\_ 99G

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

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_			iding Iviar	Ch 31	er identification number							
В	Check if a		<u> </u>	D Employ.								
$\vdash$	Address c	No. 1 and 1	-/o.uto	E Tolooboo	98-6000843							
Ц	Name cha	ige / tander and energy to the control of the contr	n/suite	E Telephor								
$\sqcup$	Initial retur		2nd floor		613-566-4414							
	Final return/											
	Amended	return Ottawa, Ontario, Canada, K1P 5V8 / XD/ T		<b>G</b> Gross re								
	Application	pending F Name and address of principal officer Mr Simon Brault, Director and CEO	H(a) Is this a g	roup return for s	subordinates? Yes No							
_		Address is same as above			s included? LYes LNo							
<u></u>	Tax-exemp	ot status	If "N	lo," attach a	list (see instructions)							
J	Website:	www.canadacouncil.ca	H(c) Group	exemption	number ►							
		ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of for	rmation 1957	M State	of legal domicile ON							
Р	art I	Summary										
	1 E	Briefly describe the organization's mission or most significant activities. The	Canada Counc	il for the A	Arts is Canada's national							
S	a	arm's length arts funding agency. Activities are: Grants (funding to individual professional artists & arts organizations); Endow-										
Jan		nents & Prizes (fellowships & prizes to some 200 artists and scholars); Research										
é	2 (	Check this box ▶☐ if the organization discontinued its operations or dispose	ed of more thar	1 25% of	its net assets							
Ó	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	11							
9	4 N	lumber of independent voting members of the governing body (Part VI, line	1b)	4	11							
ties	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	271							
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)		6	<u>o</u>							
Ac	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0							
	b N	let unrelated business taxable income from Form 990-T, line 38		7b	0							
			Prior Ye	ear	Current Year							
Revenue	8 0	Contributions and grants (Part VIII, line 1h) .	20	1,423,785	223,288,441							
	9 F	rogram service revenue (Part VIII, line 2g)		1,267,693	1,358,062							
	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4	0,415,812	10,305,116							
Œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,268,473	1,934,972							
	12 T	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24	4,375,763	236,886,591							
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17	6,207,049	205,353,942							
		Benefits paid to or for members (Part IX, column (A), line 4)			<del>.</del>							
ø	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2	0,455,288	22,353,154							
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)			· · · · · · · · · · · · · · · · · · ·							
ē		otal fundraising expenses (Part IX, column (D), line 25) ▶										
û	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,332,779	8,645,265							
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A) line 25)	20	5,995,116	236,352,361							
	19 F	levenue less expenses Subtract line 18 from line 12 RECEIVED	3	8,380,647	534,230							
es o			Beginning of Ci	urrent Year	End of Year							
sets or lances	20 T	otal assets (Part X, line 16)	8 35	8,770,485	361,936,532							
Net Asse Fund Bal	21 T	otal labilities (Part X, line 16)	I I'V I	6,124,717	106,540,817							
훒	22 N	let assets or fund balances Subtract line 21 from line 20	25	2,645,768	255,395,714							
Pa	art II	Signature Block OGDEN, UT										
		es of perjury, I declare that I have examined this return, including accompanying schedules and s			ny knowledge and belief, it is							
tru	e, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any know	ledge								
		Son Bauert		8-8	3-2019							
Sign -		Signature of officer	Da	ite	J							
He	re	SIMON BRAUNT, DIRECTOR ANN CE	20									
		Type or print name and title										
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	T If PTIN							
	eparer		1	self-emp								
	eparer e Only	Firm's name	Firm	n's EIN ▶								
US	Unity	Firm's address ▶	Pho	one no								
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			. Yes No							
		· · · · · · · · · · · · · · · · · · ·	at No. 11282Y		Form <b>990</b> (2018)							

Cat No. 11282Y

13



Part	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	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
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		✓
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	✓	
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		1
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	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI"	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
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		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII".	12a	✓	
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	✓	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>✓</b>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	<b>✓</b>	
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	<b>✓</b>	
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	<b>✓</b>	
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	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		1

Part	Cnecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	1
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	1	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		\(\bar{\pi}\)
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note</b> . All Form 990 filers are required to complete <b>Schedule O</b> .	38	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		ľ

<u>Part</u>	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ.  -
	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>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b> </b>
4a	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	_	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.			
	11 100, Complete Form 7720, Comedule C.			

Form 99	0 (2018)	,	F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si		for a	"No"
Socti	Check if Schedule O contains a response or note to any line in this Part VI		<u>·</u>	
Secu	on A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a 11		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	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		<b>→</b>
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		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6	✓_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	_	<b>✓</b>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	<del></del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 Revenue	ie Co	ode.)	
	<b>-</b>		Yes	No
10a	h in the second of the second	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>√</b> _,
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	40-		لــــ
b		12a 12b	<b>√</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120 12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13	7	
14	Did the organization have a written document retention and destruction policy?	14	7	
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?			
а		15a	<b>✓</b>	
b	Other officers or key employees of the organization	15b	✓	
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	<u> </u>	$\downarrow$
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		
Section	organization's exempt status with respect to such arrangements?	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None (Canadian organization)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)			, ,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction and reconstruction and reconstruction and reconstruction are reconstructed as a supplication of the person who possesses the organization's books and reconstruction are reconstructed as a supplication of the person who possesses the organization's books and reconstruction are reconstructed as a supplication of the person who possesses the organization are reconstructed as a supplication of the person who possesses the organization are reconstructed as a supplication of the person who possesses the organization are reconstructed as a supplication of the person who possesses the organization are reconstructed as a supplication of the person who possesses are reconstructed as a supplication of the person of the person who possesses are reconstructed as a supplication of the person of th	ords I	<b>&gt;</b>	

Form	$\alpha \alpha \alpha$	1201	01

# Part VII Compensation of Officers, Directors, Trustees, Key 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 n	or any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
				-	C)					
(A)	(B)	(do n	ot ch		ition	e than (	nne	(D)	(E)	( <del>F</del> )
Name and Title	Average	Ďοx,	(do not chec box, unless p			is both	n an	Reportable	Reportable	Estimated
	hours per week (list any	any cinosi and a circ						compensation	compensation from related	amount of other
	hours for	or d	Inst	Officer	Ε <sub>Q</sub>	eng	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	er	Key employee	lest	l de	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	₫ #	onal		Вoy	ë con		(,		and related
	line)	uste	trus		8	pen				organizations
		Ď	æ			Highest compensated employee				
		-							<u> </u>	
(1) Pierre Lassonde	nil			ĺ						
Chair, Board	nil	/	<u> </u>	_	_	<u> </u>	ļ	10,422	0	0
(2) Nathalie Bondil	nil	,								_
Vice-Chair, Board	nil	<b>/</b>		_	_		-	4,944	0	0
(3) David Binet	nil									
Board member	nıl						-	0	0	0
(4) Beverley K. Foy	nıl	,								
Board member	nıl	<b>✓</b>						5,954	0	0
(5) Jennifer Dorner	nıl									
Board member	nıl	<b>-</b>					-	5,706	0	.0
(6) Cheryl Hickman	<u>nıl</u>									
Board member	nıl	/		<u>.                                    </u>	<u> </u>	ļ		4,839	0	0
(7) Ben Nind	nıl									
Board member	nıl	<b>/</b>	L_	<u> </u>		-		5,335	0	0
(8) Yan Martel	<u>nıl</u>	,			ļ					
Board member	nil	<b>✓</b>		_			_	4,654	0	0
(9) Karl Schwonik	nil			ŀ						
Board member	nil	<b>✓</b>				-		2,600	0	0
(10) Kım Spencer-Naırn	nil	,				ŀ				
Board member	nil	<b>✓</b>			_		-	1,331	0	0
(11) Jesse Wente	nıl	,								
Board member	nıl	<b>✓</b>		_				5,644	. 0	0
(12) Simon Brault	37 5				١.					
Director and CEO	nil				✓			292,145	0	0
(13) Joanne Larocque-Poirier	37.5				١.					
Chief of Staff and Corporate Secretary	nil				✓		_	132,200	0	0
(14) Ian Lovsin	37.5									
Chief Information Officer;	nit				✓	,	<u> </u>	105,535	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (	contir	nued)		
					(0	C)								
	(A)	(B)	(44.5.	-4 -6		rtion			(D)	(E)		ĺ	(F)	
	Name and title	Average	٠,				than one south		Reportable	Reportab	le	Est	mated	
		hours per					or/trus		compensation	compensation		4	ount of	
		week (list any hours for	익호	5	Q	<u>~</u>	열포	77	from the	related organizatio			ither ensatio	20
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	항물	Former	organization	(W-2/1099-N			m the	,,,
		organizations	ecta	है	٦	퓔	st c	۳	(W-2/1099-MISC)	,	ĺ	orga	nızatıor	า
		below dotted line)	7 2	<u>ai</u>		oye	<u></u>						related	
		iiiie,	stee	rust		º	) en					organ	nization	3
			"	e			Highest compensated employee							
(15)		27.5		-	H			┢	<del> -</del> -					
	arolyn Warren,	37.5 nil				_			122.074		0			
	or General, Arts Granting Programs		-	$\vdash$		ř	-	$\vdash$	132,974					0
	ichelle Chawla	37 5				/			155 470					_
	or General, Strategy and Public Affairs	nil				_			155,478		0	-		0
	arole Boileau	37.5				1			404 700					_
	inancial Officer and Chief Security Officer	nıl				_			121,722		0			0
	ammy Scott	37.5				1			140 700					
	or General, Communications and Public Eng	nıl				•			149,730		0			0
	ime Dontigny	37.5					1		440.540					_
	r, Engage and Sustain Program	nıl			_		· ·	-	119,518		- 0			0
	ara Lapointe	37.5					1		440 400					_
	or, Outreach and Business Development	nil					_		119,108		0			0
	aroline Lussier	37.5					1					l		_
	r, Explore and Create Program	nıl					_	$\vdash$	119,217		. 0			0
	enise St.Jean	37.5					1		447.004					_
	r, Corporate Technology Solutions	nıl							117,331		0			0
	ebastien Goupil	37.5					,					l		_
	ary-General, CCUNESCO	nıl					<b>✓</b>		135,400		0			0
(24)														
(05)				_	_		-	_						
(25)														
46	College Annual							Ļ			$\rightarrow$			
	Sub-total	VIII. Caakia.	4						1,751,787					
C	Total from continuation sheets to Part	•		•		•			0		-+			
d					1 - 1				1,751,787					
2	Total number of individuals (including but		to th	ose	IIST	ea a	above	e) W		ore than \$10	JU,UU	U OT		
	reportable compensation from the organization	Zalion							48				¥	
_							_					. [	Yes	No
3	Did the organization list any former off							emp	loyee, or high	est compe	nsate		<b> </b>	
	employee on line 1a? If "Yes," complete S								•	•	•	3	$\vdash \vdash$	<b>✓</b> ,
4	For any individual listed on line 1a, is the													1
	organization and related organizations	greater tha	an \$1	50,0	UUU	7 11	"Yes	S, "	complete Sch	edule J foi	r suc			
_	individual	•		٠.								. 4	<b>✓</b>	
5	Did any person listed on line 1a receive o									ation or ind	ilvidu	al		<b></b> _
Contin	for services rendered to the organization?	rii res, c	оттри	ere .	SCII	eau	ile J i	Or S	ucri persori	•		5		✓_
_	n B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization Rep	ort comper	nsatio	n to	or th	e ca	alend	ar y	ear ending with	n or within t	:he or	ganizatio	n's ta	ЭX
	year							_		1		<del></del> -		
	(A) Name and business addi	220							(B) Description of se	anucas		(C) Compens	ation	
								<u> </u>		SI VICES				
	J. Gallagher Canada Limited, P.O. Box 57194			nto,(	ON,	M5V	N5M		urance					13,770
	& Touche LLP, 1600 - 100 Queen St, Ottawa								Support					)4,8 <u>38</u>
	geTek IT Solutions, 116 Lisgar Street, 5th flo		ON, K	2P (	C2				Support					8,628
	stems, 818 Boyd Avenue, Ottawa, ON K2A 20								Support					2,385
	LLP, PO Box 4348, Station A, Toronto, ON M							•	ernal audit				15	3,222
2	Total number of independent contractor	rs (includin	ig bu	ιno	ot l	ımıte	ea to	) th	ose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

5

Par	VIII	Statement of Reve					D- + \ //!!!		
	_ `	Check if Schedule C	) contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns	3	1a					
iran	ь	Membership dues		1b					
s, G Am	С	Fundraising events		1c					
Gift lar	d	Related organizations		1d					
ns,	e	Government grants (cor		1e	223,288,441				
er S	f	All other contributions, g and similar amounts not inc					1		
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions includ		1f ©			}		
) Pre	g h	Total. Add lines 1a-1		-11 ф	<b></b>	223,288,441			
		Total: 7 GG III GG TG T	<u> </u>	•	Business Code	223,200,441			
en.	2a	Program Service Reve	nue (ArtBar	ık)	_	1,358,062	1,358,062		
æ	b								
vice.	С								
Ser	d							_	
ram	e	All all a							
Program Service Revenue	l f	All other program ser <b>Total.</b> Add lines 2a-2		ie	<b>—</b>	1,358,062			
_	3	Investment income		dıvıd		1,330,002	-		
		and other similar amo	ounts)		▶	10,305,116	10,305,116		
	4	Income from investmen	t of tax-exer	npt b	ond proceeds ►				
	5	Royalties			. ▶				
	_	_	(ı) Real		(II) Personal				1
	6a	Gross rents							
	b	Less: rental expenses Rental income or (loss)							
	C d	Net rental income or	(loss)		<b>.</b>	_			
	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							:
		and sales expenses							
	C	Gain or (loss)							
	d	Net gain or (loss)		•					
/enne	8a	Gross income from fuevents (not including \$	ındraısıng						
Other Reve		of contributions reporte See Part IV, line 18	ed on line 1	a a					
oth	b	Less. direct expenses	s .	b					
_		Net income or (loss) f			events_ ▶				ļ
	9a	Gross income from ga See Part IV, line 19	aming activi						
				a b	-				
		Less direct expenses Net income or (loss) f		_		-			
		Gross sales of in		ess	7		-		<u> </u>
		returns and allowance		а					
	b	Less cost of goods s	old	b					
	С	Net income or (loss) f		of inv					<u> </u>
		Miscellaneous R			Business Code			<u> </u>	
	11a	Other income (Refunds	s, CCUNES	(0)	<u> </u>	1,934,972	1,934,972		<del> </del>
	b						+		<del>                                     </del>
	d	All other revenue						<u>-</u>	<del>                                     </del>
	e	Total. Add lines 11a-	l Id		<b>b</b>	1,934,972			
	12	Total revenue. See in	nstruction <u>s</u>		▶	236,886,591	236,886,591		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A)
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		
	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	( <b>D)</b> 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	205,353,942	205,353,942		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
	trustees, and key employees .	1,751,787	371,709	1,380,078	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,601,367	12,788,233	7,813,134	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal		-		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			_	
12	Advertising and promotion				<u></u>
13	Office expenses .	191,287	0	191,287	
14	Information technology	203,481	4,573	198,908	
15	Royalties				
16	Occupancy	3,187,102	356,663	2,830,439	
17	Travel	558,620	445,829	112,791	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	154,707	35,057	119,650	
20	Interest .				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,301,667	470,216	831,451	
24	Other expenses Itemize expenses not covered		· <del>-</del>		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Equipment rental/maintenance (Informatics)	704,943	60,206	644,737	
b	Printing and publications	271,308	6,097	265,211	
С	Consulting fees (professional services)	1,909,823	339,135	1,570,688	
d	Other (miscellaneous)	162,327	137,940	24,387	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	236,352,361	220,369,600	15,982,761	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Infollowing SOP 98-2 (ASC 958-720)				

Pa	irt X	Balance Sheet		<u> </u>							
	•	Check if Schedule O contains a response of	r note	to any line in this Par	t X		<u></u>				
					(A) Beginning of year		(B) End of year				
7	1	Cash—non-interest-bearing	30,578,137	1	23,804,193						
	2	Savings and temporary cash investments				2					
	3	Pledges and grants receivable, net			•	3					
	4	Accounts receivable, net .		[	2,399,813	4	2,397,567				
	5	Loans and other réccivables from current and trustees, key employees, and highest ex									
		Complete Part II of Schedule L .		. [		5					
s,	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volum organizations (see instructions) Complete Part II of Sche	ributing employers and		6						
Assets	7	Notes and loans receivable, net				7	<del>-</del>				
As	8	Inventories for sale or use			15,132,847	8	14,827,418				
	9	Prepaid expenses and deferred charges		F	210,373		170,710				
	10a	Land, buildings, and equipment cost or	i l								
		other basis Complete Part VI of Schodulo D	10a	14,253,556							
	b	Less: accumulated depreciation .	10b	(6,790,311)	7,028,803	10c	7,463,245				
	11	Investments—publicly traded securities			<u></u> ,	11					
i	12	Investments—other securities See Part IV, line		303,420,514	12	313,273,399					
	13	Investments-program-related See Part IV, line	nents-program-related See Part IV, line 11								
	14	Intangible assets .	angible assets .								
	15	Other assets See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	358,770,487	16	361,936,532				
	17	Accounts payable and accrued expenses .			2,946,783	17	3,865,371				
	18	Grants payable .	,	54,188,245	18	51,884,530					
	19	Deferred revenue .			6,021,349		5,367,470				
	20	Tax-exempt bond liabilities .				20					
	21	Escrow or custodial account liability Complete				21					
e l	22	Loans and other payables to current and for		1	:						
≣		trustees, key employees, highest compen		employees, and							
Liabilities		disqualified persons Complete Part II of Schedu				22	_				
-1	23	Secured mortgages and notes payable to unrela				23					
	24	Unsecured notes and loans payable to unrelated		<b>—</b>		24					
	25	Other liabilities (including federal income tax,									
		parties, and other liabilities not included on lines of Schedule D	5 17-2	+). Complete Fait A	42.000.240	25	45 400 440				
	26	Total liabilities. Add lines 17 through 25			42,968,340		45,423,446				
	26	Organizations that follow SFAS 117 (ASC 958	) che	ck here ▶ □ and	106,124,717	20	106,540,817				
ces		complete lines 27 through 29, and lines 33 and									
ä	27	Unrestricted net assets			39,145,002	27	43,521,245				
Bal	28	Temporarily restricted net assets .				28					
힏	29	Permanently restricted net assets			21 <u>3,500</u> ,766	29	211,874,469				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), ch	eck here ▶ 🔲 and							
ts	30	Capital stock or trust principal, or current funds				30					
sse	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund .		31					
۲	32	Retained earnings, endowment, accumulated in				32					
<u>a</u>	22	Total net assets or fund balances			252,645,768	33	255,395,714				
ž	33	Total fiet assets of futio balances		· L	232,043,766	<del>~</del>	200,000,714				

rom 9	90 (2018)		,	Pa	age I∠		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		236,8	86,591		
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses Subtract line 2 from line 1	3		5	34,230		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,645,7				
5	9 , , , , , , , , , , , , , , , , , , ,						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O) .	9					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		<u>255,39</u>	95,714		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>				
				Yes	No		
1	Accounting method used to prepare the Form 990		.				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	.		1 1		
_	Schedule O				لبا		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b> ,		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	·				
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	<b></b>		
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	,				
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis			<b> </b>			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			,			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and accounts the second of		2c	✓	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	ļ				
_			<u> </u>				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in					
	the Single Audit Act and OMB Circular A-133?.		3a		<b>✓</b>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits or						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		L		

Form **990** (2018)

#### SCHEDULE'A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

20**18** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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. Employer identification number

98-6000843 Canada Council for the Arts 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). 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 10 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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, 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 (n) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	10 / (						, raye =
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to d	qualify under
	Part III. If the organization fails to						•
Secti	on A. Public Support	•			,		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 201 <i>/</i>	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and					, ,	1,,
	membership fees received (Do not				/		
	ınclude any "unusual grants.")				<i> </i>		
2	Tax revenues levied for the				Ï		
	organization's benefit and either paid				<i> </i>		
	to or expended on its behalf			ļ			
3	The value of services or facilities				i		
	furnished by a governmental unit to the						
	organization without charge				/		
4	Total. Add lines 1 through 3				1		-
5	The portion of total contributions by						
•	each person (other than a				/		
	governmental unit or publicly				/	İ	
	supported organization) included on			/	ſ		
	line 1 that exceeds 2% of the amount			/			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> /2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4 .						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources .						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on .						
10	Other income Do not include gain or						
	loss from the sale of capital assets	/	7				
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc				-	12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax y	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he		•		· · · ·		▶ []
	on C. Computation of Public Suppor	<del>,                                      </del>				T T	
14	Public support percentage for 2018 (line)			1, column (f))		14	<u>%</u>
15	Public support percentage from 2017 Sch					15	<u>%</u>
16a	331/3% support test—2018. If the organi box and stop here. The organization qua				na line 14 is 30	31/3% or mor	
_						2010/	<b>▶</b> □
b	331/3% support test—2017. If the organithis box and stop here. The organization					IS 33 /3% OF	more, cneck
				_			
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me						
	Part VI how the organization meets the " organization"	racts-and-circ	umstances" të	st the organi	zadon qualifies	s as a public	iy supported
_							. ▶ 📙
b	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	is-and-circums	stances" test.	ine organizati	on qualifies	as a publicly
40 4	supported organization		haw an II 40	10- 10- 17	171 1-	1. Alexander -	▶ ∐
18 /	Private foundation. If the organization di	u not check a	box on line 13,	, 16a, 16b, 17a	ı, or 1/b, chec	k this box an	a see

Schedule A (Form 990 or 990-EZ) 2018

Part	Support Schedule for Organiza						1_
	· (Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		<del></del>		T		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise		_		<del></del>	<del>                                     </del>	<del></del>
~	sold or services performed, or facilities					/	
	furnished in any activity that is related to the					/	
2	organization's tax-exempt purpose		-			<del>  /  </del>	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					V	
		<u>.</u>		ļ	<del>                                     </del>	<del>{</del>	
4	Tax revenues levied for the				/		
	organization's benefit and either paid to or expended on its behalf .				/		
_	-	<del></del>			<del>                                     </del>		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				/		
	Total. Add lines 1 through 5.		<del>                                     </del>		<del>  /                                   </del>	+	<del></del>
6 72	Amounts included on lines 1, 2, and 3				<del>//</del>	<del>   </del>	
ra	received from disqualified persons .			/			
L	· · ·			/	-		
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from			//		1	
•	line 6)	•		/			
Secti	on B. Total Support		<u> </u>	<del>}</del>	<u> </u>	<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,		/		ŀ		
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses		/				
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b		/	<u> </u>			
11	Net income from unrelated business		/				
	activities not included in line 10b, whether		f				
	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	/					
40	(Explain in Part VI.)	/		_		<del> </del>	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	/			İ		
4.4	First five years. If the Form 990 is for the		n's first secon	d third fourth	or fifth tax v	ear as a section	501(c)(3)
14	organization, check this box and <b>stop he</b>	- /	ii s iiist, secon	ia, tilia, loaiti	i, or illustrax y	cai as a section	. ▶ □
Secti	on C. Computation of Public Suppor			<u>.</u>		· -	
15	Public support percentage for 2018 (line 8			13. column (f))		15	%
16	Public support percentage from 2017 Sch			.,		16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2017	' Schedule A,	Part III, line 17	•		18	%
19a	331/3% support tests-2018. If the organi				nd line 15 is m	nore than 331/3%	, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organization	on 🕨 🗌
b	331/3% support tests - 2017. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	tions 🕨 🔲

### 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 Organization
--

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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	2 		
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 <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
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	 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	46		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? 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 <b>Part VI</b> .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b	~ ~ ~	
С	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 <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		<u> </u>
Sect	ion B. Type I Supporting Organizations			١
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l		
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sect	ion D. All Type III Supporting Organizations		Yes	No
4	Did the appropriate accounts to each of its supported arganizations, by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
	ion E. Type III Functionally Integrated Supporting Organizations		_ 4 ?	_ 1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	S)
a	The organization satisfied the Activities Test. Complete line 2 below			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	see in	struct	ions)
с 2	Activities Test <i>Answer (a) and (b) below.</i>	000 ///		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		ļ.,
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 <b>Part VI</b> .	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	ļ		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
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,			
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	1.		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)			
4 Enter greater of line 2 or line 3	4	· . <del></del>	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\Box$		-
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see
instructions).		J 71	J : J :: (

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D—Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity			<u> </u>			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets			<del></del>			
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Line 6 amount divided by line 5 amount		(ii)	(iii)			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014			]			
С	From 2015			Ţ			
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from			1			
	Section D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount			<del></del>			
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.						
8	Breakdown of line 7						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Part VI	<b>Supplemental Information.</b> 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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	······································
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

<u>Can</u> ad	Council for the Arts		98-6000843
Pai			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	<b>'</b> .
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easemen	its	2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or ter	L. L. L. L. L. L. L. L. L. L. L. L. L. L
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	egarding the periodic monitoring, in	spection, handling of
6	Staff and volunteer hours devoted to monitoring, inspe		
•	>	oung, nanamig or moraning, and america	
7	Amount of expenses incurred in monitoring, inspectii	ng, handling of violations, and enforcing	g conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)  Yes No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fi	e and expense statement, and nancial statements that describes the
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under Sworks of art, historical treasures, or other simila public service, provide the following amounts relative	r assets held for public exhibition, e	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art following amounts required to be reported under S		ar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$ 1,358,062
	Assets included in Form 990, Part X		► \$ 14 827 418

Par	III Organizations Maintaining	Collections of	Art, Historical	Treasures, or C	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her records, chec	ck any of the folio	owing that are a s	ignificant use of its
а	✓ Public exhibition		<b>d</b> $\square$ Loan	or exchange pro	grams	
b	Scholarly research		e 🗹 Othe			
С	Preservation for future generation	s	_		•••••	
4	Provide a description of the organiza XIII		and explain how t	hey further the or	rganızatıon's exer	npt purpose in Part
5	During the year, did the organization	solicit or receive	donations of art,	historical treasur	es, or other simila	ar
	assets to be sold to raise funds rather	r than to be mainta	ined as part of the	e organization's d	collection? .	☐ Yes  ☑ No
Par	IV Escrow and Custodial Arra	angements.				
	Complete if the organization 990, Part X, line 21.	answered "Yes'	' on Form 990, <b>i</b>	Part IV, line 9, o	r reported an an	nount on Form
1a	Is the organization an agent, trustee	, custodian or oth	er intermediary fo	or contributions of	or other assets no	ot
	included on Form 990, Part X?	•	,	•		☐ Yes ☐ No
þ	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able.		
	, ,	•	J		A	mount
С	Beginning balance			. 1	c	.,
d	Additions during the year		÷	1	d	
е	Distributions during the year				e	
f	Ending balance .			<del></del>	f	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or custodi	al account liability	<sup>?</sup> ☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanation	n has been provid	ded on Part XIII	
Par			• •	•		
	Complete if the organization	answered "Yes'	' on Form 990, <mark>f</mark>	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	76,571,393	72,755,846	69,782,92	72,416,59	2 67,950,411
b	Contributions	0	0			0 0
С	Net investment earnings, gains, and					
	losses	5,048,913	5,413,604	4,218,06	(812,587	6,237,713
d	Grants or scholarships	(1,536,394)	(1,333,922)			1 -
е	Other expenditures for facilities and	, , , , ,			, , , ,	
	programs	(177,569)	(150,378)	(117,169	(110,530	(108,243)
f	Administrative expenses	(232,441)	(113,757)	(88,635		
g	End of year balance	79,673,902	76,571,393	72,755,84		
2	Provide the estimated percentage of t	the current year en	d balance (line 1g	, column (a)) held	as.	
а	Board designated or quasi-endowment	nt 🕨	%			
b	Permanent endowment ▶	100%				
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and a	dministered for th	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 o					3b
4	Describe in Part XIII the intended uses		n's endowment fu	unds		
Par						
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth			Accumulated	(d) Book value
		(investme	ent) (o	ther)	depreciation	
1a	Land .					
b	Buildings .					
С	Leasehold improvements			5,884,936	(2,187,227)	3,697,709
d	Equipment			7,911,360	(4,603,084)	3,308,276
<u>e</u>	Other			457,260	0	457,260
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 99	00, Part X, column	(B), line 10c.) .	▶	7,463,245

Part VII	Investments - Other Securities.	1004 13 5		141 0 5	000 B 1 V 1 10
	Complete if the organization answ	ered "Yes" on Form 9	90, Part IV, lin		
	(a) Description of security or category (including name of security)		(b) Book value	1	nod of valuation of-year market value
(1) Financial	derivatives				
• •	neld equity interests				
(3) Other					
	funds - Equity		138.892.725	end-of-year market	value
(B) Pooled	funds - Fixed income			end-of-year market	
(C) Pooled	funds - Alternatives			end-of-year market	
(D) Rooled	funds - Money market			end-of-year market	
(E) Segreg	ated Equity			end-of-year market	
(F) Bool of	ated Equity			end-of-year market	
(G) Infracts	state			end-of-year market	
(H) Cash	ucture			end-of-year market	
	o) must equal Form 990, Part X, col (B) line 12 ) ▶		313,273,399		value
Part VIII	Investments—Program Related.		313,273,333		-
T all C VIII	Complete if the organization answer	ered "Yes" on Form <sup>Q</sup>	90 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	0100 103 0111 011110	(b) Book value		hod of valuation
	(a) Description of the striett		(b) Book value	<b>(-)</b>	of-year market value
				_	
(1)					<del>.</del>
(2)	<del></del>				
(3)					
(4)					<del>_</del>
(5)	·				<del>(4</del>
(6)					_
_(7)					
_(8)	<u> </u>				
(9)	15 000 0 17 7 701 101 5		<del>-</del> .		
	n) must equal Form 990, Part X, col (B) line 13 )			gle.	
Part IX	Other Assets.		00 5 111/1	44.1.0.5	000 D. IV I 45
	Complete if the organization answ		90, Part IV, lin	e 11a. See Form	
	(a) I	Description			(b) Book value
(1)					
(2)				_	<u> </u>
(3)					<del></del>
(4)	·				
(5)					
(6)					
(7)					
(8)					·
(9)		··			
Total. (Colur	nn (b) must equal Form 990, Part X, col	(B) line 15 )	•	. ▶	
Part X	Other Liabilities.				
	Complete if the organization answer	ered "Yes" on Form 9	90, Part IV, lın	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value	<u> </u>	· · ·	
(1) Federal in	come taxes				
(2) Employee	e Future Benefits	2,947,04	1		
	Revenues-Externaly Restricted Contrib	42,476,40			
(4)					
(5)		···			
(6)		<u>.                                    </u>			
(/)					
(8)					
(9)					
	n) must equal Form 990, Part X, col (B) line 25)	AE A33 A4	7		
	uncontain tay positions. In Part XIII, provide	45,423,44		a's financial stateme	ata that ranama tha

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 236,886,591 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 3 236,886,591 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b b Add lines 4a and 4b . 4c 0 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 236,886,591 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 236,352,361 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 2a h Prior vear adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d е Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 236,352,361 Amounts included on Form 990, Part IX, line 25, but not on line 1 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 236,352,361 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information - Part III, Line 1a: Musical Instruments which have cultural and historical value, are recorded at nominal value in the Statement of Financial Position as reasonable estimate of the future benefits associated with such assets cannot be made. - Part III, Line 4. The Art Bank collection includes 17,160+ paintings, prints, photographs and sculptures by over 3,160 emerging and established artists, including those from Aboriginal and culturally diverse backgrounds. The Canada Council Art Bank rents artwork to government and corporate clients across Canada. - Part V, Line 4: Externally restricted contributions consist of endowments and restricted donations received by the Council that are required to be maintained intact. They are reported under Accumulated Surplus from Operations. The purpose of those funds is to use its investment returns to encourage and celebrate the excellence of Canadian artists in the performing arts (study, enjoyment of, and production of works in, the arts).

Schedule D (Fo	m 990) 2018	Page 3
Part XIII	Supplemental Information (continued)	
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#### **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 15. or 16.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number Canada Council for the Arts 98-6000843 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total expenditures for employees, agents, and region (by type) (such as, fundraising, program services, of offices in a program service. describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Canada 271 Grants to recipients 236,352,361 (2) (3) (4) (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Subtotal 236,352,361 3a Total from continuation sheets to Part I 0

236,352,361

Page 2

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(I) Method of valuation (book, FMV, appraisal, other)																
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant		;														
(d) Purpose of grant							·									
(c) Region	See details in Part V															
(b) IRS code section and EIN (if applicable)	3,									-						
(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

**A A** by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2018

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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. Schedule F (Form 990) 2018

Part III Grants ar

disbusement assistance	(a) Type of grant or assistance (b) Region (c) Number of recipients	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of
See details in Part V				ממה ה	disbursement	assistance	or noncast assistance	(book, FMV, appraisal, other)
		See details in Part V						

Part	IV 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	, V 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	<b></b> ✓ 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) 2018

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Part V			S	u	ij	0	р	Į	(

Sunn	lemen	tal Inf	ormation
JUDU	10111011		UlliauUll

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	_
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#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

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

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

98-6000843 Canada Council for the Arts Part I 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 Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions 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 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 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 Form 990 of other organizations 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 a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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 a The organization? 5a 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 6a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

in Part III

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Page 2

Schedule J (Form 990) 2018

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

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

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

(B) Breakdown of W-2		(B) Breakdown of W-2	f W-2 and/or 1099-MISC o	and/or 1099-MISC compensation	ompensation (C) Between and (C		(a) pun (a)	(5) Composition
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	( <b>U</b> ) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Brault Simon	Ξ	194,279.00	50,070.00	47,796 00	39,430.14	0	331,575.14	0
1Director and CEO	Ξ							
Chawla-Ghadban, Michelle	Ξ	121,063.00	15,604.00	18,811.000	31,111.20	0	186,589.20	0
2Director, SPA	Ξ							
Boileau, Carole	Ξ	102,307 00	4,980.00	14,434 00	24,147.72	0	145,868.720	0
3CFO and Chief Security Officer	(ii)							*
Scott. Tammy	Θ	121,063 00	10,803.00	17,865.00	29,896.68	0	179,627.68	0
4Director, CPE	Ξ							)
Warren, Carolyn	(8)	121,063.00	5,402 00	00'605'9	23,105.46	0	156,079.46	0
5Director, AGP	€							
Larocque-Poirter, Joanne	Ξ	103,579.00	12,949 00	15,673.00	26,197.44	0	158,398.44	0
6Chief of Staff and Corp. Secs	€							, , , , , , , , , , , , , , , , , , ,
Lovsin. lan	€	100,317.00	0	5,218 00	0	0	105,535 00	0
7Chief Information Officer	<u>(ii)</u>						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *
Goupil, Sebastien	€	108,163.00	13,940.00	13,298 00	26,872.56	0	162,273 56	0
8Secretary General, CCUNESCO	€							
	€							
6	Ξ							
	Ξ							
10	€							
	Ξ							
11	€							
	Ξ							
12	€							
	Ξ							
13	<b>E</b>							
	(9)							
14	€							
	€							
15	Ξ							
	Ξ							
16	€							,

Schedule J (Form 990) 2018

# SCHEDULE O<sub>(</sub> (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.

2018 Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Canada Council for the Arts For Paperw - Part VI, Line 7b: 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. It is reviewed by Supervisor with indication on how they intend to manage the conflict of interest situation disclosed by the employee (if applicable). Form is sent to Human Resources department. - 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

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	_
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