990 Form

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 2017 Openito Public Inspection

A		he 2017 calendar year, or tax year beginning , and ending			
В	1	applicable: C Name of organization		D Employ	yer identification number
L	Addres	change HELEN DAY ART CENTER, INC.			
	Name c	hange Doing business as Number and street (or P.O. box if mail is not delivered to street address)		03-0	0284825
Г	Initial re		Room/suite	E Telepho	one number
F	Final re	um/ City or town, state or province, country, and ZIP or foreign postal code		802-	-253-8358
<u> </u>	terminal	STOWE VT 05672			
	Amenda	d return F Name and address of principal officer:		G Gross re	ceipts\$ 491,92
	Applicat	on pending DIANE ARNOLD	H(a) Is this a gro	oup return for	subordinates? Yes X N
		PO BOX 411			
		STOWE VT 05672	H(b) Are all sub		cluded? Yes No . (see instructions)
$\overline{}$	Tax-exe	V and visit V		attach a pst	. (see instructions)
٠	Websit		-		
ĸ			H(c) Group exe		
	art l		Year of formation: 1	982	M State of legal domicile: V
Section 4					
d)	1	Briefly describe the organization's mission or most significant activities: THE HELEN DAY ART CENTER IS A MEMBER SUPPORTED, COMMU	NTMY DOME		
Š]	EDUCATION NON-PROFIT ORGANIZATION, WHOSE MISSION IS TO	O ENURS	AND	
Ē	ĺ	EXPERIENCE THROUGH THE VISUAL ARTS.	O ENHANCE	LHE HO	MAN
Ş.	,	Check this box ▶ if the organization discontinued its operations or disposed of more than			•••••
Activities & Governance	3	Number of voting members of the governing body (Port \/ Line 4-)	25% of its net ass	ets.	
ري ص	1 4	Number of voting members of the governing body (Part VI, line 1a)		. 3	17
iţį].	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	17
훓	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12
ĕ	7.	Total number of volunteers (estimate if necessary)		. 6	124
	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0
	D.	Net unrelated business taxable income from Form 990-T, line 34	T	. 7b	0
4.	8 (Contributions and grants (Part VIII, line 1h)	Prior Year	,056	Current Year
ng.	9 1	Program contice revenue (Port VIII line 2a)			
Revenue		rogram service revenue (Part VIII, III e 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,280	
8	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,103	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,272	41,088
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3/3	,505	440,810
	14 5	Benefits paid to or for members (Part IX, column (A), line 4)			874
60	4- 6	National and the second of the	206	775	005 740
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ► 56, 410		,115	205,743
be d	h T	otal fundraising expenses (Part IX column (D) line 25) \ 56 410		ANTENNA CONTRACTOR	U
ŭ	17 (1.47	700	
	18 T	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	252	,730	<u>214,701</u>
- 1	19 F	Revenue less expenses. Subtract line 18 from line 12		,845	421,318
58		evenue less expenses. Cubitact line 10 from line 12	19 Beginning of Curre		19,492
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		, 400	End of Year 240, 249
A B		otal liabilities (Part X, line 26)		, 326	
25	22 N	let assets or fund balances. Subtract line 21 from line 20		,074	27,035 213,214
	ift	Signature Block	102	,0/4	213,214
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and staten	nente and to the be	ot of my les	
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	stoimykn	lowledge and belief, it is
Sign	n İ	Signature of officer	*	Date	
Her		DIANE ARNOLD CHAIR	PERSON		
		Type or print name and title	TENSON		
		Print/Type preparer's name Preparer's signature	Date	Ta	DTIN
Paid	1	DEBORAH L. VERZILLI, CPA DEBORAH L. VERZILLI, CPA		Check	if PTIN
Prep	arar [Firm's name MARCKRES NORDER AND COMPANY, INC.		8 self-emp	
Use		PO BOX 732	Firm	's EIN	03-0322133
		Firm's address MORRISVILLE, VT 05661	. [000 000 5501
May	he IRS	6 discuss this return with the preparer shown above? (see instructions)	Pho	ne no.	802-888-7781
		ork Reduction Act Notice, see the separate instructions.		<u></u>	X Yes No
DAA	abaime	an recursion Activates, see the separate instructions.			Form 990 (2017)

Form 990 (2017) HELEN DAY A	RT CENTER,	NC. (03-0284825	Page 2
Part III Statement of Progr				
		se or note to any line in	this Part III	L
1 Briefly describe the organization's n THE HELEN DAY ART (MEMBER SUPPORT	ED. COMMINITY AR	חמע אתר
EDUCATION NON-PROF				
EXPERIENCE THROUGH				
2 Did the organization undertake any	significant program sen	vices during the year which w	vere not listed on the	
			•••••	Yes X No
If "Yes," describe these new service				
3 Did the organization cease conduct services?		_		Yes X No
If "Yes," describe these changes on				Tes M No
4 Describe the organization's program		nts for each of its three large	st program services, as measure	d bv
expenses. Section 501(c)(3) and 50				-
the total expenses, and revenue, if			·	·
			874) (Revenue	
EDUCATION-ADULT AND		RAMS OFFERED O	OVER 80 CLASSES,	WORKSHOPS, AND
FAMILY EVENTS THIS		12 EVITET	mtone	
EXHIBITIONS - CURATE PUBLIC PROGRAMMING				ETC AND
WORKSHOPS ACCOMPANY			K WITH LOCAL AND	
SCHOOLS WHO RECEIVE			· · · · · · · · · · · · · · · · · · ·	
STIPENDS TO PAY FOR				
ROOM WITH ACTIVITIE				
STUDIOS, AND ADMISS			· · · · · · · · · · · · · · · · · · ·	
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	·			
4b (Code:) (Expenses \$		including grants of \$) (Revenue	\$)
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	• • • • • • • • • • • • • • • • • • • •			••••••
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45 (Onde) \/Evnence &		including grants of \$) /Poverus	¢ \
4c (Code:) (Expenses \$		including grants of \$) (Revenue	*)
•				•••••
• • • • • • • • • • • • • • • • • • • •				•••••
•				• • • • • • • • • • • • • • • • • • • •
•				••••••••••••

4d Other program services (Describe in) /Poyonyo \$	
4d Other program services (Describe in (Expenses \$ 4e Total program service expenses ▶	n Schedule O.) including grants) (Revenue \$)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 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 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Pert III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R complete Schedule D, Part III 8 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 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more C of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 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 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) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ...

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

	Check if Schedule O contains a response or note to any line in this Pa	<u>rt V</u>	<u></u>		<u></u> _
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31	- The state of the	Yes	s N
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors an reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	It		9 44
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 12		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax is		2b	X	ar Trees
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)			g (5).
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	2012.12.1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot over, a financial account in a foreign country (such as a bank account, securities account, or othe account)?		4a		X
þ	If "Yes," enter the name of the foreign country: ▶	•••••	75		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financ (FBAR).				
5a	and any arms a party to a promotion tax officers a safety arms defining the tax year		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer of the control of	saction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>	↓	—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	d the			1
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contrib		<u>6a</u>	┼	X
b	gifts were not tax deductible?	utions or		1	
7	Organizations that may receive deductible contributions under section 170(c).		6b	G G G G G	S Property
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly is	or anode			
_	and services provided to the payor?	or goods	7a		4000
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a	+	╁
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	was		\vdash	┼~
	required to file Form 8282?		7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		8.5	NA.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contract?	7e	- Princis	. Bestanise
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	7f		\Box
	If the organization received a contribution of qualified intellectual property, did the organization file		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined by the		300	
	sponsoring organization have excess business holdings at any time during the year?				
	Sponsoring organizations maintaining donor advised funds.				
			9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	237.8000	l annexos
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	. [100]	—		
	Gross income from members or shareholders	11a	3.37		
	Gross income from other sources (Do not net amounts due or paid to other sources	. 110			
	against amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	. ———	12a	All the Co	1000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Thoras
	Section 501(c)(29) qualified nonprofit health insurance issuers.		—		
	s the organization licensed to issue qualified health plans in more than one state?		13a	MATERIAL SECTION AND ADDRESS OF THE PARTY NAMED IN COLUMN TWO IN COLUMN TO ADDRESS OF THE PARTY NAMED IN COLUMN TO ADDRESS OF	Indials for
	Note. See the instructions for additional information the organization must report on Schedule O.	• • • • • • • • • • • • • • • • • • • •	100		
	Enter the amount of reserves the organization is required to maintain by the states in which				
	he organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Χ
b i	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	lule O	14b	\neg	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

102	Did the organization have local chapters, branches, or affiliates?	Iva		
h	If "Ves." did the organization have written policies and procedures governing the activities of such chapters,	i i		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Has the organization provided a complete copy of this 1 of the 350 of this 150 of the 550 of this 150 of the 550 of this 150 o			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	\$1,600 Sector; 42	Χ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
·	describe in Schedule O how this was done	12c		<u> </u>
	Did the organization have a written whistleblower policy?	13		X
13	Did the organization have a written whistleblower policy?	14		Х
14	Did the organization have a written document retention and destruction policy?	4.00	in the same	(Free
15	Did the process for determining compensation of the following persons include a review and approval by	233		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V	02150 ES
a	The organization's CEO, Executive Director, or top management official	15a	X	 ;;
- -	Other officers or key employees of the organization	15b	n estronas.	<u> X</u>
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4.5		16
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	71, 646		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of	16a		X
	with a taxable entity during the year?	14.113.2		1206
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		J. TR. S	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		0.555	
	organization's exempt status with respect to such arrangements?	16b	1	Ь

Section	<u>C.</u>	Disclosure		 	
	_			 :	

List the states with which a copy of this Form 990 is required to be filed ▶ NONE

Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Own website Another's website X Upon request Other (explain in Schedule O)

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.

	Illiancial statements available to the part	ui_halla backs and socord	10.
20	State the name, address, and telephone nun	nber of the person who possesses the organization's books and record	13.

HEIDI BROWN

PO BOX 411

05672

802-253-8358

STOWE

Form 990 (201	17) HELEN DAY ART CE	NTER, INC.	03-0284825							
Part VII	Compensation of Officers.	Directors Trustees	Key Employees Highert C	Rage						
	Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar Independent Contractors									
	Check if Schedule O contains	s a response or note	to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key	Employees, and Highes	st Compensated Employees							

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for		(do not oox, un officer :	Po check less p	erson	is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) DIANE ARNOLD		\top	T	1							
CHAIRPERSON	1.00 0.00	1	L	Х				0	0		
(2) LANCE VIOLETTE	1 00			İ							
VICE CHAIR	1.00	1	1	X				0	0		
(3) GIULIA ELIASON									0	C	
SECRETARY	1.00	\cdot		Х							
(4) ELLISA DOIRON	0.00	†	\vdash	Δ			\dashv	0	0	0	
TREASURER	1.00			Х				0	0	0	
(5) RACHEL MOORE	40.00									0	
EXECUTIVE DIRECTOR	40.00	1		х	- 1			71,900	0	0	
(6) ADAM BLUE						\exists				0	
TRUSTEE	1.00 0.00	х						0	0	0	
(7) GUNNEL CLARKE	1.00	l			- 1		- 1				
TRUSTEE	0.00	Х						0	0	0	
(8) CHRISTOPHER DOY											
TRUSTEE	1.00 0.00	Х		j				o		_	
(9) JAY ERICSON				寸	寸		7		0	0	
CHAIR/VICE CHAIR	1.00			х				0	0	0	
10)BRIAN HAMOR										0	
IRUSTEE	1.00	х		ł				0	0	0	
11) REMY JOSEPH			\neg	\top	ヿ	十	\top	——————————————————————————————————————		0	
RUSTEE	1.00 0.00	Х						0		_	
AA .						Ļ_			0	O Form 990 (2017)	

(A) Name and title		(B) (C) Average hours per week (list any hours for							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112)100111100)	organization and related organizations	
(12)	DIANE LOONEY	1.00										
TRUS		0.00	X		-	-	 	H	0	0	0	
(13)	TISPEIU DROCE	1.00										
TRUS		0.00	X	<u> </u>		_		_	0	0	0	
(14)		1.00	X						0	0	0	
TRUS		0.00	Â	-		-	T	-				
		1.00										
TRUS		0.00	X	-	\vdash	├-	╁	-	0	0	0	
(16)	OILL ZBOROVAL	1.00	ļ					Ì				
TRUS		0.00	X		_	1	┼-	┡	0	0	0	
(17)	KIM DRESLIN	1.00										
TRUS		0.00	X	_		_	-	_	0	0	0	
(18)	GREG POPA	1.00					1					
TRUS	STEE	0.00	X		-	L	-	-	0	0	0	
	Sub-total								71,900)	<u> </u>	
-4	Total from continuation she Total (add lines 1b and 1c)							<u> </u>	71,900			
2	Total number of individuals (in	ncluding but not	limit	ed to	tho	se li	sted	abo	ve) who received more that	n \$100,000 of		
3	reportable compensation from Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related or line for services rendered to the organization for services rendered to the organization from	ormer officer, di "complete Sche ne 1a, is the sum nizations greate	rectordule n of rer the	or, or J fo epor in \$1	table 50,0	ch in con 000?	mper	iuai nsati es," om a	on and other compensation complete Schedule J for some on unrelated organization of the compensation of th	n from the uch or individual	4 X	
Secti	on B. Independent Contract	ors		-4	امدا		done		tractors that received more	than \$100 000 of		
1	Complete this table for your fi compensation from the organ	ization. Report	com	ens	ation	o for	the	zaler	idal year ending with or wi	thin the organization's tax (B) iption of services	year. (C) Compensation	
	Name an	(A) d business address						╁	Descr	iption of services	Compensation	
								-				
								-				
								+				
				-	-		-	\dagger				
2	Total number of independent received more than \$100,000	t contractors (inc	cludi on fr	ng b	ut no	t lim	nited nizati	to th	ose listed above) who	0	Form 990 (2017)	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax exempt function revenue 1a Federated campaigns b Membership dues 1b 26,235 c Fundraising events 1c 40,832 d Related organizations 1d e Government grants (contributions) 1e 10,000 f All other contributions, gifts, grants, and similar amounts not included above <u>172,</u>078 g Noncash contributions included in lines 1a-1f: 10,937 h Total, Add lines 1a-1f. Program Service Revenue Busn. Code 2a EXHIBITIONS & ART SALES 711300 70,325 70,325 b TUITION 611600 70,106 70,106 532000 C FACILITY RENTAL 2,990 2,990 f All other program service revenue g Total. Add lines 2a-2f..... 143,421 Investment income (including dividends, interest, and other similar amounts) 1,285 1,285 Income from investment of tax-exempt bond proceeds ▶ Royalties ... (i) Reaf (ii) Personal 6a Gross rents b Less: rental exps. C Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 16,055 other than inventor **b** Less: cost or other basis & sales exps. 10,184 5,871 c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ 40,832 of contributions reported on line 1c). See Part IV, line 18 82,020 **b** Less: direct expenses b 40,932 c Net income or (loss) from fundraising events 41,088 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 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. . 440,810 149,292

. Form 990 (2017) HELEN DAY ART CENTER, INC.

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 respo				X
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	ехрепзез
1	Grants and other assistance to domestic organizations		674		
	and domestic governments. See Part IV, line 21	874	874		
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	,		a a care un constant	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u></u>		
5	Compensation of current officers, directors,	TO 041	20 410	10 010	21 612
	trustees, and key employees	72,041	32,418	18,010	21,613
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		70 700	22 (54	11 060
7	Other salaries and wages	112,485	78,762	22,654	11,069
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		10 700	4 676	2 750
10	Payroll taxes	21,217	12,783	4,676	3,758
11	Fees for services (non-employees):				
а	Management				
b				10.000	
С	Accounting	10,938		10,938	
d					
е	Professional fundraising services. See Part IV, line 17		A CONTRACTOR REPORTED TO		
f	Investment management fees	1,843	1,843		
g	Other. (If line 11g amount exceeds 10% of line 25, column			7.50	10 700
Ŭ	(A) amount, list line 11g expenses on Schedule O.)	85,204	73,754	750	10,700
12	Advertising and promotion	8,012	6,478	1,778	-244
13	Office expenses	18,880	11,942	4,341	2,597
14	Information technology	7,469	3,719	3,750	
15	Royalties				
16	Occupancy			1 = 1	0.5
17	Travel	858	450	151	257
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			240	1 2 (
19	Conferences, conventions, and meetings	479		349	130
20	Interest	102		102	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,191	4,191		
23	Insurance	10,844	10,185	571	88
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				erite Ministration
	(A) amount, list line 24e expenses on Schedule O.)		COLUMN TO SERVICE SERVICES		
а	DISCUSSION AND AND ADDRESS OF A PART	17,606	13,451	1,701	2,454
b		16,081	12,924		418
C	COCH OF ARE COLD	9,955	9,955		
d		7,840	4,186		2,82
•	A.10 .41	14,399	9,756		749
25		421,318	287,671	77,237	56,41
26					
-0	organization reported in column (B) joint costs			1	
	from a combined educational campaign and			[
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				Form 990 (201

Part X

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 43,171 64,171 Savings and temporary cash investments 9,628 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 370 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 3,503 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 33,423 29.817 Investments—publicly traded securities 111,077 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 678 14 Other assets. See Part IV, line 11 15 55015 Total assets. Add lines 1 through 15 (must equal line 34) 16 400 16 Accounts payable and accrued expenses 17 997 17 Grants payable 18 18 19 Deferred revenue 13,241 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 9,951 23 Unsecured notes and loans payable to unrelated third parties 24 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 137 Total liabilities. Add lines 17 through 25 326 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 182,074 32 Total net assets or fund balances 33 182,074 33 Total liabilities and net assets/fund balances 240,249

om	990 (2017) HELEN DAY ART CENTER, INC. 03-0284825			Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				几
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	4	40,8	810
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	21,	318
3	Revenue less expenses. Subtract line 2 from line 1	3		19,4	<u>492</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	82,0	074
5	Net unrealized gains (losses) on investments	5		11,	648
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	13,2	<u> 214</u>
Pa	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		***		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				\$250 m
	reviewed on a separate basis, consolidated basis, or both:			3 43	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			37	
	separate basis, consolidated basis, or both:		电 复		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		部隊		
	Schedule O.			學學(5	\$ 25 m
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?		3a		X
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.		3b		
			For	m 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

HELEN DAY ART CENTER, INC.

Body Solution in the latest information.

HELEN DAY ART CENTER, INC.

Employer identification number 03-0284825

Distance of	20420 TO	GROSS	TIDEDLY DITT 1:	INT CHNTHI, THE.				84825
	art		ison for Public Charit	y Status (All organizations	s must o	complet	e this part.) See instruct	ions.
	orga			use it is: (For lines 1 through 12				
1	Щ			ssociation of churches described				
2	Ш			i)(A)(ii). (Attach Schedule E (For				•
3		A hospital of	or a cooperative hospital ser	vice organization described in se	ection 17	0(b)(1)(A)(iii).	
4		A medical r	esearch organization operat	ted in conjunction with a hospita	l describe	d in secti	on 170(b)(1)(A)(iii). Enter the	hospital's name.
	_	city, and sta	ate:					
5		An organiza	ation operated for the benefi	t of a college or university owner	d or opera	ated by a	governmental unit described	n
	_		0(b)(1)(A)(iv). (Complete Pa		-	•		•••
6	Ш	A federal, s	tate, or local government or	governmental unit described in	section 1	70(b)(1)(A)(v).	
7		An organiza	ation that normally receives a	a substantial part of its support f	rom a gov	/ernment	al unit or from the general nub	lic
		described in	n section 170(b)(1)(A)(vi). (Complete Part II.)			general pas	
8	Ц			170(b)(1)(A)(vi). (Complete Par				
9	\sqcup	An agricultu	ıral research organization de	escribed in section 170(b)(1)(A)	(ix) opera	ted in cor	ijunction with a land-grant coll	leae
		or university university:	y or a non-land grant college	of agriculture (see instructions)	. Enter the	e name, d	city, and state of the college or	
10	X	• .	ition that normally receives:	(1) more than 33 1/3% of its sup	port from	contribut	ions membership foce and a	
		receipts from	m activities related to its exe	mpt functions—subject to certain	n exception	ons, and (2) no more than 33 1/3% of its	1055
		support fron	n gross investment income a	and unrelated business taxable i	ncome (le	ess sectio	n 511 tax) from businesses	_
				30, 1975. See section 509(a)(2)				
11				d exclusively to test for public sa				
12	Ш	An organiza	tion organized and operated	l exclusively for the benefit of, to	perform	the functi	ons of, or to carry out the purp	oses
		of one or mo	ore publicly supported organ	izations described in section 50	19(a)(1) or	section	509(a)(2). See section 509(a)(3).
	- 1			that describes the type of suppo				
	a	Type I. /	A supporting organization or	perated, supervised, or controlle	d by its si	upported	organization(s), typically by gi	ving
				ower to regularly appoint or elect		y of the d	irectors or trustees of the	
	L (complete Part IV, Sections A a		••		
	Ь	i type ii.	A supporting organization si	upervised or controlled in conne orting organization vested in the	ction with	its suppo	orted organization(s), by havin	9
		organiza	ntion(s). You must complete	e Part IV, Sections A and C.	same per	sons that	control or manage the suppor	ted
	c [supporting organization operated	d in conn	ection wit	h and functionally integrated :	a rith
	٠ ,	its suppo	orted organization(s) (see in:	structions). You must complete	Part IV,	Sections	A, D, and E,	with,
	d [Type III	non-functionally integrate	d. A supporting organization ope	erated in o	connectio	n with its supported organizati	on(s)
		that is no	ot functionally integrated. Th	e organization generally must sa	atisfy a di	stribution	requirement and an attentiver	ness
	-	_	The state of the s	must complete Part IV, Section		•		
	e L	Check th	is box if the organization rec	ceived a written determination fr	om the IR	S that it i	s a Type I, Type II, Type III	
				n-functionally integrated suppor	ting orgai	nization.		
			mber of supported organizat	he supported organization(s).				
					I n			T
(1)		of supported nization	(ii) EIN	(III) Type of organization (described on lines 1–10	listed in vo	organization ur governing	(v) Amount of monetary	(vi) Amount of
				above (see instructions))		ment?	support (see instructions)	other support (see instructions)
					Yes	No	······································	moducions)
A)								
					ĺ			
B)								
		•						
C)								· · · · · · · · · · · · · · · · · · ·
	,							
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					240,050,000			
					1271			
otal				107-27-27-28-28-28-27-28-28-28-28-28-28-28-28-28-28-28-28-28-		4000		

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 · · (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 33 1/3% support test-2017. 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 33 1/3% support test—2016. 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-2017. 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-2016. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2017
Part III Support Schedu

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	quality under ti	ie lesis listeu b	elow, please cu	implete Part III	.)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership				,	(9/2011	(1) 1011.
	fees received. (Do not include any "unusual grants.")	167,703	227,538	232,497	240,056	249,145	1,116,939
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	179,792	159,633	171,607	179,698	225,441	916,171
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	347,495	387,171	404,104	419,754	474,586	2,033,110
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	14,170	15,285	21,433	29,687	15,177	95,752
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		33,750	11,700	41 100	44.050	122 722
_	Add lines 7a and 7b	14,170	49,035	33,133	41,188 70,875	44,062 59,239	130,700 226,452
8	Public support. (Subtract line 7c from					797,239 797,631,239	220,432
•	line 6.)						1,806,658
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	347,495	387,171	404,104	419,754	474,586	2,033,110
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,524	1,562	1,322	1,454	1,285	7,147
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,524	1,562	1,322	1,454	1,285	7,147
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	349,019	388,733	405,426	421,208	475,871	2,040,257
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	349,019 organization's first,			421,208 as a section 501(475,871	2,040,257
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fou		as a section 501(c)(3)	2,040,257
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Su	organization's first, e ipport Percenta	second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	2,040,257
13 14 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2017 (line 8)	organization's first, e Ipport Percenta , column (f) divided	second, third, four age by line 13, column	rth, or fifth tax year	as a section 501(15	88.55%
13 14 Sec 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2017 (line 8 Public support percentage from 2016 Sche	organization's first, p ipport Percenta , column (f) divided edule A, Part III, line	second, third, four age by line 13, column a 15	rth, or fifth tax year	as a section 501(15	<u> </u>
13 14 Sec 15 16 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2017 (line 8 Public support percentage from 2016 Schetion D. Computation of Investme	organization's first, p ipport Percent , column (f) divided edule A, Part III, line nt Income Perc	second, third, four age by line 13, column a 15 centage	rth, or fifth tax year	as a section 501(15 16	88.55% 88.80%
3 4 5 6 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Support percentage for 2017 (line 8 Public support percentage from 2016 Schotton D. Computation of Investme Investment income percentage for 2017 (lines)	organization's first, pport Percenta , column (f) divided edule A, Part III, line nt Income Perc ne 10c, column (f) o	second, third, four age by line 13, column a 15 centage divided by line 13,	n (f))	as a section 501(15 16	88.55% 88.80%
Sec 5 6 8	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Support percentage for 2017 (line 8 Public support percentage from 2016 Schotton D. Computation of Investme Investment income percentage from 2016 (lines the support percentage from 2017) (lines the support percentage from 2016) (linestment income percentage from 2016)	organization's first, p pport Percenta , column (f) divided edule A, Part III, line nt Income Perc ne 10c, column (f) o Schedule A, Part II	second, third, four age by line 13, column a 15 centage divided by line 13, I, line 17	th, or fifth tax year	as a section 501(15 16 17 18	88.55% 88.80%
3 4 5 6 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Supulic support percentage for 2017 (line 8 Public support percentage from 2016 Schetion D. Computation of Investme Investment income percentage from 2016 33 1/3% support tests—2017. If the organization of the sale of the s	organization's first, a population of the properties of the proper	by line 13, columns 15. centage divided by line 13, l, line 17 ck the box on line	column (f))	as a section 501(15 16 17 18 , and line	88.55% 88.80% %
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5 6 Sec 7 8 9a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Supulic support percentage for 2017 (line 8 Public support percentage from 2016 Schetion D. Computation of Investme Investment income percentage from 2016 33 1/3% support tests—2017. If the organization of the sale of the s	organization's first, a propert Percenta, column (f) divided edule A, Part III, line nt Income Percenta 10c, column (f) of Schedule A, Part II nization did not che ox and stop here. This property is a property of the column of	by line 13, columns 15 centage divided by line 13, line 17 ck the box on line 14 ck a box on line 14	column (f)) 14, and line 15 is nualifies as a publicly to r line 19a, and line	as a section 501(control of the section 501) nore than 33 1/3% of the section 501(control of the section 501) supported organine 16 is more than	15 16 17 18 , and line ization 133 1/3%, and	88.55 % 88.80 % % %

Schedule A (Form 990 or 990-EZ) 2017 Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	HIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	世間		把摆烂
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
	A family member of a person described in (a) above?	11b	ļ	
		11c	<u> </u>	
Sect	ion B. Type I Supporting Organizations	<u> </u>		
		Breeze and	Yes	No
1	Did the 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		杨州	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	47集		
	controlled the organization's activities. If the organization had more than one supported organization,	200		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		To you	CHEST
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	G WALL	i assaryor
2	Did the organization operate for the benefit of any supported organization other than the supported	1 1	7 B. L.	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		Harry o	international property of the contract of the
Secti	ion C. Type II Supporting Organizations	2		<u></u>
<u> </u>	en en ilhe u embhernus ersammanene		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	O AC	103 103	EZAZ
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3.42.4	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	edr. Cand	ATT (Marcella
Secti	on 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			建筑
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			5.2
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			Processor Services
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	经销售		研究部
	significant voice in the organization's investment policies and in directing the use of the organization's			新史 意
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	142.9	FE m	
	supported organizations played in this regard.	3		
Secti	on 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	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
		ſ		
	activities Test. Answer (a) and (b) below.	12000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			E. A.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	6.3		
	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			LPC///F7
	that these activities constituted substantially all of its activities.	2a	ne de social	grapas ex
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	原理		
	reasons for the organization's position that its supported organization(s) would have engaged in these	SEE SEE	E-E-V-	Cain
_	activities but for the organization's involvement.	2b	on active	把硬件
3	Parent of Supported Organizations. Answer (a) and (b) below.			是是在
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	200		GENERAL
L	trustees of each of the supported organizations? Provide details in Part VI.	3a	THE PER	000000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	MATERIAL PROPERTY OF THE PARTY	35435E. 63

Schedule A (Form 990 of 990-EZ) 2017 HELEN DAI ART CENTER, INC.		<u> </u>	4825 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I			
instructions. All other Type III non-functionally integrated supporting organizations may	nust com	plete Sections A through	<u>E.</u>
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)
Aggregate fair market value of all non-exempt-use assets (see	N/a/	CONTROL OF THE STATE OF THE STA	DELYE ELECTRON SERVICE CONTROL OF THE
instructions for short tax year or assets held for part of year):	1,450		医性腹膜 1000 数据
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	1676		EVICENCE PROPERTY.
factors (explain in detail in Part VI):			
	2		The state of the s
	3		
· · · · · · · · · · · · · · · · · · ·	4		
	_		
	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	+		
	┪	PARTIES AND A STATE OF THE STAT	
•	e		
		III supporting organization	
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount	2 3 4 5 6 7 8	Supporting organization	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 HELEN DAY ART CEN Part V Type III Non-Functionally Integrated 509(a)(3)		03-0284	1825 Page 7
Section D - Distributions	Current Year		
Amounts paid to supported organizations to accomplish exempt purpose.	Outlett Teat		
2 Amounts paid to perform activity that directly furthers exempt purpose			
organizations, in excess of income from activity	o or capported		
3 Administrative expenses paid to accomplish exempt purposes of sup	orted organizations		
Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.		······································	
8 Distributions to attentive supported organizations to which the organization	ation is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
,		Pre-2017	Amount for 2017
1 Distributable amount for 2017 from Section C, line 6	A CAMP CAR		
2 Underdistributions, if any, for years prior to 2017	- 14.5 1 - 314.,: 6		
(reasonable cause required-explain in Part VI). See			
instructions.	The state of the s		
3 Excess distributions carryover, if any, to 2017:			
a Fire Part the Control of the Contr	- Allegan to the Filling	Control of the second	
b From 2013	たでは影響が非常性質	The state of the s	产生的产生
c From 2014	一种发生		
d From 2015	TO THE STEEL SECTION AND ADDRESS.		
e From 2016			
f Total of lines 3a through e		and the same of the subsection	设地位于19 00年的。
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from			78
Section D, line 7:	7 3 3 7 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3.535 W (1)	and the same and t
a Applied to underdistributions of prior years			5. 化物类的 1799年
b Applied to 2017 distributable amount		的创始。让社会为意思	
c Remainder. Subtract lines 4a and 4b from 4.			STATULE SHOW
5 Remaining underdistributions for years prior to 2017, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.	三连条法院 接	73427.742.444	
6 Remaining underdistributions for 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			and the second and th
7 Excess distributions carryover to 2018. Add lines 3j			
and 4c.	THE PROPERTY OF A STREET AND A	HER STORY OF THE PARTY.	ANT DESCRIPTION OF THE PROPERTY OF THE PROPERT
8 Breakdown of line 7:			
a Excess from 2013		经验证的	111 (
b Excess from 2014			2.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
c Excess from 2015			12.16.15万里的大学
d Excess from 2016		2014 2017 XI (\$40.5)	
e Excess from 2017			Note that the second of the se

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (For	rm 990 or 990-EZ) 2017	HELEN	DAY	ART	CENTER	R, IN	C		03-02848	325	Page 8
Part VI	Supplemental III, line 12; Part I	nformation. F V, Section A,	Provide t lines 1,	the exp 2, 3b,	planations 3c, 4b, 4c	require c, 5a, 6,	ed by Pa 9a, 9b,	9c, 11a, 1 [,]	0; Part II, line 1 1b, and 11c; P	17a or 17b; P art IV. Sectio	art n
	B, lines 1 and 2; 3a and 3b; Part 1 lines 2, 5, and 6.	V, line 1; Part	V, Secti	ion B,	line 1e; Pa	art V, S	ection D	, lines 5, 6	, and 8; and P	, lines 1c, 2a art V, Sectior	, 2b, n E,
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

HELEN DAY ART CENTER, INC. 03-0284825 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ **▶** \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PAGE 1 OF 2

Page 2

Name of organization

HELEN DAY ART CENTER, INC.

Employer identification number 03-0284825

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	KENT & ANNETTE STROBEL 1041 SINCLAIR DR STOWE VT 05672	\$10,177	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MR. & MRS. STEPHEN LEVIN 4358 NORTH BAY RD MIAMI BEACH FL 33140	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JAMES ROBISON FAMILY FOUNDATION PO BOX 732 MORRISVILLE VT 05661	\$ 12,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VAC CULTURAL FACILITIES 136 STATE STREET MONTPELIER VT 05633-6001	\$ 5,812	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GINNY NEAL PO BOX 700 STOWE VT 05672	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	STEVEN & GAIL BLUMSACK PO BOX 1136 STOWE VT 05672	\$ 5,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

HELEN DAY ART CENTER, INC.

Employer identification number 03-0284825

Part	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	TOWN OF STOWE PO BOX 730 STOWE VT 05672	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8	DIANE ARNOLD & DEAN GOODERMOTE PO BOX 1117 STOWE VT 05672	\$ 15,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SHAP AND PEGGY SMITH PO BOX 550 STOWE VT 05672	\$ 2,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SHAP AND PEGGY SMITH PO BOX 550 STOWE VT 05672	\$3,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11	ACABAY INC. 105 W VIEW RD COLCHESTER VT 05446	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.12	CARLSON MANAGEMENT CONSULTING 444 WASHINGTON STREET WOBUN MA 01801	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

PAGE 1 OF 1

Page 3

Name of organization

HELEN DAY ART CENTER, INC.

Employer identification number 03-0284825

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Part I **Date received** (See instructions.) 105 SHARES ABBVIE INC. . 1.... \$ 10,177 12/01/17 (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) \$ (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I **Date received** (See instructions.) \$ (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) \$ (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I **Date received** (See instructions.) \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-9047

2017

Employer identification number

HELEN DAY ART CENTER, INC. 03-0284825 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 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 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement. and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	edule D (Form 990) 2017 HELEN DA	AY ART CENTE	R, INC.		03-0284825	Page :
	art III Organizations Maintaini	ng Collections of	Art, Historical ⁻	Treasures, c	or Other Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records	, check any of the f	ollowing that ar	e a significant use of its	
a	X Public exhibition	d 🗌 L	oan or exchange p	rograms		
t	Scholarly research					
C	Reservation for future generations	_		• • • • • • • • • • • • • • • • • • • •		
4	Provide a description of the organization's XIII.	collections and explain	how they further the	e organization's	s exempt purpose in Part	
5	During the year, did the organization solici	t or receive donations o	f art. historical treas	ures, or other s	similar	
	assets to be sold to raise funds rather than					Yes X No
P	art IV Escrow and Custodial A	rrangements.				[] 100 [] 140
	Complete if the organization 990, Part X, line 21.		on Form 990, P	art IV, line 9), or reported an am	ount on Form
	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions	or other assets	s not	
	included on Form 990, Part X?		•			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	owing table:	• • • • • • • • • • • • • • • • • • • •		[] les [] NO
		•				Amount
C	Beginning balance				1c	-
d	Additions during the year		•••••		1d	
e	Distributions during the year		•••••		1e	
f	Ending balance		•••••		1f	
2a	Did the organization include an amount on	Form 990. Part X. line 3	21. for escrow or cu	stodial account	t liability?	Yes No
	If "Yes," explain the arrangement in Part X					
	art V Endowment Funds.					
1 10 10 10	Complete if the organization	on answered "Yes"	on Form 990. P	art IV. line 1	0.	
		(a) Current year	(b) Prior year	(c) Two year		eack (e) Four years back
1a	Beginning of year balance	(-,,	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0, 1 , 0	(4) (11/00)04/0	(e) roar yours back
h	Contributions					
	Net investment earnings, gains, and			1		
·				1		İ
d	losses Grants or scholarships	· · · · · · · · · · · · · · · · · · ·		 		
	Other expenditures for facilities and			 		
•	•	1		1		
	programs			 		
<u>'</u>	Administrative expenses				· · · · · · · · · · · · · · · · · · ·	
y	End of year balance Provide the estimated percentage of the cu		/!: 4! (-)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2	Board designated or quasi-endowment	•	(line 1g, column (a)	i) neid as:		
a						
	Permanent endowment ► %					
C		%				
0-	The percentages on lines 2a, 2b, and 2c sh					
sa	Are there endowment funds not in the poss	ession of the organizati	ion that are neid and	a administered	for the	
	organization by:					Yes No
	(i) unrelated organizations					
	(ii) related organizations				•••••	3a(ii)
b	If "Yes" on line 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses of the		ment funds.			
n se	Land, Buildings, and Equ Complete if the organization		on Form 990. P	art IV. line 1	1a. See Form 990 F	Part X line 10
	Description of property	(a) Cost or other bas		other basis	(c) Accumulated	(d) Book value
	memory or enter 17.9	(investment)	''	her)	depreciation	1-1 000K 10MB
12	Land	- 		· · · · · · · · · · · · · · · · · · ·		
h	Land	•			CONTRACTOR OF STATE O	
	Buildings Leasehold improvements	•	1	.93,372	170,018	23,354
				76,644	73,677	
d	Equipment			7,073	3,577	2,967 3,496
Total	Other I. Add lines 1a through 1e. (Column (d) must	equal Form 000 Dect	V column (D) line f			3,496
i otal	nau illes la ullough le. (Column (a) musi	- σquai Form 990, Paπ)	, coluinn (B), line 1	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>29,817</u>

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	Form 990) 2017 HELEN DAY ART CENTER	, INC.	03-0284825	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial			Cost of end-of-year mark	11 Value
(1) Financial (2) Closely-h	derivatives eld equity interests			
(3) Other				
			 	
			·	
(E)				
/H\				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			HAR STATES
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 11c. See Form 990, Part X	(, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	n:
_			Cost or end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				_
(8)				
(9)		<u> </u>		
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		业和基本的现在分 数	Andreas All March
PartiX	Other Assets.		44d O F 000 D 43	
	Complete if the organization answered "Yes" or	1 Form 990, Part IV, III	e 11d. See Form 990, Part X	
	(a) Description			(b) Book value
(1)				
(2)				
(3)		·		
(4)	·			
(5)				
(6) (7)		<u> </u>		
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)	" .		
Párt X	Other Liabilities.	2		——————————————————————————————————————
	Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11e or 11f. See Form 990.	Part X
	line 25.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(a) Description of liability	(b) Book value	可能 证据 等。"你们随口"等文型型	
(1) Federal i	income taxes	- 		
	T CARD PAYABLE	510	是否可能。但是可能	道。
	TAX PAYABLE	391		
(4)		<u> </u>		
(5)				
(6)			[空型]	
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	901		
	1-, 10, mile 20, 1 011 11, 100 10, 100 20, 1		The state of the s	the care of the content of the little of the

^{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.

Schedule D (Form 990) 2017 HELEN DAY ART CENTER, INC.		25 Page
Part XI Reconciliation of Revenue per Audited Financial Stateme		eturn.
Complete if the organization answered "Yes" on Form 990, P		
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
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.)		
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 		3
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.) c Add lines 4a and 4b		7
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5
Part XII Reconciliation of Expenses per Audited Financial Statem		
Complete if the organization answered "Yes" on Form 990, P	•	Netuiii.
4 - 4		111
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 c Other losses	2c	
c Other losses d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	<u>1</u> 45.00
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; Part V, line 4;	Part X, line
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.	•
PART III, LINE 4 - COLLECTIONS AND RELATION	TO EXEMPT PURPO	SE
MINOR COLLECTIONS OF WORK FROM ARTISTS WITH	WHOM THE CENTER	HAS HAD A
RELATIONSHIP OR WHOSE FAMILIES (IF DECEASED) CARE TO SUPPOR	T THE CENTER
THROUGH DONATION OF ORIGINAL WORK. HELEN D	AY ART CENTER, I	NC. EXHIBITS
THESE WORKS FROM TIME TO TIME AS PART OF TH	EIR EXHIBITIONS	PROGRAMMING
WHICH IS IN LINE WITH THEIR MISSION TO ENHA	NCE THE HUMAN EX	PERIENCE THROUGH
THE VISUAL ARTS.		
		•••••

Schedule D (F	orm 990) 2017 Suppleme r	HELEN	DAY	ART	CENTER,	INC.	03-0284825	Page 5
Part XIII	Supplemer	ntal Inform	ation ((continu	ued)			
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	••••••		•••••	•••••
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public

Name of the organization HELEN DAY ART CENTER, INC. Employer identification number 03-0284825							
Part Fundraising Activities. Complete i	f the organizat	ion a	nswe	red "Yes" on Form	990. Part IV. line	3∠5 • 17.	
Form 990-EZ filers are not required	to complete th	is pa	rt.				
1 Indicate whether the organization raised funds through		_					
a			-	ernment grants			
b Internet and email solicitations	f Solicitation	on of go	vernn	nent grants			
c Phone solicitations	g U Special fu	undrais	ing ev	ents			
d In-person solicitations							
2a Did the organization have a written or oral agreement or or key employees listed in Form 990, Part VII) or entity	in connection wit	h profe	ssiona	al fundraising services?		Yes No	
b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization.	undraisers) pursu	ant to	agreei	ments under which the	fundraiser is to be		
(I) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust	id fund- or have ody or trol of butions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
1			İ				
2							
3							
4				-			
5							
6							
7							
8							
9					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10							
Fotal	1				·		
List all states in which the organization is registered or registration or licensing.			outions	s or has been notified it i	s exempt from		
			• • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		
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			• • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••••	• • • • • • • • • • • • • • • • • • • •	

	6 Volunteer labor	Yes %	Yes %	Yes No	%
		 Add lines 2 through 5 in column (d mary. Subtract line 7 from line 1, col 			
	Enter the state(s) in which the	e organization conducts gaming act o conduct gaming activities in each	tivities:		Yes No
	Were any of the organization' If "Yes," explain:	's gaming licenses revoked, suspen	nded, or terminated during the t	ax year?	Yes No
DAA				Schedu	le G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2	017 HELEN	DAY ART	CENTER,	INC.	03-028482	:5	Page 3
11	Does the organization conduct	gaming activities with	nonmembers?				Ye	
12	Is the organization a grantor, b	eneficiary or trustee of	a trust, or a me	mber of a partne	ership or other enti	ty		
	formed to administer charitable	gaming?					☐ Ye	es No
13	Indicate the percentage of gan	ning activity conducted	in:				_	
а	The organization's facility	• • • • • • • • • • • • • • • • • • • •				13a	L	%
Ь	An outside facility					13b		 %
14	Enter the name and address o records:	f the person who prepa	res the organiz	ation's gaming/s	special events book	s and		
	Name ▶			• • • • • • • • • • • • • • • • • • • •	•••••	••••••		
	Address ▶					•••••		
15a	Does the organization have a d	·	=	=	= =			
_	revenue? If "Yes," enter the amount of ga	· · · · · · · · · · · · · · · · · · ·					∐ Ye	s 📙 No
D	if Yes, enter the amount of ga	arning revenue received	by the organiz	ation > \$		and the		
_	amount of gaming revenue reta		\$					
С	If "Yes," enter name and addre	ss of the third party:						
	Name ▶							
	Address ▶					•••••		
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensatio	n ▶ \$						
	Description of services provide	d ▶						
	Director/officer	Employee	_					
17	Mandatory distributions:							
a	Is the organization required und	der state law to make c	haritable distrib	utions from the	gaming proceeds t	0		
_	retain the state gaming license						☐ Ye	s No
b	Enter the amount of distribution	ns required under state	law to be distril	outed to other ex	kempt organization	s or		о <u> </u>
-	spent in the organization's own							
Pär	t IV Supplemental In	formation. Provide	the explana	ations require	ed by Part I. line	2b, columns (iii) and (v)	and	
in the same						ny additional information		
	See instructions.	, 105, 105, 100, 1	, a, c	аррисави.	p	ny additional information		
_				· · · · ·				
	• • • • • • • • • • • • • • • • • • • •							
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. Openito Públic Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number

HELE	N DAY ART CENTER	, INC.		03-028	4825
	VI, LINE 6 - CLA			KHOLDERS	
	VI, LINE 7A - EI HELEN DAY ART CE				
ANNUAL MEETING.	HELEN DAI ARI CE	NIER, INC.	EBECT THE BO	AKU MEMDE	NO AI INC
	VI, LINE 11B - C				
	VI, LINE 15A - C				
	VI, LINE 19 - GO ENTS ARE AVAILAB			OSURE EXP	LANATION
FORM 990, PART DESCRIPTION	IX, LINE 11G - C	THER FEES F	OR SERVICES		
PRO	GRAM SERVICE	MGT &	GENERAL	FUN	DRAISING
CONTRACT LABOR					
\$	6,500	\$	0	\$	0
GRANT WORK					
\$		\$	0	\$	10,700
BOARD DEVELOPME	NT FACILATOR				

	chedule O (Form 990 or 990-EZ) (2017) The of the organization HELEN DAY ART CENTER, INC.							
\$	0	\$	750	<u>03-028</u> \$	0			
STIPENDS								
\$	38,131	\$	0	\$	0			
INSTRUCTOR FEES			• • • • • • • • • • • • • • • • • • • •		••••			
\$	29,123	\$	0	\$	0			
TOTAL			••••		•••••			
\$	73,754	\$	750	\$	10,700			
				•••••	•••••			
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Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2017

achment quence No. 17

Identifying number Name(s) shown on return HELEN DAY ART CENTER, INC. 03-0284825 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,030,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 3,606 Other depreciation (including ACRS)..... MACRS Depreciation (Don't include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in (a) Classification of property period service only-see instructions) 19a 3-vear property 5-year property 7-year property C 10-year property 15-year property 20-year property 25 yrs. 25-year property S/L 27.5 yrs. Residential rental MM property MM 27.5 yrs. S/L MM 39 yrs. S/L Nonresidential real property S/L Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L 40-year Summary (See instructions.) Listed property. Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

	•

ILL4	020																
		DAY	ART	CENTER,	INC.			03-	02848	325							
	4562 (2017) art V	Liste	d Pro	perty (Include	automobi	iles ce	rtain o	ther ve	hicles	certain	aircra	ft cor	toin or	mputo	<u> </u>		Page
000.T3	Salar Programme Control	used	for ent	tertainment. re	ecreation.	or ami	iseme	nt.)						•	•	prope	erty
		Note:	For any	vehicle for which (a) through (c) of	you are usi	ng the s	andard	miléage	rate or d	leducting	lease e	xpense	, compl	ete only	24a,		
				A—Depreciation								mite for	DOCCOD	202 01140	mahilaa		
24a	Do you hay			the business/investme			<u> </u>	Yes	No								Π.,
	(a)			(c)	T				1 110		1 1 65,			written	<u></u>	Yes	
	e of property		(b) placed	Business/ investment use		i) ther basis	Ва	(e) sis for dep	reciation	(f) Recovery		(g) /lethod/		(h) Deprecia	tion		(i) section 179
(list	vehicles first)	in s	ervice	percentage	00000	ulei basis	(bi	vni/ssenisu use on		period	Co	nvention	1	deducti			ost
25	Special	deprecia	ation allo	wance for qualifie	ed listed pro	perty pla	ced in s			i		$\neg \top$	_			GUIGH	(A) HIN
				ore than 50% in a					_			١,	5				
26				50% in a qualifie							• • • • • • • • •	··	<u>- </u>			PREMISER.	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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27	Property	used 5	0% or les	s in a qualified b	usiness use	:										.1	
				9/	6						S/L	<u>. </u>					
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28				h), lines 25 throu									В			有民族	- 4 3 1 (3)
29_	Add amo	unts in	column (i), line 26. Enter	here and on	line 7, p	age 1								29		
										Vehicles							
				es used by a sol												es	
to yo	our employ	ees, firs	t answer	the questions in	Section C to							section	for thos	<u>e vehicle</u>	s.		
							a) icle 1		(b) nicle 2	(c)			d) icle 4		e) icle 5		(f) icle 6
30				t miles driven du	_			'						1	W6 3	46111	ide 6
				mmuting miles)				 								ļ	
31				iven during the y	ear									ļ			
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33			-	the year. Add		l								İ			
34	lines 30 t	•				\ \\ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L	V 1	- N-		·				
34				for personal		Yes	No	Yes	No	Yes	_No	Yes	No	Yes	No	Yes	No
35	use durin						-	 						 			
99				narily by a more person?		ł											Į
36				le for personal u											-		
	15 anothe	VOINGE		Section C—Qu		Employ	are Whe	Provice	lo Vobici	oc for H	eo by T	hois Em	n lovos				· .
Ansv	ver these a	uestion		mine if you mee							-						
				persons (see in	-	J.1 (O OO.	npicing	Occion		111000 45	cu by c	mpioye	33 WIIO 6	ii G ii t			
37				policy statement		ts all ne	rsonal u	se of ve	hicles in	cluding c	ommuti	na hv				Yes	No
	-				-					-		•				162	140
38	Do you m	aintain	a written	policy statement	that prohibi	ts nerso	nal use	of vehic	les exce	nt commi	uting b	V VOUR		•••••			
-				uctions for vehic													
39	Do you tr	eat all u	se of veh	nicles by employe	ees as perso	nal use:) }	o, uoo.	0.0, 0	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	· · · · · · · · · ·			
10	Do you n	rovide m	ore than	five vehicles to	vont emujos	ees oht	ain info	mation	from vou	r employe	es aho	 ut the	• • • • • • • •				
-		 11			,	,											
i.a		vehicle	es, and re			1?			-								i
11	use of the			etain the informat	tion received		demon	stration			tions.)		• • • • • • • • • • • • • • • • • • • •				<u> </u>
1	use of the Do you m	eet the	requirem	etain the information	tion received qualified au	tomobile	demon	stration	use? (Se	ee instruc	tions.)		••••••			(C)	
	use of the Do you m Note: If y	eet the	requirem	etain the information tents concerning 7, 38, 39, 40, or 4	tion received qualified au	tomobile	demon	stration	use? (Se	ee instruc	tions.)					Kata.	7.6

	art:vi: Amortization							
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year	
42 Amortization of costs that begins during your 2017 tax year (see instructions):								
43	Amortization of costs that began before y	our 2017 tax year			<u> </u>	43	585	
44	Total. Add amounts in column (f). See the instructions for where to report 44 58						585	

HEL4825 HELEN DAY ART CENTER, INC. **Federal Statements** 03-0284825 FYE: 12/31/2017 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US Business Code Code Code 6/30/75 Amount Obs (\$ or %) INTEREST 30 14 30 TOTAL **Taxable Dividends from Securities** Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Amount Obs (\$ or %) DIVIDENDS 14 1,255 1,255 TOTAL

HEL4825 HELEN DAY ART CENTER, INC.

03-0284825

FYE: 12/31/2017

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	_ <u></u> E	Total Expenses		Program Service		gement & eneral	Fund Raising	
CONTRACT LABOR GRANT WORK BOARD DEVELOPMENT FACILATOR	\$	6,500 10,700 750	\$	6,500	\$	750	\$	10,700
STIPENDS INSTRUCTOR FEES		38,131 29,123		38,131 29,123	· · · · · ·			
TOTAL	\$	85,204	\$	73,754	\$	750	\$	10,700

Form 990, Part IX, Line 24e - All Other Expenses

Description	Ex	Total cpenses	Program Service	Management & General		Fund Raising	
PRODUCTION	\$	5,682	\$ 5,198	\$		\$	484
CREDIT CARD FEES		2,843	2,843				
PAYROLL PROCESSING FEES		1,402	845		309		248
TELEPHONE		1,110			1,110		
DUES & SUBSCRIPTIONS		869			869		
RECRUITMENT		599			599		
CASUAL LABOR		423	163		260		
REPAIRS & MAINTENANCE		379	379				
EXPENDABLE EQUIPMENT		360			360		
SCHOLARSHIPS		283	283				
FACILITIES CLEANING		223			223		
BANK SERVICE CHARGES		171			164		7
BAD DEBTS		45	45				
RESEARCH		10	 				10
TOTAL	\$	14,399	\$ 9,756	\$	3,894	\$	749

HEL4825 HELEN DAY ART CENTER, INC.

03-0284825

Federal Statements

FYE: 12/31/2017

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST	\$ 30
DIVIDENDS	1,255
TOTAL	\$1,285

HEL4825 HELEN DAY ART CENTER, INC.
03-0284825 Federal Statements

FYE: 12/31/2017

SPRING BENEFIT

Other Direct Fundraising or Gaming Expenses

Description	 Amount		
TRANSPORTATION	\$ 1,013		
TOTAL	\$ 1,013		

HEL4825 HELEN DAY ART CENTER, INC.
03-0284825 Federal Asset Report
FYE: 12/31/2017 Form 990, Page 1

^	Description	Date	Cont	Bus Sec Basis	DONash	5	
<u>Asse</u>	t Description	In Service	Cost	% 179Bonus for Depr	PerConv Meth	<u>Prior</u>	Current
Othe	r Depreciation:						
1	FURNTIURE/BOOKS/ETC	7/01/90	3,000	3,000	7 MO S/L	3,000	0
2	LEASEHOLD IMPROVEMENTS 94-95 LEASEHOLD IMPROVEMENTS 96	7/07/95 12/16/96	57,303 29,240	57,303 29,240	19 MO S/L 18 MO S/L	57,303 29,240	0 0
4	MINOLTA COPIER (IKON)	6/18/97	3,195	3,195	5 MO200DB	3,195	0
5	COMPUTER EQUIPMENT (SPRINGER) ECTOGRAPH PROJECTOR (SOUND VIS	7/28/97	4,742 650	4,742 650	5 MO200DB	4,742	0
6 7	LEASEHOLD IMPROVEMENTS 97	9/12/97	38,653	38,653	7 MO200DB 17 MO S/L	650 38,653	0
8	PHONE SYSTEM - KAISER	2/26/98	1,908	1,908	7 MO200DB	1,908	0
9 10	COMPUTER - SPRINGER PROJECTOR/VCR	5/05/98 7/20/98	500 4,288	500 4,288	5 MO200DB 7 MO200DB	500 4,288	0
11	LEASEHOLD IMPROVEMENTS 98	12/09/98	10,133	10,133	16 MO S/L	10,133	Ó
12 13	OFFICE FURNITURE SOFTWARE UPGRADES - SPRINGER	5/18/99 5/31/99	498 1,525	498 1,525	7 MO200DB 3 MO S/L	498 1,525	0
14	TABLES - COSTCO	8/25/99	660	660	7 MO200DB	660	0
15 16	OTHER EQUIPMENT LEASEHOLD IMPROVEMENTS 99	9/30/99 11/26/99	298 29,254	298 29,254	5 MO200DB 15 MO S/L	298 29,254	0
17	WALL SIGNS	2/17/00	350	350	7 MO200DB	350	0
18 19	VERMONT SATELLITE COMPUTER - SPRINGER	3/17/00 4/14/00	3,717 1,915	3,717 1,915	5 MO200DB 5 MO200DB	3,717 1,915	0
20	BLACK OUT SHADES	6/08/00	2,184	2,184	7 MO200DB	2,184	0
21 22	HP DESKJET PRINTER INTRALINK PENTIUM COMPUTER	1/31/01 1/31/01	260 750	260 750	3 MO S/L 3 MO S/L	260 750	0 0
23	INSTALLATION OF OFFICE EQUIPMEN	1/31/01	400	400	3 MO S/L	400	0
24 25	ROLLING BACKDROP UNITS	4/06/01 9/06/01	2,040 197	2,040 197	7 MO200DB 3 MO S/L	2,040 197	0
25 26	EQUIIFAX FEASIILBILTY STUDY/DRAWINGS FO.	9/14/01	2,535	2,535	15 MO S/L	2,242	0 164
27	KITCHEN STOVE	4/16/02	1,001	1,001	7 MO200DB	1,001	0
30 31	VERCOM TEL & DATA SYS UPGRADE COMPUTER UPGRADE	5/20/03 5/27/03	476 1,127	476 1,127	5 MO200DB 5 MO200DB	476 1,127	0 0
32	INFOCUS PROJECTOR	3/05/07	759	759	7 MO S/L	759	0
33 34	TABLES 6 IMAC 20 IN INTEL 2.16GHZ	3/14/07 3/15/07	738 8,555	738 8,555	7 MO S/L 5 MO S/L	738 8,555	0
35	SOFTWARE LICENSES	3/15/07	2,824	2,824	3 MO S/L	2,824	0
36 37	2 PANASONIC PV GS3S0 DIGITAL CAN PANASONIC GS80 MINIDV CAMCORD	3/20/07 4/30/07	950 280	950 280	7 MO S/L 7 MO S/L	950 280	0
38	GALLERY LIGHTING	4/20/07	2,115	2,115	7 MO S/L	2,115	Ó
39 40	VIDEO CAMERA LAPTOP & 4 PCS	7/01/07 7/01/07	800 1,500	800 1,500	7 MO S/L 5 MO S/L	800 1,500	0
41	2 DIGITAL CAMERAS	8/02/07	1,012	1,012	7 MO S/L	1,012	Ō
51 52	BEN Q W710ST 1280*720 LUMENS PRO OFFICE PROFESSIONAL/PWR POINT/O	9/06/12	1,400 10,752	1,400 10,752	7 MO S/L 3 MO S/L	867 10,752	200 0
53	WINDOWS 7 PROFESSIONAL	12/31/12	1,248	1,248	. 3 MO S/L	1,248	0
55	LEASEHOLD IMPROVEMENTS	7/05/13	26,254 1,500	26,254	39 MO S/L	2,356	673
57 58	ANTIQUE LARGE ARMOIRE 3 APPLE COMPUTERS W/ APPLICATIO	1/01/14 4/16/14	1,500 5,723	· 1,500 5,723	7 MO S/L 5 MO S/L	643 3,052	214 1,145
59	NIKON DIGITAL CAMERA W/ TRIPOD	7/03/14	827	827	7 MO S/L	295	118
60 61	DELL LAPTOP FLOORING	2/11/14 7/31/14	506 5,573	506 5,573	5 MO S/L 7 MO S/L	295 1,924	101 796
62	CANON XHA1 10809 HDV	12/31/15	974	974	5 MO S/L	195	195
	Total Other Depreciation	-	277,089	277,089		243,666	3,606
		_	200	000			
	Total ACRS and Other Deprec	iation	277,089	277,089		243,666	3,606
Amor	tization:				:		
42	FINE ART 1982	7/01/82	450		40 MOAmort	386	12
43	FINE ART 1984	7/01/84 7/01/90	100 1,500		40 MOAmort 40 MOAmort	86 999	2 37
44 45	FINE ART 1990 FINE ART 1991	7/01/90 7/01/91	150	150	40 MOAmort	98	4
46	FINE ART 1995	7/01/95	5,950		40 MOAmort	3,201	149
47 48	FINE ART 1998 FINE ART 1999	7/01/98 7/01/99	11,300 3,600		40 MOAmort 40 MOAmort	5,231 1,575	282 90
49	VAN DYKE ART BOOKS	7/01/00	350		40 MOAmort	146	9

03-0284825

HEL4825 HELEN DAY ART CENTER, INC.
03-0284825 Federal Asset Report
FYE: 12/31/2017 Form 990, Page 1

Asset	Description In	Date Service Cost 23,400	Bus Sec Basis for Depr P	PerConv Meth Prior Current 11,722 585
	Grand Totals	300,489	300,489	255,388 4,191
	Less: Dispositions and Transfers	0	0	0 0
	Less: Start-up/Org Expense	0	0	0 0
	Net Grand Totals	300,489	300,489	255,388 4,191

HEL4825 HELEN DAY ART CENTER, INC.

AMT Asset Report Form 990, Page 1

FYE: 12/31/2017

Asse	t <u>Description</u>	Date I <u>n Service</u>	Cost	Bus Sec Basi % 179Bonus for De		Meth Prior	Current
Prior 4 5 6 8 8 9 10 12 14 15 17 18 19 20	MACRS: MINOLTA COPIER (IKON) COMPUTER EQUIPMENT (SPRINGER) ECTOGRAPH PROJECTOR (SOUND VIS PHONE SYSTEM - KAISER COMPUTER - SPRINGER PROJECTOR/VCR OFFICE FURNITURE TABLES - COSTCO OTHER EQUIPMENT WALL SIGNS VERMONT SATELLITE COMPUTER - SPRINGER BLACK OUT SHADES	6/18/97 7/28/97 9/12/97 2/26/98 5/05/98 7/20/98 5/18/99 8/25/99 9/30/99 2/17/00 3/17/00 4/14/00 6/08/00	3,195 4,742 650 1,908 500 4,288 498 660 298 350 3,717 1,915 2,184 24,905	4 1 4 3 1 2	,195 5 HY 15,742 5 HY 15,650 7 HY 15,908 7 HY 15,288 7 HY 15,288 7 HY 15,298 5 HY 15,717 5 HY 15,717 5 HY 15,184 7 HY 15,905	60DB 4,742 60DB 650 60DB 1,908 60DB 500 60DB 4,288 60DB 498 60DB 660 60DB 298 60DB 350 60DB 3,717 60DB 1,915	0 0 0 0 0 0 0 0 0
1 2 3 7 11 13 16 21 22 23 24 25 26 27 30 31 32 33 34 35 36 37 38 39 40	FURNTURE/BOOKS/ETC LEASEHOLD IMPROVEMENTS 94-95 LEASEHOLD IMPROVEMENTS 96 LEASEHOLD IMPROVEMENTS 97 LEASEHOLD IMPROVEMENTS 97 LEASEHOLD IMPROVEMENTS 98 SOFTWARE UPGRADES - SPRINGER LEASEHOLD IMPROVEMENTS 99 HP DESKJET PRINTER INTRALINK PENTIUM COMPUTER INSTALLATION OF OFFICE EQUIPMEN ROLLING BACKDROP UNITS EQUIIFAX FEASIILBILTY STUDY/DRAWINGS FO KITCHEN STOVE VERCOM TEL & DATA SYS UPGRADE COMPUTER UPGRADE INFOCUS PROJECTOR TABLES 6 IMAC 20 IN INTEL 2.16GHZ SOFTWARE LICENSES 2 PANASONIC PV GS3SO DIGITAL CAN- PANASONIC GS80 MINIDV CAMCORD GALLERY LIGHTING VIDEO CAMERA LAPTOP & 4 PCS 2 DIGITAL CAMERAS BEN Q W710ST 1280*720 LUMENS PRO OFFICE PROFESSIONAL/PWR POINT/O WINDOWS 7 PROFESSIONAL LEASEHOLD IMPROVEMENTS ANTIQUE LARGE ARMOIRE 3 APPLE COMPUTERS W/ APPLICATIO NIKON DIGITAL CAMERA W/ TRIPOD DELL LAPTOP FLOORING CANON XHA1 10809 HDV Total Other Depreciation	4/06/01 9/06/01 9/14/01 4/16/02 5/20/03 5/27/03 3/05/07 3/15/07 3/15/07 3/15/07 4/20/07 7/01/07 8/02/07 9/06/12 12/31/12 12/31/12 12/31/12 1/05/13 1/01/14 4/16/14 7/03/14 2/11/14 7/31/14	3,000 57,303 29,240 38,653 10,133 1,525 29,254 260 750 400 2,040 197 2,535 1,001 476 1,127 759 738 8,555 2,824 950 280 2,115 800 1,500 1,012 1,400 10,752 1,248 26,254 1,500 5,723 827 506 5,573 974 252,184	57, 29, 38, 10, 1, 29, 2, 1, 1, 1, 1, 10, 1, 26, 1, 5,		L 57,303 L 29,240 L 38,653 L 10,133 L 1,525 L 29,254 L 260 L 750 L 400 0DB 2,040 L 197 L 2,242 0DB 1,001 0DB 476 0DB 1,127 L 738 L 8,555 L 2,824 L 950 L 280 L 2,115 L 867 L 1,012 L 867 L 10,752 L 1,248 L 1,050 L 1,012 L 867 L 1,012 L 867 L 1,012 L 867 L 1,012 L 867 L 1,012 L 3,052 L 2,356 L 2,356 L 2,356 L 2,356 L 2,356 L 2,955 L 2,954	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Grand Totals Less: Dispositions and Transfer Net Grand Totals	rs _	277,089 0 277,089	277, 277,	0	243,666 0 243,666	3,606 0 3,606