLIVER HARRISON QUINN TRUSTEE	1.00	X						0	0	0
MR BRIAN L ROBERTS 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 AILEEN ROBERTS TRUSTEE	1.00	X						0	0	0
MR DOUGLAS E ROGERS TRUSTEE	1.00	X						0	0	0
MRS COLLEEN ROGERS TRUSTEE	1.00	X						0	0	0
MR JOHN ROVENSKY GRACE TRUSTEE	1.00	X						0	0	0
MRS SHERRI ROVENSKY GRACE TRUSTEE	1.00	X						0	0	0
THE HONORABLE PHILIP E RUPPE TRUSTEE	1.00	X						0	0	0
MRS JORDAN SAUNDERS III TRUSTEE	1.00	X						0	0	0
THE HONORABLE LESLY S SMITH TRUSTEE	1.00	X						0	0	0
MR RANDALL D SMITH TRUSTEE	1.00	X						0	0	0
MRS BARBARA SMITH TRUSTEE	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR THOMAS W SMITH TRUSTEE	1.00	X						0	0	0
MRS DIANE SMITH TRUSTEE	1.00	X						0	0	0
MRS SALLY SOTER TRUSTEE	1.00	X						0	0	0
MR WILLIAM H TOLD JR TRUSTEE	1.00	X						0	0	0
MRS JANE TOLD TRUSTEE	1.00	X						0	0	0
MRS MEREDITH A TOWNSEND TRUSTEE	1.00	X						0	0	0
MR CHRISTOPHER S VECELLIO TRUSTEE	1.00	X						0	0	0
MRS TARA VECELLIO TRUSTEE	1.00	X						0	0	0
MRS KATHRYN COTTRILL VECELLIO TRUSTEE	1.00	X						0	0	0
MR ROBERT VILA 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 J WILLIAM WEEKS TRUSTEE	1.00	X						0	0	0
MRS ROBIN WEEKS TRUSTEE	1.00	X						0	0	0
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 FRIEDERIKE WOOD TRUSTEE	1.00	X						0	0	0
DR PHILIP RYLANDS PRESIDENT & CEO	40.00	X		X				359,180	0	186,113
GLORIA REX CHIEF FINANCIAL OFFICER	40.00				X			220,664	0	21,090
SOFIA MADURO CHIEF PROGRAMS OFFICER	40.00				X			186,287	0	20,649
INGRID BERKECZI CONTROLLER	40.00					X		106,433	0	10,540

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			
RACHEL SCHIPPER DIRECTOR OF LIBRARIES	40.00					X		134,689	0	10,504
RONALD MINNICKS DIRECTOR OF FACILITIES MANAGEMENT	40.00					X		124,523	0	38,079
PHILLIP BARNES DIRECTOR OF STAGING & TECHNICAL SERVICES	40.00					X		122,766	0	20,933
DEBRA WATSON DIRECTOR OF MEMBERSHIP SERVICES	40.00					X		131,404	0	20,446

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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		
Total						

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 1,985,812
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. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 80.990 %
Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 15 82.440 %

16a 33 1/3% support test-2022. 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-2021. 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-2022. 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-2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. 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—2021. 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
1	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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	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>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	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>		
	3c		
4a	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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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>		
	7		
8	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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described on 11a above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
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 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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:
- | | Amount |
|---------------------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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
1a Beginning of year balance	52,484,955	65,556,259	44,910,126	41,309,687	37,015,644
b Contributions	509,452	1,491,118	10,743,414	3,931,758	259,480
c Net investment earnings, gains, and losses	4,998,037	-6,968,179	11,620,281	1,108,493	2,020,416
d Grants or scholarships					
e Other expenditures for facilities and programs				39,076	-3,246,055
f Administrative expenses	2,470,363	7,594,243	1,717,562	1,400,736	1,231,908
g End of year balance	55,522,081	52,484,955	65,556,259	44,910,126	41,309,687

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 79.402 %
 - b** Permanent endowment ▶ 12.269 %
 - c** Term endowment ▶ 8.329 %
- 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land		10,400,390		10,400,390
b Buildings		47,765,412	13,874,385	33,891,027
c Leasehold improvements				
d Equipment				
e Other		6,327,493	5,386,561	940,932
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				45,232,349

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) VANGUARD 500 INDEX FUND ADMIRAL	9,724,437	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,724,437	

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)		
Total. (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)	
Total. (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	
DEFERRED COMPENSATION PAYABLE	849,555
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	849,555

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.

1	Total revenue, gains, and other support per audited financial statements		1	18,036,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,417,063	
e	Add lines 2a through 2d		2e	1,417,063
3	Subtract line 2e from line 1		3	16,619,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,915,049	
c	Add lines 4a and 4b		4c	1,915,049
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	18,534,890

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.

1	Total expenses and losses per audited financial statements		1	13,558,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,417,063	
e	Add lines 2a through 2d		2e	1,417,063
3	Subtract line 2e from line 1		3	12,141,104
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,141,104

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

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 CONSOLIDATED STATEMENTS 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 TO THE COLLECTION, THE DONOR MUST 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 WITHOUT DONOR RESTRICTIONS AND MUST BE USED 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 \$109,000 AND \$125,000 FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, RESPECTIVELY. PURCHASES OF COLLECTION OBJECTS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. PURCHASES OF COLLECTION OBJECTS TOTALED APPROXIMATELY \$469,000 AND \$15,000 FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, RESPECTIVELY. 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 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 COVER</p>

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	AGE OF \$6,000,000 ON THE COLLECTION.

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:	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, 2023, 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 1,417,063.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTEREST AND DIVIDENDS 1,355,567. LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -9,552. REALIZED GAINS ON SALES OF INVESTMENTS 460,496. PROCEEDS FROM SALE OF COLLECTION ITEMS 108,538.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 1,417,063.

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

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
 THE SOCIETY OF THE FOUR ARTS INC

Employer identification number
 59-0454318

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SENIOR GALA (event type)	JUNIOR GALA (event type)	1 (total number)	(add col. (a) through col. (c))
1 Gross receipts	2,417,256	609,303	23,585	3,050,144
2 Less: Contributions	2,231,656	448,103	0	2,679,759
3 Gross income (line 1 minus line 2)	185,600	161,200	23,585	370,385
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	243,985	234,079	9,685	487,749
8 Entertainment	467,245	339,992	4,000	811,237
9 Other direct expenses	93,747	20,175	4,155	118,077
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,417,063
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,046,678

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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 for instructions and the latest information.

2022

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 Questions Regarding Compensation

	Yes	No								
<p>1a 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 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>2 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>3 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>4 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>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? 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>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 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>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 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>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 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>8 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>9 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)	329,180	30,000	0	10,000	176,113	545,293	0
	(ii)	0	0	0	0	0	0	0
2 GLORIA REX CHIEF FINANCIAL OFFICER	(i)	208,664	12,000	0	10,000	11,090	241,754	0
	(ii)	0	0	0	0	0	0	0
3 SOFIA MADURO CHIEF PROGRAMS OFFICER	(i)	179,287	7,000	0	10,000	10,649	206,936	0
	(ii)	0	0	0	0	0	0	0
4 RONALD MINNICKS DIRECTOR OF FACILITIES MANAGEMENT	(i)	119,523	5,000	0	10,000	28,079	162,602	0
	(ii)	0	0	0	0	0	0	0
5 DEBRA WATSON DIRECTOR OF MEMBERSHIP SERVICES	(i)	124,404	7,000	0	9,513	10,933	151,850	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, CHIEF FINANCIAL OFFICER - 457 PLAN (\$7,000) SOFIA MADURO, CHIEF PROGRAMS OFFICER - 457 PLAN (\$7,000) RACHEL SCHIPPER, DIRECTOR OF LIBRARIES - 457 PLAN (\$5,375) RONALD MINNICKS, DIRECTOR OF FACILITIES MANAGEMENT - 457 PLAN (\$5,375) DEBRA WATSON, DIRECTOR OF MEMBERSHIP SERVICES - 457 PLAN (\$5,375) PHILLIP BARNES, DIRECTOR OF STAGING & TECHNICAL 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

2022

- ▶ **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 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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	29	817,579	HI/LOW DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 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
30a 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 If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 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, COLUMN (B):	NUMBER OF ITEMS CONTRIBUTED REPRESENTS EACH UNIQUE CONTRIBUTION OF STOCKS BY INDIVIDUAL DONORS.

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 for the latest information.

OMB No. 1545-0047

2022**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
FORM 990, PART VI, SECTION A, LINE 2	<p>THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP. MR. & MRS. MICHAEL AINSLIE - HUSBAND & WIFE MR. & MRS. FRANCIS A. ARGENBRIGHT, JR. - HUSBAND & WIFE MR. & MRS. JOHN T. AVELLINO - HUSBAND & WIFE MR. & MRS. LAWRENCE BEYER - HUSBAND & WIFE AMBASSADOR & MRS. W. L. LYONS BROWN - HUSBAND & WIFE MR. & MRS. GEORGE A. COHON - HUSBAND & WIFE MR. & MRS. DENIS P. COLEMAN, JR. - HUSBAND & WIFE MR. & MRS. ROBERT G. DONNELLEY - HUSBAND & WIFE AMBASSADOR & MRS. EDWARD E. ELSON - HUSBAND & WIFE MR. & MRS. ALEXANDER P. FEDERBUSH - HUSBAND & WIFE MR. & MRS. DAVID FISCHER - HUSBAND & WIFE MR. & MRS. J. CHRISTOPHER FLOWERS - HUSBAND & WIFE MR. & MRS. ROBERT L. FORBES - HUSBAND & WIFE MR. & MRS. ROBERT FROMER - HUSBAND & WIFE MR. & MRS. STANLEY N. GAINES - HUSBAND & WIFE MR. & MRS. PETER N. GEISLER - HUSBAND & WIFE MR. & MRS. PETER N. GEISLER, JR. - HUSBAND & WIFE/PETER JR. SON OF PETER N. GEISLER MR. & MRS. THOMAS D. GILL, JR. - HUSBAND & WIFE MR. & MRS. DENNIS GLASS - HUSBAND & WIFE MR. & MRS. MARTIN D. GRUSS - HUSBAND & WIFE MR. & MRS. WILLIAM S. GUBELMANN - HUSBAND & WIFE DR. & MRS. RANDOLPH H. GUTHRIE - HUSBAND & WIFE MR. & MRS. THOMAS E. HASSEN - HUSBAND & WIFE MR. & MRS. DESMOND J. HEATHWOOD - HUSBAND & WIFE MR. & MRS. PATRICK HENRY - HUSBAND & WIFE MS. HEATHER HENRY - DAUGHTER OF PATRICK HENRY MR. & MRS. BARRY HOYT - HUSBAND & WIFE MR. & MRS. SAM HUNT - HUSBAND & WIFE MR. & MRS. THOMAS IOVINO - HUSBAND & WIFE MR. & MRS. JOSEPH JACOBS - HUSBAND & WIFE MR. & MRS. WILLIAM E. JAMES - HUSBAND & WIFE MR. & MRS. CHARLES B. JOHNSON - HUSBAND & WIFE MR. & MRS. JASON TAUBMAN KALISMAN - HUSBAND & WIFE MR. & MRS. PETER D. KIERNAN III - HUSBAND & WIFE MR. & MRS. JOHN D. KOCH - HUSBAND & WIFE MR. & DR. JAY FREDERICK KREHBIEL - HUSBAND & WIFE AMBASSADOR & MRS. HOWARD H. LEACH - HUSBAND & WIFE MR. & MRS. JOSEPH W. LUTER, III - HUSBAND & WIFE MR. & MRS. J. PETER LYONS - HUSBAND & WIFE MR. & MRS. LANCE D. MAHANEY - HUSBAND & WIFE MR. & MRS. GRANT E. MASHEK - HUSBAND & WIFE MR. & MRS. GEORGE G. MATTHEWS - HUSBAND & WIFE MR. & MRS. WILLIAM M. MATTHEWS - HUSBAND & WIFE MR. & MRS. AMBROSE K. MONELL - HUSBAND & WIFE MR. & MRS. DUDLEY L. MOORE, JR. - HUSBAND & WIFE MR. & MRS. JOHN A. MORAN - HUSBAND & WIFE MR. & MRS. DAVID H. MORRISH - HUSBAND & WIFE MR. & MRS. NICHOLAS PAPANICOLAOU - HUSBAND & WIFE MR. & MRS. GARY L. PATSLEY - HUSBAND & WIFE MR. & MRS. BRIAN L. ROBERTS - HUSBAND & WIFE MR. & MRS. DOUGLAS E. ROGERS - HUSBAND & WIFE MR. & MRS. JOHN ROVENSKY GRACE - HUSBAND & WIFE MR. & MRS. RANDALL D. SMITH - HUSBAND & WIFE MR. & MRS. THOMAS W. SMITH - HUSBAND & WIFE MR. & MRS. WILLIAM H. TOLD, JR. - HUSBAND & WIFE MR. & MRS. CHRISTOPHER S. VECELLIO - HUSBAND & WIFE MR. & MRS. J. WILLIAM WEEKS - HUSBAND & WIFE MR. & MRS. ROBERT K. WOOD - HUSBAND & 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

Return Reference	Explanation
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 A COPY OF THE RETURN WITH SCHEDULE B REDACTED 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 203,002. COLLECTION ITEMS PURCHASED BY NOT CAPITALIZED -469,355. LAND VALUE OF RELATED ENTITY INCLUDED IN OPENING NET ASSET AMOUNT -26,460.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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 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
(1) 2020 SEAVIEW PROPERTIES LLC 100 FOUR ART PLAZA PALM BEACH, FL 33480 88-0690742	REAL ESTATE HOLDING	FL	120,000	2,142,998	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
(1) EMBASSY CORPORATION 100 FOUR ARTS PLAZA PALM BEACH, FL 33480 59-0294178	REAL ESTATE HOLDING	FL	THE SOCIETY OF THE FOUR ARTS INC	C		26,460	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 CORPORATION	N		INTER-ORG ALLOCATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation