Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2017

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.

Open to Public

Inter	nal Revenu			ov/Form990 for instr	uctions and th	e latest inf	ormation.	<u> 1007</u>	Inspection	
A	For the	2017 cale	ndar year, or tax year beginning	April 1	, 2 017, a	nd ending	Mar	ch 31	, 20 18	
В	Check if a	applicable	C Name of organization Canada Cou		D Employer identification number					
	Address of	change	Doing business as Canada Coun	cil for the Arts					98-6000843	
	Name cha	ange	Number and street (or P O box if ma		E Telephor	ne number				
	Initial retu	ım /	150 Elgin Street PO Box 1047			2nd 1	loor		613-566-4414	
	Final return	n/terminated	City or town state or province, coun	try, and ZIP or foreign po	ostal code					
	Amended	return	Ottawa, Ontario, Canada, K1P 5	vs / XC	\/ \$		ı	G Gross re	cerpts \$ 244,375,763	
	Application	on pending	F Name and address of principal office	r Mr Simon Brault	, Director and	CEO	H(a) is this a gr	oup return for	subordinates? Yes Vo	
			Address is same as above			1	1		s included? Tyes No	
ī	Tax-exem	npt status	✓ 501(c)(3)) ◀ (insert no)	4947(a)(1) or	1 527	lf "N	o," attach a	list (see instructions)	
J	Website:	► wwv	v.canadacouncil.ca		1		H(c) Group	exemption	number ▶	
ĸ	Form of or	rganization	✓ Corporation Trust Associat	ion Other ►	L Yea	r of formation	1957	M State	of legal domicile ON	
Р	art I	Summ	ary		i					
	1	Briefly de	scribe the organization's missi	on or most significa	ant activities:	The Cana	ada Counci	l for the A	Arts is Canada's national	
9			th arts funding agency. Activitie	-						
Activities & Governance	I -		Prizes (fellowships & prizes to so						—	
Ē			is box ▶ 🗌 if the organization of							
õ	I .		of voting members of the gover					3	11	
æ	1		of independent voting member	• • •	•	line 1b)		4	11	
jes	1		nber of individuals employed in	•		•		5	257	
ž			nber of volunteers (estimate if r	•				6	0	
AG	1		elated business revenue from F	• •				7a		
	1		ated business taxable income					7b	0	
				,	<u> </u>		Prior Ye		Current Year	
	8 (Contribut	nons and grants (Part VIII, line	169	9,573,827	201,423,785				
ž	1		service revenue (Part VIII, line 2		1,101,673	1,267,693				
Revenue			nt income (Part VIII, column (A)		1,335,194	40,415,812				
æ			enue (Part VIII, column (A), line		,392,710	1,268,473				
			nue-add lines 8 through 11 (m			e 12)	-	3,403,404	244,375,763	
			nd sımılar amounts paid (Part I)			2)		,,403,404 1,813,238	176,207,049	
	1		paid to or for members (Part IX	• •	•	· ·		1,613,230	170,207,043	
•				compensation, employee benefits (Part IX, column (A), lines 5–10)						
Expenses			nal fundraising fees (Part IX, co					7,821,043	20,455,288	
ğ	1		draising expenses (Part IX, colu		,	· · ⊢				
Ň	1		penses (Part IX, column (A), line		 _a)			7,079,355	9,332,779	
	1	-	enses. Add lines 13-17 (must e		•	<u>.</u> . ⊢		,713,636		
			less expenses. Subtract line 18					3,689,768	205,995,11 <u>6</u> 38,380,647	
- Ses		10101140	iood exponeds. Cabitadt iiite 10			Ве	ginning of Cu		End of Year	
ance	20 1	Total ass	ets (Part X, line 16)						_ _	
Ass	21		ilities (Part X, line 26)	· াল্লা AUG 1	6 2018	⊘ ⊢		3,223,680	358,770,485	
Net Assets Fund Balanc	22		s or fund balances. Subtract li	ne 21 from line 20				2,490,243	106,124,717	
	rt II		ure Block	OGD),733,437	252,645,768	
			y, I declare that I have examined this re			and stateme	nte and to the	ne best of r	ny knowledge, and belief it is	
tru	e, correct,	and compl	ete Declaration of preparer (other than	officer) is based on all in	formation of whic	h preparer h	as any knowl	edge	ny kilowiedge and beller, it is	
		<u> </u>	The Tay	$\overline{\mathcal{A}}$				PH	, 	
Sig	ın İ	Signa	ature of officer	$\overline{\cdot, \cdot \cdot \cdot}$	-		Da	te.		
He			CARALE BOI	FAJ			1	7	13/2018	
		Type	or print name and title	/ (uz.	700.	
				Preparer's signature		Date		<u>, </u>	PTIN	
Pa								Check self-emp	」	
	eparer		L ame ▶					<u> </u>		
US	e Only							n's EIN ▶		
Ma	v the IPS		ddress <u> s this return with the preparer s</u>	hown above? Isee	instructions)		J Pho	ne no	· · Yes No	
_	_		ction Act Notice, see the separat		matructions)	0	440007	· · · ·	Form 990 (2017)	
LOL	- aperw	UIN NEGU	Juvil AUL NUUCE. SEE THE SEDARAT	e msu ucuons.		Cat No	11282Y		Form 33U (2017)	

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Canada Council for the Arts is Canada's national public arts funder, with a mandate to foster and promote the study and enjoyment of,
	and the production of works in, the arts. Council champions and invests in artistic excellence through a broad range of grants,
	services, prizes and payments to professional Canadian artists and arts organizations. Council also raises public awareness and appreciation of the arts through its communications, research and arts promotion activities.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, to each program out the reporter.
4a	(Code:) (Expenses \$ 190.371.401 including grants of \$ 176.207.049) (Revenue \$ 244.375.763)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	
	4
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	7
	A - 15
-	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 190.371.401



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
þ	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		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	✓	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>√</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	L
	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	15	√	
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.	16	✓	
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)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			990	(2017)

Part I	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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?	24b 24c		✓
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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 disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27_	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		==, 	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	├
		For	m 99 (0 (2017

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_ Part	V Statements Regarding Other IRS Filings and Tax Compliance	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>
_		Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
•	reportable gaming (gambling) winnings to prize winners?	1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a ✓
b	If "Yes," enter the name of the foreign country: ▶ Canada	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a ✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b ✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
OL	organization solicit any contributions that were not tax deductible as charitable contributions?	6a 🗸
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
_	gifts were not tax deductible?	6b
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	
_	and services provided to the payor?	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b
а	Initiation fees and capital contributions included on Part VIII, line 12	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources	
100	against amounts due or received from them.)	100
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a
	Note. See the instructions for additional information the organization must report on Schedule O.	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	Plan.
_	the organization is licensed to issue qualified health plans	
с 14а	Enter the amount of reserves on hand	14a
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a
		Form 990 (2017)

Part		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	
Sacti	on A. Governing Body and Management	<u> [V]</u>
Secu	on A. Governing body and management	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year	
ь 2	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 any other officer, director, trustee, or key employee?	2
3	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?	3 🗸
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 🗸
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 🗸
6 7a	Did the organization have members or stockholders?	7a ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	The governing body?	8a ✓
b	Each committee with authority to act on behalf of the governing body?	8b ✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 /
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	
		Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a ✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100 /
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a ✓ 12b ✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c ✓
13	Did the organization have a written whistleblower policy?	13 🗸
14	Did the organization have a written document retention and destruction policy?	14 🗸
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	15a ✓ 15b ✓
Ь	Other officers or key employees of the organization	190 4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a ✓
b 	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b
	on C. Disclosure	
17 18	List the states with which a copy of this Form 990 is required to be filed None (Canadian organization) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest policy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords: ►
	Same as organization's address.	

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Part VII	Compensation of Officers, Directors	s, Trustees, Ke	ey Employees,	Highest	Compensated	Employees	, and
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.	
				(0	C)						
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average	box, unless person is both an						Reportable	Reportable	Estimated	
	hours per week (list any	office	er and	dad	ırect	or/trus	tee)	compensation from	compensation from related	amount of other	
	hours for	우표	먌	Officer	<u>@</u>	en E	Former	the	organizations	compensation	
	related		<u>₹</u>	ᅙ	en	Ploy	T Ref	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	Individual trustee or director	Institutional trustee		Key employee	8 8		(W-2/1099-MISC)		organization and related	
	line)	l st	를		9	npe	1	1	1	organizations	
		8	stee			Highest compensated employee					
	 					<u> </u>		 			_
(1) Foy, Beverley K.	nil	,									
Member of Board of Directors	nil	✓	<u> </u>	_	_	<u> </u>		6.701	0		_0
(2) Martel, Yann	nil			}				į.			
Member of Board of Directors	nil	- ✓	_	<u> </u>		<u> </u>	<u> </u>	3.870	0		0
(3) Dorner, Jennifer	nil								1		
Member of Board of Directors	nil	✓	-	_		<u> </u>	-	3.750	0		_0
(4) Nind, Ben	<u>nil</u>							1			
Member of Board of Directors	nil	✓		_			-	4.883	O		_0
(5) Wente, Jesse	nil	,						1			
Member of Board of Directors	nil	_				}	<u> </u>	3.870	0		0
(6) Hickman, Cheryl	nil					1			_!		_
Member of Board of Directors	nil		-	-		<u> </u>	├	4.187	0		_0
(7) Binet, David	nil		'			}					
Member of Board of Directors	nil	✓	\vdash	_		 	-	2.789	<u>o</u>		_0
(8) Lassonde, Pierre	nil					l	ŀ				
Member of Board of Directors	nil	✓					<u> </u>	10.509	0		0
(9) Poubard-Bondil, Nathalie	nil	,									
Member of Board of Directors	nil	-	Н		_		_	4.802	0		0
(10) Brault, Simon	37.5				١,			.			
Director and CEO	nil		_		✓_		<u> </u>	265.854	0		0
(11) Chawla-Ghadban, Michelle	37.5		1			l		}			
DG, Strategy and Public Affairs	nil		\vdash	\vdash	✓	<u> </u>		138.257	0		0
(12) Drainville, Linda	37.5							1			
CFO	<u>nil</u>		\vdash		✓		<u> </u>	133.348	<u>o</u>		0
(13) Scott, Tammy	37.5				,						
DG, Communications and Public Engagement	nil		\vdash		✓		_	128.440	0		0
(14) Vezina, Jacques	37.5										
DG, Arts Granting Programs	nil	L	Ш	لــــا	✓	L		122.934	0		0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C)										
	(A)	(B)	/do n		Posi		than c	no.	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	r and	ad	rect	or/trust	<u> </u>	compensation	compensation from	n amount of other	
	ſ			굻	윺	중	an Hi	Former	from the	related organizations	compensation
		hours for related	Individual trustee or director	훝	Officer	Key employee	ples	3	organization	(W-2/1099-MISC)	from the
		organizations below dotted	당교	힣	ì	npic	/99 t cc	"	(W-2/1099-MISC)		organization and related
		line)	าน	ᆲ		уес	mρ				organizations
			8	Institutional trustee		֡֡֞֞֜֞֜֜֞֜֞֜֜֜֜֡֡	Highest compensated employee				
			'	8			ated				
(15) V	Varren, Carolyn	37.5		H							
	G, Arts Granting Programs	nil				✓			27.754		0 0
(16) D	ontigny, Aime	37.5		} }					1		
Directo	r, Engage and Sustain Program	nil					✓	L	112.376		00
(17) c	ilbert, Sylvie	37.5]]							
Directo	r, Digital Strategy Fund	nil					✓	<u>L</u> ,	107.721		0 0
(18) S	t.Jean, Denise	37.5					·				
Directo	r, Corporate Technology Solutions	nil					✓	<u> </u>	109.811		0 0
(19) B	usby, Ellen	37.5									
NFM B	usiness Owner	nil	<u> </u>				✓	<u> </u>	117.055		0 0
(20) c	oupil, Sebastien	37.5						ļ			
S-G, C	CUNESCO	nii		\Box		L	✓	<u> </u>	115.709		0 0
(21)	***************************************										
		ļ	_	\sqcup				ــ	ļ		
(22)	~		l								
(23)		 	 	\vdash	-	-	<u> </u>	╁	 		
(23)	·		}						ļ		
(24)		 				\vdash		┌─	 		
3=-32	·	†	1								
(25)				П							
~	``````````````````````````````````````										
1b	Sub-total							•	1,424,620		0 0
С	Total from continuation sheets to Part	VII, Section	n A					▶	n/a	n/	a n/a
ď	Total (add lines 1b and 1c)	. <u></u>						▶	1,424,620) <u> </u>	0 0
2	Total number of individuals (including but		d to th	ose	lıst	ted	above	e) w	ho received m	ore than \$100,0	000 of
	reportable compensation from the organ	zation >				_			16_		
											Yes No
3	Did the organization list any former of							emt	oloyee, or high	nest compensa	
	employee on line 1a? If "Yes," complete							•			. 3 √
4	For any individual listed on line 1a, is the	sum of re	porta	ble o	con	npe	nsatio	on a	and other comp	pensation from	the the
	organization and related organizations	greater th	an \$	150,	000)? [t "Ye	·s,"	complete Sci	nedule J for si	
	individual			•	•		•	•			4 🗸
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	nou	tro	m any	y un	related organi	zation or individ	
	for services rendered to the organization	? If "Yes," (comp	ete	Sci	1eat	Jie J	ior s	sucri person	· · · · · ·	. 5
	n B. Independent Contractors			1					an that reason	ad more than ¢	100 000 of
1	Complete this table for your five highest compensation from the organization. Re	compensat	ea in	aepe	ena or H	ho c	conu	acı tər i	ors mai receiv	th or within the	organization's tay
	year.	Joil Compe	nsau	J11 10	טו נו	110 0	alenc	Jai :	year ending wi	ar or within the	organization 3 tax
								T-	(B)		(C)
	(A) (B) (C) Name and business address Description of services Compensation										
Deloitte & Touche LLP, 1600 - 100 Queen St, Ottawa, ON, K1P5T8 Internal audit and actuarial 853.047											
	LeverageTek IT Solutions, 400 - 331 Cooper Street, Ottawa, ON K2P 0G5 IT staffing services 225.725										
	IDS Systems, 818 Boyd Avenue, Ottawa, ON K2A 2C7 Infrastructure and Data Analy 192.902										
								L,			THE TOTAL STATE OF THE STATE OF
2	Total number of independent contractor received more than \$100,000 of compens							o ti		ove) wno	
	received more man \$100,000 of compens	- IOH		yan	120				3		Form 990 (2017)

Form **990** (2017)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
			contains	a res	ponse or note to			<u> </u>	<u> </u>			
				to and		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
\$ \$	1a	Federated campaigns	3	1a								
Grants	ь	Membership dues .		1b								
ا کے ت	С	Fundraising events .		1c					744			
Giffts, illar Ar	d	Related organizations		1d								
ons, Gifts, Grants Similar Amounts	e	Government grants (con		1e	201.423.785	经 支撑						
<u> </u>	f	All other contributions, g					一个 在 1	A PARTY	A CASA CASA			
tributio Other]	and similar amounts not inc		1f)							
풀진	g	Noncash contributions includ	led in lines 1a		L	自己的原则						
Contributions, and Other Sim	h	Total. Add lines 1a-1				201.423.785						
	- :-	TOWN THE THIRD TO T	· · · · · ·		Business Code		ED VON TRADE					
Program Service Revenue	2a	Program Service Reve	nue (ArtRar	·k/	 	1.267.693	M 30 1 33 33	F	<u> </u>			
څ	b	Trogram Service Reve	ilac (Altau	::- <u>-</u>		1.207.093	1.207.093					
8	c				 	 		 	 			
Ž	d							 				
Š	<u> </u>											
ם	e	All other programs com										
õ	"	All other program ser			L		1 + n w 1 - 2 + 4 -	L	L			
<u></u>	<u>g</u>	Total. Add lines 2a-2				1.267.693	<u></u>		T			
	3	Investment income and other similar amo]			
)		•			40.415.812	40.415.812		 			
	4	Income from investmen	t of tax-exei	npt b	ond proceeds >		ļ		 			
	5	Royalties				15 / 5 / 5 / 5 / 5		1 T - 2 F	· · · · · · · · · · · · · · · · · · ·			
	l		(i) Real		(ii) Personal			2				
	6a	Gross rents				Act.			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Ь	Less: rental expenses	<u></u>		<u></u>				为"大"。 第一条			
	С	Rental income or (loss)			<u> </u>	Single Property and the sale	2.10	美国地区 中国	(1) 为了5.4 (1) (1) (1) (1)			
	d	Net rental income or	(loss) .		►				<u> </u>			
	7a	Gross amount from sales of	(i) Secunt	es	(ii) Other	2000年	医生物性性	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	""""""""""""""""""""""""""""""""""""""			
	1	assets other than inventory										
	Ь	Less: cost or other basis				Company (Land Sale	Arrest Mr. E.	,			
		and sales expenses .			}				le de la constant de			
	c	Gain or (loss)	·									
	d	Net gain or (loss)										
	-		,						· -			
Š	8a	Gross income from fu	ındraising				The second of the second	L				
e]	events (not including \$			Ì							
<u> </u>	}	of contributions reporte	ed on line 1	<u>c)</u>								
ř.	1	See Part IV, line 18		∘,. · a					,			
Other Reve	۱ ـ	Less: direct expenses		_					1			
Ò		•				-		<u> </u>	 			
	C	Net income or (loss) f Gross income from ga			events .		The second second second					
	94	_				1 1						
	l .					5" " " "	1968年入起為 7月	*.	1			
	Ь	Less: direct expenses						F				
	C	Net income or (loss) f			ivities ►		the annual section of	1	1			
	10a	Gross sales of in	•	less								
		returns and allowance		· a) L				
	ь	Less: cost of goods s				1	<u> </u>	j.	}			
	C	Net income or (loss) f		ot inv		ļ		ļ				
		Miscellaneous F	Revenue		Business Code			ļ				
	11a	Other income (Refund:	s, CCU)			1.268.473	1.268.473		L			
	b								L			
	C							L	L			
	d	All other revenue .										
	е	Total. Add lines 11a-	-11d		•	1.268.473						
	12	Total revenue. See u	nstructions			244 375 763						

Form 99	10 (2017) Statement of Functional Expenses				Page 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
	Check if Schedule O contains a respons			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	176,207.046	176.207.049		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,424,620	594,265	830,355	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,030,668	12,205,777	6,824,891	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management			 	
b	Legal				
. c d	Accounting				
e	Professional fundraising services. See Part IV, line 17		Authorities Secretary	· 海水 () · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion			100 000	
13	Office expenses	167.520	3.896		
14	Information technology	230.631	4.675	225.956	
15 16	Royalties	3.144.690	362.309	2.782.381	
17	Occupancy	430.875	345.94		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	100.070			
19	Conferences, conventions, and meetings .	161.286	42.854	118.432	
20	Interest				ļ — — — —
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1.287.952	8.57	1 1.279.381	
23	Insurance	12 7	Mark de a sur son son son	40.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			A CONTRACTOR OF THE CONTRACTOR	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			Aller 1	
а	=	617.095	67.00	550.087	
b		271.148			
c		2.817.443			В
d	Other (miscellaneous)	204.139		3 21.816	<u> </u>
е				 	ļ
25	Total functional expenses. Add lines 1 through 24e	205.995.116	190.371.40	1 15.623.719	5
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

P	art X	Balance Sheet				_	
		Check if Schedule O contains a response or	note to any	line in this Par	t X		🗆
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			17,897,031	1	30,578,136
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[2,608,746	4	2,399,813
	5	Loans and other receivables from current and thrustees, key employees, and highest co	mpensated				5
	6	Complete Part II of Schedule L	ons (as defined de contributing e tary employee	employers and s' beneficiary		5	
Assets	7	Notes and loans receivable, net		L-		7	
Ass	8	Inventories for sale or use			14,793,050		15,132,847
	9	Prepaid expenses and deferred charges		<u>ب</u>	123,428	_	210,373
	10a	Land, buildings, and equipment: cost or	· · · · ·	· · · ·	723,720	i , 4	210,373
		other basis. Complete Part VI of Schedule D	10a	12,958,990		الم ميز د	, , , , , , , , , , , , , , , , , , ,
	ь	Less: accumulated depreciation	10b	-5,930,187	6,195,771	10c	7,028,803
	11	•			0,130,111	11	1,020,000
	12	Investments—other securities. See Part IV, line 1		-	281,615,765		303,420,513
	13	Investments—program-related. See Part IV, line		_	201,010,700	13	300/120/010
	14	Intangible assets		 		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			323,233,791		358,770,485
	17	Accounts payable and accrued expenses			3,511,597		2,946,783
	18	Grants payable			45,221,813		54,188,245
	19	Deferred revenue			5,664,727		6,021,349
	20	Tax-exempt bond liabilities		<u> </u>	0,00.1	20	
	21	Escrow or custodial account liability. Complete F		<u></u>		21	
တ္မ	22	Loans and other payables to current and for		-	, , ,	F. 1	
Liabilities		trustees, key employees, highest compensional disqualified persons. Complete Part II of Schedu		The Control	22	k' , '	
ia	22			<u> </u>		23	
-	23 24	Secured mortgages and notes payable to unrelated		<u> </u>		23	
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, p	•	<u>-</u>		24	
	25	parties, and other liabilities not included on lines of Schedule D	17-24). Com	plete Part X	38,095,000	0E	40.000.040
	26			⊢			42,968,340
-		Organizations that follow SFAS 117 (ASC 958)			92,493,137	20	106,124,717
ces		complete lines 27 through 29, and lines 33 and	1 34.				
ılaı	27	Unrestricted net assets			56,254,887		39,145,002
ä	28	Temporarily restricted net assets				28	
Net Assets or Fund Balances	29	Permanently restricted net assets			174,485,767	29	213,500,766
ts (30	Capital stock or trust principal, or current funds		٢		30	
Se	31	Paid-in or capital surplus, or land, building, or eq				31	
As	32	Retained earnings, endowment, accumulated inc	•	<u> </u>		32	
je l	33	Total net assets or fund balances			230,740,654	33	252,645,768
_	34	Total liabilities and net assets/fund balances .			323,233,791		358,770,485
							Form 990 (2017)

ruilli ss	0 (2017)		3-
Part			_
_	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	244,375,763
2	Total expenses (must equal Part IX, column (A), line 25)	2	205,995,116
3	Revenue less expenses. Subtract line 2 from line 1	3	38,380,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	230,740,654
5	Net unrealized gains (losses) on investments	5	<u>-16,475,533</u>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	i i	
	33, column (B))	10	252,645,768
Part			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> L</u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	 piled or	2a 🗸
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b 🗸
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for complete the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review and either the suggestion process during the tax year.	untant?	2c ✓
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.		
3a	the Single Audit Act and OMB Circular A-133?		3a ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why in Schedule O and describe any steps taken to undergo such	ergo the audits.	3b
			Form 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Canada Council for the Arts 98-6000843 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ),) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of sted in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Part	(Complete only if you checked the	ations Descr ne box on line	ibed in Sect 5.7. or 8 of	ons 170(b)(1) Part I or if th	l)(A)(iv) and : le organizatio	1 70(b)(1)(A)(v in failed to gu	i) alıfv under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities						
	furnished by a governmental unit to the					ļ	
4	organization without charge				/	_	
4	Total. Add lines 1 through 3				/	1	
5	The portion of total contributions by					₩ Sulfrid Life B	
	each person (other than a governmental unit or publicly				II.		
	supported organization) included on				il.	ij e e	
	line 1 that exceeds 2% of the amount				1	<u> </u>	
	shown on line 11, column (f)	<u> </u>			1		
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		/	<u>'</u>			
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends.		/				<u> </u>
0	payments_received on securities_loans,			_	1	1	
	rents, royalties, and income from				İ		
	sımılar sources					l	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		ĺ				
10	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	= F01(a)(0)
10	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017/(line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test—2017. If the organi	zation did not	check the box	on line 13, ai			check this
	box and stop here. The organization qua						▶ □
В	331/3% support test—2016. If the organization this box and stop here. The organization					is 331/8% or m	ore, check
17a	10%-facts-and-circumstances test —20	17. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "organization	racts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	. —
_	- /						
D	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	e lacis-aliu-c ts-and-circums	stances" test.	The organizati	on qualifies as	s a publicly
					· · · · · · · · · · · · · · · · · · ·		▶ □
18	Private foundation. If the organization di						see
	instructions						▶ □
			<u></u>		Scl	nedule A (Form 99	0 or 990-EZ) 2017

Schedu	le A (Form 990 or 990-EZ) 2017						Page 3
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ion 509(a)(2)			
	(Complete only if you checked the	he box on line	e 10 of Part I	or if the orga	nızation failed	l to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	l.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	_					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					-	
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	Total. Add lines 1 through 5	1					
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	\					
	persons that exceed the greater of \$5,000	· ·					
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						•
8	Public support. (Subtract line 7c from			- 报://图// 三二三			
	line 6.)	计是型字符表					
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ĺ	
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			-	\		
11	Net income from unrelated business						
	activities not included in line 10b, whether		ļ		\		
	or not the business is regularly carried on				<u> </u>		
12	Other income. Do not include gain or				\		
	loss from the sale of capital assets (Explain in Part VI.)		ļ	I	\ \		
13	Total support. (Add lines 9, 10c, 11,		_		1		
13	and 12.)				1		
14	First five years. If the Form 990 is for the		l first seem	al Albanai Carrath	Car fifth Assessed		- F01(-)(0)
14	organization, check this box and stop he	-				W	_
So oti				<u> </u>	<u></u>	,	<u>· · · · · · · · · · · · · · · · · · · </u>
<u>5ecu</u> 15	on C. Computation of Public Suppor			2 ani		1461	
	Public support percentage for 2017 (line 8					15	<u>%</u>
16 Socti	Public support percentage from 2016 Schoon D. Computation of Investment Inc.			<u> </u>	<u> </u>	1 10 1	<u>%</u>
	Investment income percentage for 2017 (147	0/
17	Investment income percentage for 2017 (Investment income percentage from 2016					17	<u>%</u> %
18	33 ¹ / ₃ % support tests—2017. If the organ					18 \ \	
19a	17 is not more than 331/3%, check this box						
ь	33 ¹ / ₂ % support tests—2016. If the organiz		-			_	. –
U	line 18 is not more than 331/3%, check this l						
	10 ic iic iiicii ci iicii co /u/u, ullouk lillo l		organi	quaiiii63	, as a publicly of		

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- -b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 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.
- **b** 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.**
- c 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	10b		

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Part	IV Supporting Organizations (continued)		
		Y	es No
11	Has the organization accepted a gift or contribution from any of the following persons?		(<u>e</u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	
þ	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations		
		Y	es 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	le .	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	· ·	- m e
	controlled the organization's activities. If the organization had more than one supported organization,		4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	12	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	44
	supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
	ур	Y	es No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		10.14
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Secti	on D. All Type III Supporting Organizations	 ' -	
	on B. All Type in Supporting Organizations	V	es No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2.5	
2			
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	The second second
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
		3	
Secti	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	instructi	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ınstri	uctions).
_		·	
2	Activities Test. Answer (a) and (b) below.	Y	es No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Σ. Q.	
	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		- 156F
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		- 7
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	+ 4	
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
-	trustees of each of the supported organizations? Provide details in Part VI .	3a	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
-	of its supported programs, and activities of each	3h	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	T	•	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		₩	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportin	g organization (see
instructions).			
		Schedule A (I	Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	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.			
<u> </u>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6	. <u>.</u>		
10_	Line 8 amount divided by line 9 amount			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			_
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
<u> </u>	From 2013			
C	From 2014			
d	From 2015			
ее	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Sandrand Control		
<u>h</u>	Applied to 2017 distributable amount		er ou proposition (1997) in service	
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		red Crement in the second	
4	Distributions for 2017 from			*****
	Section D, line 7: \$		14. 0.650多 VIII. 14. 4. 20.50	
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
_8	Breakdown of line 7:			
a	Excess from 2013 .			
<u>ь</u>	Excess from 2014			
c	Excess from 2015 Excess from 2016			
e				
-			1、 - 4、 1、 1、 1、 1、 1、 1、 1、 1、 1、 1、 1、 1、 1、	国际发展的

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Name o	f the organization		Employer identification number
Canada	a Council for the Arts		98-6000843
Par	t I Organizations Maintaining Donor Ad		
	Complete if the organization answered		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the benefit conferring impermissible private benefit?	and donor advisors in writing that gra efit of the donor or donor advisor, or f	for any other purpose
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recre	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register		
2			
3	Number of conservation easements modified, trattax year ►	nsterred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to cons	onyation assement is located	
4 5	Does the organization have a written policy re		spection handling of
J	violations, and enforcement of the conservation e	easements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
_	> \$	- O(d) above estisfy the recoverements o	f acetion 170/h\/4\/D\/i\
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
_	1 21 71 71 7		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen		nancial statements that describes the
Part			r Other Similar Assets
_ rai (Complete if the organization answered	•	
	If the organization elected, as permitted under S		
1a	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
h	If the organization elected, as permitted under		
b	works of art, historical treasures, or other similar public service, provide the following amounts relatives	ar assets held for public exhibition, e	
	(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 all following amounts required to be reported under	rt, historical treasures, or other sımıla	ir assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Cat No 52283D

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

Pari		Collections of	Art, Historical	Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, ched	ck any of th	ne follow	ving that are a s	gnificant use of its
а	Public exhibition		d 🗌 Loan	or exchan	ge progi	rams	
b	☐ Scholarly research		e 🗹 Othe				
С	☐ Preservation for future generations					_	
4	Provide a description of the organization.	tion's collections a	nd explain how t	they further	the org	anization's exen	npt purpose in Part
5	During the year, did the organization	solicit or receive of	donations of art,	historical t	reasures	s, or other simila	r
	assets to be sold to raise funds rather	than to be maintai	ined as part of th	e organizat	ion's co	llection?	☐ Yes 🗹 No
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.					•	
1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian or othe					t Yes No
þ	If "Yes," explain the arrangement in Pa				_		mount
С	Beginning balance				10	 	
ď	A 1 1111				1d	+	
e	Distributions during the year				_ 	+	
f	Ending balance				1e	 	
2a	Did the organization include an amoun		et V lino 01 for a			annount linkulutus	
b	If "Yes," explain the arrangement in Pa						
Pari		art Alli. Check here	i i ille explanatio	n nas been	provide	on Part XIII.	<u>· · · </u>
rai		anguared "Vee"	on Form 000	Dod IV I.e.	- 10		
	Complete if the organization	(a) Current year				(d) Three very back	T (a) Carrer bank
4	Decimal of constitutions		(b) Prior year	(c) Two yea		(d) Three years back	
	Beginning of year balance	72,755,846	69,782,925	72,	416,592	67,950,41	59,052,587
b	Contributions			ļ			
С	Net investment earnings, gains, and				l		
	losses	5,413,604	4,218,064	<u> </u>	812,587	6,237,713	11,151,699
ď	Grants or scholarships	-1,333,922	1,039,339	1,	458 <u>,2</u> 36	-1,396,492	-1,736,670
е	Other expenditures for facilities and				1		
	programs	-150,378	117,169		110,530	-108,243	-134,758
f	Administrative expenses	-113,757	88,635		252,314	-266,797	-382,447
g	End of year balance	76,571,393	72,755,846		782,925	72,416,592	67,950,411
2	Provide the estimated percentage of t		d balance (line 1g	j, column (a	ı)) held a	ıs:	
а	Board designated or quasi-endowmer	nt 🕨	_%				
Ь		100%					
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and	2c should equal 10	0%.				
3a	Are there endowment funds not in the	possession of the	organization the	at are held	and adr	ministered for the	e
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or						3b
4	Describe in Part XIII the intended uses	of the organization	n's_endowment f	unds.			
Part				<u> </u>	_		
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line	e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or othe (investment	er basis (b) Cost o	or other basis other)	(c) A	occumulated preciation	(d) Book value
1a	Land						
b	Buildings	.	+-				
c	Leasehold improvements			5,994,858		(1,999,325)	3,995,533
ď	Equipment	. ———		6,608,836		(,930,863)	
e	Other			355,297		0	2,677,973
	Add lines 1a through 1e. (Column (d) m	ust equal Form 00	0 Part Y column)c)		355,297
	(a) II	.cc. oqua. i Oilli 33	o, raich, column	, _(U) , ,,,, C			7,028,803
						Sche	dule D (Form 990) 2017

Part VII	Complete if the organization answ	vered "Yes" on Form	990, Part IV, lin	e 11b. See Form 990, P	art X, line 12.		
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valu Cost or end-of-year m			
(1) Financial	derivatives		<u>-</u>				
- •	neld equity interests	—					
•	-tfalls lavout-name						
	l funds - Equity		147,974,184	74,184 end-of-year market value			
(B) Pooled	I funds - Fixed income			884 end-of-year market value			
(C) Pooled	I funds - Alternatives			end-of-year market value			
^(D) Pooled	l funds - Money market		1,032, <u>3</u> 87	end-of-year market value			
^(E) Segreg	pated Equity		27,087,500	end-of-year market value			
^(F) Real es	state		12,186,843	end-of-year market value			
(G) Infrasti	ructure		20,682,025	end-of-year market value	<u> </u>		
(□) 							
	b) must equal Form 990, Part X, col. (B) line 12) ▶		303,420,513				
Part VIII	Investments-Program Related						
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, lin				
	(a) Description of investment		(b) Book value	(c) Method of value Cost or end-of-year m			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, col (B) line 13.) ▶			The said a substitute of			
Part IX	Other Assets.						
	Complete if the organization answ		990, Part IV, lin				
	(a) Description		- (1	b) Book value		
(1)							
(2)							
_(3)							
			<u> </u>				
		<u> </u>					
_(6)							
(8)							
(9)	(h)	1 /D) line 15 \					
	mn (b) must equal Form 990, Part X, co	oi. (B) line 15.)	<u> </u>				
Part X	Other Liabilities. Complete if the organization answline 25.	wered "Yes" on Form	990, Part IV, lin	e 11e or 11f. See Form	990, Part X,		
1.	(a) Description of liability	(b) Book value	- ** , 7	2 7 13 7 2 3			
(1) Federal in		·	- 1 mm -	ar in the first of the second			
	ee Future Benefits	2,713,	035	A STATE OF THE STA			
	Revenues-Externaly Restricted Contrib	40,255,			*		
(4)	Revenues-Externally Restricted Contains	40,233,			, a		
(5)			The same of the sa	THE CONTRACT OF THE STATE OF TH	,		
(6)	 			STATE OF THE STATE	1		
(7)		<u> </u>		The second second	*		
(8)			The same of the sa	"我们是我们的一个人的。"			
(9)				The state of the s	•		
	b) must equal Form 990, Part X, col (B) line 25.) ▶	42,968,	340	通过,通用 加工工程。15.	• • • • • •		
	r uncertain tax positions. In Part XIII, provid			n's financial statements that	reports the		
	s liability for uncertain tax positions under						

Part	: XI	Reconciliation of Revenue per Audited Financial Stateme			Retu	m.
		Complete if the organization answered "Yes" on Form 990, I				
1		revenue, gains, and other support per audited financial statements			1	244,375,763
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				
а		unrealized gains (losses) on investments	2a			
b	Dona	ated services and use of facilities	2b			
C	Reco	overies of prior year grants	2c			
d	Othe	er (Describe in Part XIII.)	2d			
е	Add	lines 2a through 2d			2e	0
3		ract line 2e from line 1	<i>.</i> .		3	244,375,763
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:			-	
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a	_		
ь	Othe	er (Describe in Part XIII.)	4b			
С		lines 4a and 4b			4c	0
5	Tota	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	244,375,763
Part	XII	Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses p	er Re	
		Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Tota	expenses and losses per audited financial statements	. .		1	205,995,116
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			T. 67 2 7	
а	Dona	ated services and use of facilities	2a			
b	Prior	year adjustments	2b			
С		r losses	2c			
d		er (Describe in Part XIII.)	2d			
е		lines 2a through 2d			2e	0
3		ract line 2e from line 1			3	205,995,116
4		unts included on Form 990, Part IX, line 25, but not on line 1:	ĺ		Ame of seal	
а		stment expenses not included on Form 990, Part VIII, line 7b	4a	_	1930-313 2	-
b		er (Describe in Part XIII.)	4b		2.7.5	
c		lines 4a and 4b			4c	0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	205,995,116
Part		Supplemental Information.				200,000,110
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: P	art IV. lines 1b and 2l	b: Part	V. line 4: Part X. line
		nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		e 1a: Musical Instruments which have cultural and historical value, are re		<u>-</u>		
	,	s is mander most among which have calculated in a motorical value, are re-	<u> </u>	d at normal value in	110 300	
Positio	n as r	easonable estimate of the future benefits associated with such assets ca	nnot	ha mada		
1.03100		casonable estimate of the lattile periones associated with such assets to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	be made.		
. Part I	II Line	4: The Art Bank collection includes 17,100+ paintings, prints, photograp	she ar	ad equiptures by over	2 150	
- 1 0111	ii, Lii	4. The Art Bank Conection includes 17, 100+ paintings, prints, priotograp	ום כוונ	id sculptures by over	3,130	
omor	aina s	and established artists, including those from Aboriginal and culturally div	,0 ,0 00	hackgrounds. The Car	ada C	ouncil Art Bank
Cilici	91119.5	ind established artists, including diose from Aboriginal and culturally div	ei se	backgrounds. The Car	iaua C	DUNCH ALL DANK
ronto	- artsuc	ark to government and comparete elicate assess Comedo				
rents	artwo	ork to government and corporate clients across Canada.				
						
D4.1	:	A Francisco de la constitución d				
· Part V	v, Line	4: Externally restricted contributions consist of endowments and restrict	ted d	onations received by t	ne Coi	incii that are required
			_			
to be	maint	ained intact. They are reported under Accumulated Surplus from Operati	ons. 1	he purpose of those f	unds i	s to use its
	_					
inves	stmen	returns to encourage and celebrate the excellence of Canadian artists in	the p	performing arts (study	, enjoy	ment of, and
produ	iction	of works in, the arts).				
	·					
					S	chedute D (Form 990) 2017 -

Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
		•
		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

	he organization		- , ,		Employer is	dentification number
	Council for the Arts				' '	8-6000843
Part I			es Outside	the United States. Compl		
a		gibility for the	e grants or as	ords to substantiate the amo		
	For grantmakers. Describe assistance outside the Unite		he organızatı	on's procedures for monito	oring the use of its gran	ts and other
3 A	Activities per Region. (The fo	llowing Part I	l, line 3 table o	can be duplicated if additiona	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Ca	nada	1	257	Grants to recipients		205,995,116
(2)						
(3)						
(4)	.					<u> </u>
						
(5)					_	
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)	Sub-total			12,842, 20,00		205 005 444
	Sub-total			A COLUMN TO THE STATE OF THE ST	San and Maria	205,995,110

sheets to Part I . . . c Totals (add lines 3a and 3b)

205,995,116

Schedule F (Form 990) 2017

See details in Part V O O O O O O O O O O O O O		
1000年代の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の		

Page 3

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients See details in Part V (b) Region (a) Type of grant or assistance Part III (18) (12) (13) 14 (15) (OE) Ξ (16) Ξ <u>8</u> (3) € 9 ϵ (8) <u>6</u>

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

Schedule F (Form 990) 2017

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

- Part I line 2: Since the Canada Council for the Arts is a Canada-based organization, all funds are used outside the United States.	
Monitoring of use of grant funds is done via a holdback of a certain percentage of the grant until a final report from the grantee has been	
received, reviewed and deemed appropriate.	
- Part II and III explanation: The organisation is Canadian-based, hence, 100% of grants issued are to canadian citizens and/or canadian	
organisations. For further details on the grants, please visit our website at the following URL:	
http://canadacouncil.ca/council/grants	
	· - -
<u></u>	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Canada Council for the Arts 98-6000843 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			· ·
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	✓	:]
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee	the second secon	を 1 年 1 日本 1 日本 1 日本 1 日本 1 日本 1 日本 1 日本	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4		, ,
a b c	Receive a severance payment or change-of-control payment?	4a 4b 4c		√ √
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	. Ar thur.	4 e	
a b	The organization?	5a 5b		1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a b	The organization?	6a 6b	1	✓
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the (F) Compensation in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2017 Note: The sum of columns (B)(t)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 164,698.04 31,806.46 143,825.18 152,887.00 158,793.02 307,497.42 (E) Total of columns (B)(I)–(D) (D) Nontaxable benefits 20,892.18 4,052.46 24,447.00 41,643.42 25,444.02 26,441.04 (C) Retirement and other deferred compensation 18,356.00 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation nstructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 6,136.00 14,241.00 51,191.00 15,953.00 11,045.00 (II) Bonus & incentive compensation 122,304.00 27,754.00 108,692.00 122,304.00 196,307.00 122,304.00 (i) Base compensation EE EE EE E EEEE €€ EE E€ ≘ ≘ EE EE EE EE INew DG, Arts Granting Programs Scott, Tammy 3DG, Communications and Public Chawla-Ghadban, Michelle, DG, 2DG, Arts Granting Programs 5Strategy and Public Affairs (A) Name and Title 4Director and CEO Drainville, Linda, 8CFO Vézina, Jacques Warren, Carolyn Brault, Simon, 5 으 5 4 9 6 얻 8

Schedule J (Form 990) 2017

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

2017

Employer identification number

98-6000843

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Canada Council for the Arts

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

Open to Public Inspection

- Part III, Line 3: To mark the 150th Anniversary of Confederation, the Council launched the New Chapter program, a special one-time \$35M
fund for the creation and sharing of over 200 exceptional artistic and literary projects during the prior fiscal year (2016-17). This initiative was
not renewed in the current fiscal year (2017-18)
- Part VI, Section A: Organization is governed by a Board who delegates its authority via by-laws and a delegation of authority
- Part VI, Line 11b: Form 990 was prepared by the Manager, Finance and reviewed and signed by the CFO of the Organization.
- Part VI, Line 12c: All employees have to sign, on a yearly basis, a Conflict of interest disclosure document and submit it to Human
Resources (HR). The HR department follows-up to ensure forms are received by all employees.
- Part VI, Line 15a and b: Compensation for CEO, Executive Director and top management is directed by Privy Council of Canada
(Government of Canada). Compensation for other officers or key employees is reviewed on a regular basis by a compensation review
committee and compared against results of salary surveys.
- Part VI, Line 19: The Organization's governing documents, conflict of interest policy, and financial statements are made available to the
public during the tax year via the organization's website:
* * Proactive disclosure: http://canadacouncil.ca/about/public-accountability/proactive-disclosure
* * Annual reports: http://canadacouncil.ca/about/governance/corporate-reports
* * Governance documents: http://canadacouncil.ca/about/governance
* * Other documents: as requested by the public

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