2949309302510

Return of Organization Exempt From Income Tax

OMB No. 1545-00

section 501(c), 527, or 4947(a)(1) of the little OMB No 1545-0047

(Rev January 2020)

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

2019

A For the 2019 salendary year, or tax year beginning	Department of the Treasury Internal Revenue Service			► Do not enter social ► Go to www.irs.g	l security numbers of ov/Form990 for instr			1000	Open to Public Inspection
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Number and streamy 150 Eighn Street, PO Box 1047 150 Eig			• •					9	8-6000843
Tax-exampt status Discipling Street, PO Box 1047 Soft or foreign postal code Ottows, Ontario, Carinada, K1P SVB Name and aciditises of principal effect. Mr Simon Brault, Director and CEO High is his aye menulor sactoriates Ves No Address; sis same as above Address; sis same as above No Address; si	П		Ť			treet address)	Room/suite		· -
City or town, state or provence, country, and ZiP or foreign postal code City or foreign postal code Amended return City or foreign postal code Ci	ī		Ť	·		·	2nd floor	61	3-566-4414
Canada Application pending Canada, KIP SVB Canada Adversor promoped officer Mr Simon Brault, Director and CEO Halp sha so group state streaments Yes No Note and address of promoped officer Mr Simon Brault, Director and CEO Address is same as above Solicips	Ħ					postal code			
Moderate: Moderate: Same as above Moderate:	$\overline{\Box}$							G Gross rece	ıpts \$
Moderes Same as above No Note No	$\bar{\sqcap}$	Applicatio	n pending	F Name and address of principal off	icer Mr Simon Brault	Director and CEO	H(a) Is this a gr	oup return for sub	ordinates? Yes No
Website:		• •		Address is same as above		لمند	H(b) Are all s	ubordinates in	cluded? Yes No
Vesar of torganization Corporation Trust Association Other	ī	Tax-exem	pt status) ◀ (insert no)	4947(a)(1) or 2	If "No,"	attach a list (s	ee instructions)
Summary	J	Website:	▶ www ca	nadacouncil ca			H(c) Group e	xemption num	ber ▶
Briefly describe the organization's mission or most significant activities. The Canada Council for the Arts is Canada's national arms length arts funding agency. Activities are. Crinche (funding to individual professional articls 3 arts organizations), findow.	ĸ	Form of or	ganization 🗸	Corporation Trust Associa	tion ☐ Other ►	L Year of for	mation 1957	M State of le	gal domicile ON
arm's length arts funding agency. Activitics arc. Gronts (funding to individual professional articts & arts organizations). Endow ments & Phress (fellowaltips & prizes to some 200 artists and scholars). Research, communications & arts promotion. 2 Check this box № if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of voting members of the governing body (Part VI, line 1b). 4 11 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a). 5 287 6 Total number of volting members of the governing body (Part VI, line 1b). 6 Total number of volting members of the governing body (Part VI, line 1b). 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business taxable income from Form 990-T, line 39. 8 Contributions and grants (Part VIII, line 1b). 9 Program service revenue (Part VIII, line 1b). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising ese (Part IX, column (A), lines 1-6). 17 Other expenses (Part IX, column (A), lines 1b). 18 Total expenses Add lines 13-17 (must equal Part VIII, column (A), lines 5-10). 19 Revenue less expenses. Subtract line 18 for attended to the late of the lines of pening of current Year. 19 Revenue less expenses (Part IX, column (A), lines 1b). 10 Total labilities (Part X, line 16).	_							•	
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8 Contributions and grants (Part VIII, line 1h)	-							7b	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13–17 (must equal Part VIII, other 11e) 19 Revenue less expenses. Subtract line 18 part 14 (11f-24e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 AUG 2 7 2020 24 21 Total liabilities (Part X, line 26) 24 22 Net assets or fund balances. Subtract line 21 from 15 (2 fr	_								
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13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 205.353,942 225.234,227 14 Benefits paid to or for members (Part IX, column (A), line 4) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22.353,154 22.866,679 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1–10) 15 Total fundraising fees (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (D), line 25) Total expenses (Part IX, column (A), lines 1–11d, 11f-24e) 8,645.265 8,995,901 18 Total expenses Add lines 13–17 (must edual Part Court (Martin) 236,352,361 257,096,807 19 Revenue less expenses. Subtract line 18 Total Part (Martin) 20 20 20 20 20 20 20 2	3								
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19 Revenue less expenses. Subtract line 18 from line 12									
Beginning of Current Year End of Year	>								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge August 12, 2020	1 × ×	13	ievenue ie	iss expenses. Oubtract line			_		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge August 12, 2020	a sts	20 7	Cotal asset	s (Part X line 16)	AUG 17	7 2020 우]			······································
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge August 12, 2020					1921 11910 1325	V , U · · ·	233,	333,714	243,034,437
True, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge August 12, 2020	_			· · · · · · · · · · · · · · · · · · ·	eturn including accomp	anving schedules and st	atements, and to the	hest of my kn	owledge and helief it is
Sign Signature of officer Date Carole Boileau, CFO Type or print name and title Paid Preparer Preparer Firm's name Preparer's signature Firm's address Print/Type preparer shown above? (see instructions) Yes No	tru	e, correct,	and complete	e Declaration of preparer (other than	officer) is based on all in	formation of which prep	arer has any knowled	ige	omicago ana bonor, icio
Sign Signature of officer Date Carole Boileau, CFO Type or print name and title Paid Preparer Preparer Firm's name Preparer's signature Firm's address Print/Type preparer shown above? (see instructions) Yes No			<u> </u>	M. La Salia		<u> </u>		August 12	2. 2020
Here Carole Boileau, CFO	Sic	n	Signati	re-of officer			Date		
Type or print name and title Paid Preparer Use Only May the IRS discuss this return with the preparer sname and title Preparer Use Only Type or print name and title Preparer's signature Date Check ☐ if self-employed self	_	-							
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Preparer Use Only Firm's name Firm's EIN ► Firm's address ► Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No		aid Tributype preparer smaller						_	
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May the IRS discuss this return with the preparer shown above? (see instructions)	Us	e Only			_				
	Ma	v the IP9			shown above? (see	instructions)	FRIORI	- 110	☐Yes ☐No
							t No 11282Y	• •	Form 990 (2019)

om 99	90 (2019)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Canada Council for the Arts is Canada's national public arts funder, with a mandate to foster and promote the study and enjoyed and the production of works in, the arts. Council champions and invests in artistic excellence through a broad range of grants, services, prizes and payments to professional Canadian artists and arts organizations. Council also raises public awareness and appreciation of the arts through its communications, research and arts promotion accounts.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 240,351,158 including grants of \$ 225,234,227) (Revenue \$ 271,436,582	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
A -4	Other program convece (Decembe on Schodule C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 240,351,158	

	00 (2019)		- 1	Page 3
art	V Checklist of Required Schedules		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	1	
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	\	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	/	
T	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		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	√	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<i>y</i>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
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		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	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 19 If "Yes," complete Schedule I, Parts I and II.	21		1

Part	Checklist 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		<u> </u>
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	· · · · · · · · · · · · · · · · · · ·	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? Note: All Form 990 filers are required to complete Schedule O .	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
	Fatantha annihar annahar Ban O at Fa ar 1999 Fatan O at annih at 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. 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?	1c		المسيد.

Part	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			
	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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	 	
ь	If "Yes," enter the name of the foreign country ▶			
	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			
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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			
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		
9	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.	<u> </u>		
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		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	İ	
11	Section 501(c)(12) organizations. Enter			i
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	134	 }	 1
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		ŀ	
^	the organization is licensed to issue qualified health plans		ŀ	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		
		מדיו		
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? If "Yes," see instructions and file Form 4720, Schedule N.	13	-	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.	10		
	136, Complete Form 1720, Companie O.	!		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on S				
	Check if Schedule O contains a response or note to any line in this Part VI				√
Secti	on A. Governing Body and Management			·	
		ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a	11			
	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 on Schedule O.	•			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		1		
_	any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or unde	r the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other p		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990) was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets? .	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	Are any governance decisions of the organization reserved to (or subject to approval by)				
	stockholders, or persons other than the governing body?		7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following				
a	The governing body?		8a	1	
ь	Each committee with authority to act on behalf of the governing body?	· ·	8b	•	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	reached at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Reven		nde)	
	on bit ondies (The section b requeste information about periode in the trace			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	!	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such	n chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	ng the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	? If "Yes,"			
	describe in Schedule O how this was done		12c	√	
13	Did the organization have a written whistleblower policy?		13	√	
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and a independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
_	The organization's CEO, Executive Director, or top management official	· ·	15a	7	
a b	Other officers or key employees of the organization	1	15b	V	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	• • •			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ar	rangement			
	with a taxable entity during the year?		16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	valuate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard the			
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99		(Sec	tion 5	01(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that appl	-			
	Own website Another's website Upon request Other (explain on Schedu	-			
19	Describe on Schedule O whether (and if so, how) the organization made its governing document	s, conflict of	ınter	est p	olicy
00	and financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and red	ords		
	Same as organization's address				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization r	nor any relate	d org	anız	atic	on c	ompe	nsa	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any	box,	Position not check mo unless perso er and a direct hostitut er institut		more rson direct	ore than one on is both an ctor/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	œr .	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Pierre Lassonde	nıl					l				
Chair, Board	nıl	✓	<u> </u>	<u> </u>	<u> </u>			9,644		
(2) Nathalie Bondil	nn									
Vice-Chair, Board	nıl	✓	<u> </u>	<u> </u>				4,632		
(3) David Binet	nıl									
Board member	nıl	✓						0		
(4) Beverley K Foy	nıl			ŀ						
Board member	nıl	✓				<u> </u>		6,055		
(5) Jennifer Dorner	nıl					1				İ
Board member	nıl	1						5811		
(6) Cheryl Hickman	nıl									
Board member	nıl	✓	<u> </u>	ļ	<u> </u>			4650		
(7) Ben Nind	nıl									
Board member	nıl	✓	<u> </u>	<u> </u>		ļ		5200		
(8) Yann Martel	nıl									
Board member	nıl	✓		<u> </u>			<u> </u>	4528		_
(9) Karl Schwonik	nıl		1							
Board member	nıl	✓	<u> </u>	<u> </u>				5078		
(10) Kim Spencer-Nairn	nıl			l						
Board member	nıl	✓	ļ	<u> </u>				5200		
(11) Jesse Wente	nıl									
Board member	nıl	✓		<u> </u>			<u></u>	5383		
(12) Simon Brault	37 5				١.					
Director and CEO	nıl		ļ	<u> </u>	✓			219794		
(13) Joanne Larocque-Poirier	37.5	1			١.					
Chief of staff and Corporate Secretary	nıl		<u> </u>	_	✓		_	122182		
(14) Michelle Chawla-Ghadban	37 5	1								
Director, SPA	nil				✓			137819		

	VII Section A. Officers, Directors, 1	Trustees,	Key	Em	plo	yee	s, an	nd F	lighest Compe	nsated	Emplo	yees (continued)
			<u> </u>			C)						
	(A)	(B)	l			ition			(D)	(E	3)	(F)
	Name and title	Average					e than o		Reportable	Reportable compensation from related		Estimated amount
		hours					or/trus		compensation			of other
		per week (list any	오글	2	Q	٦	9 ₹	T ₂	from the organization			compensation from the
		hours for	dividual t	1	Officer	y e	ghe	Former	(W-2/1099-MISC) (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and	
		related	cto	Ì		를	st co	"				related organizations
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					
		dotted line)	tee	uste		"	ens					
				ď			ated					
	Carole Boileau											
	nd Chief Security Officer			<u> </u>		✓		L	115,670			
(16)	ammy Scott											
	er), Director, CPE			<u> </u>				✓	108,865			
(17)	Carolyn Warren,											
	or, AGP			ļ		✓			142,801			
(18)	Aime Dontigny											
	or, Engage and Sustain		<u> </u>	ļ			/	_	107,887			
	ara Lapointe					i						
	or, Outreach			<u> </u>			/	_	109,873			
	oussef El Jai		ļ									
	or, Arts Across Canada and Arts Abroad Pro		-		-	-	/	<u> </u>	109,873			
	Denise St Jean		l	ļ								!
	or, Information Technology and Information			<u> </u>	<u>.</u>	ļ	/		109,873			
	Sebastien Goupil		-	l			١,					
	ary General, CCUNESCO			_	-	<u> </u>	/	-	120,955			
(23)			ł						i l			
(24)												
•												
(25)				T								
1b	Subtotal							•	1,461,774			
C	Total from continuation sheets to Part	VII, Sectio	n A				•	▶				
d	Total (add lines 1b and 1c)				•				1,461,774			
2	Total number of individuals (including but	t not limited	d to th	ose	e list	ted	above	e) w	ho received more	e than \$1	00,000	of
	reportable compensation from the organi	zation >							39			
												Yes No
3	Did the organization list any former of							mpl	loyee, or highes	t compe	ensated	
	employee on line 1a? If "Yes," complete 5	Schedule J	for s	uch	ındı	ıvıdı	ual					3 🗸
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$	150,	000)? [f "Ye	s, "	complete Sched	tule J fo	or such	
	ındıvıdual			•	•							4 🗸
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual												
	for services rendered to the organization	' If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person			5 /
	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Repo	ort compen	SaliOl	ı ıor	the	ca	ienoa	ıye T		within tr	ie organ I	
	(A)							1	(B)			(C)

(A) Name and business address	(B) Description of services	(C) Compensation
Microsoft, P.O. Box 9433, Postal Station Λ, Toronto, ON, M5W 4E1	IT Support	144,037
Deloitte & Touche LLP, 1600 - 100 Queen St, Ottawa, ON, K1P 5T8	IT Support	144,525
IDevology Solutions Inc, 62 Kilbride Drive Whitby, ON, L1R 2B5	IT Support	127,534
IDS Systems, 818 Boyd Avenue, Ottawa, ON K2A 2C7	IT Support	409,049
KPMG LLP, PO Box 4348, Station A, Toronto, ON M5W 7A6	Internal audit	145,791
2 Total number of independent contractors (including but not limited to	those listed above) who	
received more than \$100,000 of compensation from the organization ▶	8	

Form 990 (2019)					Page 9
Part VIII Statement of Revenue					
Check if Schedule O contains a response or note to	any line in this Pa	art VIII			<u>. </u>
	400	(m)	(0)	(0)	

٠ بية

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
a, Ĕ	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
a, a	е	Government grants (contributions) 1e 24	46,352,684				
Sir	f	All other contributions, gifts, grants,					
uti her		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f 1g \$					
Co	h	Total. Add lines 1a–1f	▶	24h 352 684	i		
			ess Code				
ဗ	2a	Program Service Revenue (ArtBank)		1,393,466	1,393,466		
e Zi	b					·	
Program Service Revenue	С						
ameve	d						
ogr R	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a–2f	. ▶	1,393,466			
	3	Investment income (including dividends, inter	est, and				
	_	other similar amounts)	—	17,807,659	17,807,659		
	4	Income from investment of tax-exempt bond pro	⊢				
	5	Royalties	Personal				
	6-		ersonal				
	6a	Gross rents 6a Less rental expenses 6b					
	b	Rental income or (loss) 6c	——	1			
	d	Net rental income or (loss)	. •				
	_	(4 6-2	Other				
	7a	Gross amount from (i) Securities (ii)					
		other than inventory 7a					'
<u>e</u>	b	Less cost or other basis					
eu.		and sales expenses . 7b					
ě	С	Gain or (loss) 7c					
ř	d	Net gain or (loss)	. ▶				
Other Revenue	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	——				
	b	Less: direct expenses	. ▶				
	C	Net income or (loss) from fundraising events .					 1
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less direct expenses 9b					
	c	Net income or (loss) from gaming activities	▶				
		Gross sales of inventory, less					
		returns and allowances 10a	i				
	b	Less cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	•				
ရွ		Busin	ess Code	_			
e e	11a	Other income (Refunds, CCUNESCO)		5,882,773	5,882,773		
en la	b						
Miscellaneous Revenue	С						•
iš 🖺	d	All other revenue					
		Total, Add lines 11a–11d	<u> </u>	5,882,773			!
	12	Total revenue. See instructions	•	271,436,582	271,436,582		5 000 (0040)

Part IX Statement of Functional Expenses

Cootio	n 501(c)(3) and 501(c)(4) organizations must comp	oloto all aglumna All	other erganizations	must complete colu	·mn //\					
Secuo										
Check if Schedule O contains a response or note to any line 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	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				*,, *, *, *, *, *, *, *, *, *, *, *, *,					
2	Grants and other assistance to domestic individuals. See Part IV, line 22			3	The same of the same					
3	Grants and other assistance to foreign				The section of the se					
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	225,234,227	225,234,227	م						
4	Benefits paid to or for members	., .	,							
5	Compensation of current officers, directors, trustees, and key employees	1,461,774	360,561	1,101,213						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,761,777	360,301	1,101,210						
7	Other salaries and wages	21,404,905	12,962,300	8,442,605						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,404,303	12,302,300	0,442,003						
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees)									
а	Management									
_	Legal		· · · · · · · · · · · · · · · · · · ·							
b	= 1									
C	Accounting									
d	Lobbying			-						
e	Professional fundraising services. See Part IV, line 17	I								
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									
13	Office expenses	151,072	7,516	143,556						
14	Information technology	195,416	4,510	190,906						
15	Royalties									
16	Occupancy	3,202,568	365,278	2,837,290						
17	Travel	499,814	393,838	105,976						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	122,511	24,803	97,708						
20	Interest	,,,,,,,	2 1/000							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	1,272,459	361,520	910,939						
23	Insurance	1,272,433	301,320	310,333	<u> </u>					
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses on 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)	730,555	59,376	671,179						
b	Printing and publications	247,276	7,516	239,760						
c	Consulting fees (professional services)	2,429,171	443,444	1,985,727						
d	Other (miscellangous)	145,059	126,269	18,790						
e	All other evocases	143,039	120,209	10,790						
25	Total functional expenses. Add lines 1 through 24e	257.000.007	240 251 150	10 745 040						
26	Joint costs. Complete this line only if the	257,096,807	240,351,158	16,745,649						
20	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)									

For	n 990 (2	2019)					Page 11
F	art X						
		Check if Schedule O contains a response of	r note to	any line in this Par			· · · L
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			23,804,193	1	16,252,597
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[2,397,567	4	2,515,605
	5	Loans and other receivables from any current trustee, key employee, creator or founder, subscontrolled entity or family member of any of these	tantıal c	ontributor, or 35%		5	
	6	Loans and other receivables from other disqua		 -		3	
		under section 4958(f)(1)), and persons described		6	<u> </u>		
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			14,827,418	<u> </u>	14,630,646
⋖	9	Prepaid expenses and deferred charges	1 1		170,710	9	562,197
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D		16,420,957			
	b	Less: accumulated depreciation	10b	(7,818,143)	7,463,245	10c	8,602,814
	11	Investments - publicly traded securities				11	
	12	Investments—other securities. See Part IV, line	11		313,273,399	12	294,025,920
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			361,936,531		336,589,779
	17	Accounts payable and accrued expenses .		<u> </u>	3,865,371		3,854,205
	18	Grants payable		—	51,884,530		43,645,412
	19	Deferred revenue)	5,367,470		4,963,566
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete		transfer of the second		21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substantially and the second of the second	tantial c	ontributor, or 35% 📙			
ā		controlled entity or family member of any of thes	•	_	-	22	
_	23	Secured mortgages and notes payable to unrela		· -		23	
	24	Unsecured notes and loans payable to unrelated		<u> </u>		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	17–24)	. Complete Part X	45 422 446	25	44 000 000
	26	Total liabilities. Add lines 17 through 25			45,423,446 106,540,817		41,032,099 93,495,282
- <u>-</u>		Organizations that follow FASB ASC 958, che			100,340,617	20	93,495,262
nce		and complete lines 27, 28, 32, and 33.	CK HEIG				
ala	27	Net assets without donor restrictions			43,521,245		24,368,375
9	28	Net assets with donor restrictions		· · · <u>·</u> · ·	211,874,469	28	218,726,122
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, che	ck here ▶ 🗌			
ō	29	Capital stock or trust principal, or current funds		<u>. [</u>		29	
ets	30	Paid-in or capital surplus, or land, building, or ed	quipmer	it fund		30	
4ss	31	Retained earnings, endowment, accumulated in				31	
et/	32	Total net assets or fund balances		[255,395,714	32	243,094,497
Ź	33	Total liabilities and net assets/fund balances		[361,936,531	33	336 589 779

Total liabilities and net assets/fund balances

336,589,779
Form 990 (2019)

361,936,531 **33**

Form 990 (201 9)	Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		271,43	36,582
2	Total expenses (must equal Part IX, column (A), line 25)	2		257,09	96,807
3	Revenue less expenses. Subtract line 2 from line 1	3	.=	14,33	39,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		255,39	95,714
5	Net unrealized gains (losses) on investments	5		(26,640	0,992)
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		243,09	4,497
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ır	·		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled oi			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of	2c	,	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, escapability of	kpiain on	' 		
_	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rtn in the	3a		1
	Single Audit Act and OMB Circular A-133?		1 4	\vdash	*
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-	; 3b		
	required addit of addits, explain why on schedule of and describe any steps taken to didergo such a	uuits .		n 990	(0040)
			Forr	⊓ ササリ	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Name of the organization 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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 II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

instructions .

Scheau	le A (Form 990 or 990-EZ) 2019						Page Z
Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						amy arras.
Secti	on A. Public Support	r quality artac	51 ti 10 to 500 iic	otou bolott, p	ioaco compi	oto i di tiii.)	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2010	(c) 2017	(d) 2018	(e) 2019	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	\					
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	:					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fòurth	i, or fifth tax y	ear as a sectic	ın 501(c)(3)
	organization, check this box and stop her		•	· · · · /	<i>.</i>		<u> </u>
	on C. Computation of Public Suppor				\		
14	Public support percentage for 2019 (line 6		-	1, column (f))	·/ ·	14	<u> %</u>
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organic box and stop here. The organization qual	zation did not	check the box		nd line 14 is 30	15 3 ¹ /3% or more,	check this
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16		. s 33 ¹ /3% or m	lore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	ition meets th	e "facts-and-o	circumstances	" test, check	this box and :	stop here.

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

	ale A (Form 990 or 990-EZ) 2019	D		: F00/-\/0\			Page
Part						بالدامين مدارات	
	(Complete only if you checked the lf the organization fails to qualify						under Part II.
Sacti	ion A. Public Support	under the te	sts listed bei	ow, please co	ompiete Fart		/
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Total
•	received. (Do not include any "unusual grants.")					/	/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .					-	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/				
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2015	/(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	/	[
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					_	
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her				<u> </u>	<u></u>	▶ □
Secti	on C. Computation of Public Support					•	
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment Inc				(6)	147	
17 18	Investment income percentage for 2019 (li			-		17	%
	Investment income percentage from 2018	ocnequie A, I	ran III. IINE 17			18	%

33¹/₃% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section	A.	All	Supporting	Organizations
---------	----	-----	------------	----------------------

CCI	on A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		ļ	
_		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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
20				-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
_	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Sa		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 35		
Ŭ	purposes? If "Yes," explain in Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	46		
	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	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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		<u></u> .	
F -	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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	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)	<u> </u>		
	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11b 11c		-
	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. on B. Type I Supporting Organizations	116	L	
36011	on b. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	1.40
•	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,	1		
	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.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	<u> </u>		
Casti		2		
Secu	on C. Type II Supporting Organizations		V	l Nia
4	Marin a majority of the experimentary discretes or trustees disting the toy year along majority of the discretes		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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	Za		
b	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported proapizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		

Pant V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			·
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A—Adjusted Net Income	(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		<u> </u>
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		,
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	***************************************	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	•••••	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion 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	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E—Distribution Allocations (see Instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		_	
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015 .			
	From 2016			***************************************
	From 2017			***************************************
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			20000000
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.	***************************************	COMPANIA AND AND AND AND AND AND AND AND AND AN	
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		:	
7	Excess distributions carryover to 2020. Add lines 3j	·		
•	and 4c.	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		<u></u>
8	Breakdown of line 7.			
<u>a</u>	Excess from 2015		***************************************	
<u>b</u>	Excess from 2016 .			
	Excess from 2017			
d	Excess from 2018			

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

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	Council for the Arts		<u></u>	98-600084	43
Pari			ls or Acco	unts.	
	Complete if the organization answered "	(a) Donor advised funds	(b) F	unds and other	r accounts
1	Total number at end of year	(a) Boilor acvised failes	(5)	unas ana otner	accounts
	Aggregate value of contributions to (during year) .				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor	advised	
3	funds are the organization's property, subject to the] Yes □ No
6	Did the organization inform all grantees, donors, ar	-			
_	only for charitable purposes and not for the benefit				
	conferring impermissible private benefit?			_] Yes 🗌 No
Part	Conservation Easements.				
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the c	organization (check all that apply)			
	Preservation of land for public use (for example, recreated	ation or education)	f a historica	lly importar	nt land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified	historic stru	ucture
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	F-10-7		
	easement on the last day of the tax year.			Held at the Er	nd of the Tax Yea
а			2a		
b	Total acreage restricted by conservation easements		-		
С	Number of conservation easements on a certified hi		├		
d	Number of conservation easements included in (1 1		
	historic structure listed in the National Register .		2d		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	nnated by t	he organiza	ation during th
_	tax year ▶				
4	Number of states where property subject to conserv				
5	Does the organization have a written policy regulations, and enforcement of the conservation eas] Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec				
U	Starr and voidificer flours devoted to morntoning, inspec	ting, harding of violations, and emoreing	CONSCIVANC	ii casciliciia	s during the yea
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing o	conservation	easements	during the yea
•	►\$	g, nariding of violations, and officioning c	onsorvation	Cascinona	daming the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	ection 170/	h)(4)(B)(i)	
	· · · · · · · · · · · · · · · · · · ·				ີ Yes □ No
	In Part XIII, describe how the organization reports co			e statement	t and
_	balance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easemer	nts			
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Sim	ilar Assets	s.
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 8.			
	If the organization elected, as permitted under FASi	B ASC 958, not to report in its revenue	e statemen	t and balan	ce sheet work
	of art, historical treasures, or other similar assets				rance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	es these iter	ns.	
b	If the organization elected, as permitted under FAS	•			
	art, historical treasures, or other similar assets held	•	earch in fur	therance of	public service
	provide the following amounts relating to these item				
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$	
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art,		assets for t	inancial ga	in, provide the
	following amounts required to be reported under FA			. •	4 000 40
	Revenue included on Form 990, Part VIII, line 1 .				
ь	Assets included in Form 990, Part X	· · · · · <u>· · · · · · · · · · · · · · </u>		D	14,630,64

Page	2
Page	-

Part	Organizations Maintaining	Collections of A	Art, Historica <u>l</u> 1	Γreasures, ο	r Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ner records, chec	k any of the fe	ollowing that make	significant use of its
а	✓ Public exhibition		d 🗌 Loan	or exchange p	rogram	
b	☐ Scholarly research		e 🗹 Other	Rental		
С	☐ Preservation for future generations	5				
4	Provide a description of the organiza XIII.	tion's collections a	nd explain how t	hey further the	e organization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe					
Part				-		
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee included on Form 990, Part X?					not
b	If "Yes," explain the arrangement in F	art XIII and comple	te the following to	able		Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amou	nt on Form 990, Pa	ırt X, line 21, for e	escrow or cust	odial account liabilit	y? 🗌 Yes 📋 No
b	If "Yes," explain the arrangement in F					
Pari						
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line 1	0.	
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	79,673,902	76,571,393	72,755	,846 69,782,9	25 72,416,592
b	Contributions	0	0		0	0 0
c	Net investment earnings, gains, and					
	losses	(2,462,993)	5,048,913	5,413	,604 4,218,0	64 (812,587)
d	Grants or scholarships	(1,298,013)	(1,536,394)			
e	Other expenditures for facilities and	(1,230,010)	(1,000,001)	(1,555,	(1,000,00	(1,100,200)
•	programs	(170,613)	(177,569)	(150,	378) (117,16	(110,530)
f	Administrative expenses	(188,652)	(232,441)	i e		·
g	End of year balance	75,553,631	79,673,902	· · · · · · · · · · · · · · · · · · ·		
2	Provide the estimated percentage of				· - · - · - · - · - · - · - · - · - · -	40 03,702,323
a	Board designated or quasi-endowme		%	,, oolallii (a), li	old do.	
b	- · · · · · · · · · · · · · · · · · · ·	100 %	. 70			
	Term endowment ▶ %					
C			100%			
•	The percentages on lines 2a, 2b, and				J _ J	L.
3a	Are there endowment funds not in the organization by	e possession of the	e organization the	at are neid and	administered for the	Yes No
	•					3a(i) /
	(i) Unrelated organizations					
_	(ii) Related organizations					F 7 7
_	If "Yes" on line 3a(ii), are the related of	•	•			3b
4	Describe in Part XIII the intended use		n s endowment i	unas.	 	
Part			Farma 000 I	20ml IV 1:00 d	1a Saa Farra 000	Dort V. Ivon 10
	Complete if the organization		ľ			
	Description of property	(a) Cost or oth	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements			5,826,403	(2,408,878)	3,417,525
đ	Equipment			9,926,381	(5,409,265)	4,517,116
е	Other			668,172		668,172
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 99	00, Part X, columr	n (B), line 10c.)		8,602,813

Part VII	Investments—Other Securities.		0 5 5	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial	derivatives			_
(2) Closely h	neld equity interests			
(3) Other				
(A) Pooled	l funds - Equity		end-of-year market value	
(B) Pooled	I funds - Fixed income	78,897,707	end-of-year market value	
(C) Pooled	l funds - Alternatives	27,633,326	end-of-year market value	
	funds - Money market	1 ^	end-of-year market value	
(E) Segrec	gated Equity	21,136,495	end-of-year market value	
(F) Real e	state	9,268,731	end-of-year market value	
(G) Infrast	ructure	26,839,636	end-of-year market value	
(H) Cash		1,674,565	end-of-year market value	
	mn (b) must equal Form 990, Part X, col (B) line 12) . ▶	294,025,920		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, Im	e 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)	7 - 10 - 1			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			-	
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 13) . 🕨			
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	e 11d. See Form 990. Pa	rt X line 15
-	(a) Description			Book value
(1)				
(2)		, -		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 15.)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11e or 11f. See Form 99	90, Part X,
	line 25.			
1.	(a) Description of liability		(b)	Book value
(1) Federal in	come taxes			
(2) Employe	e Future Benefits			3,261,94
(3) Deferred	Revenues-Externaly Restricted Contributions			37,770,15
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25)			41,032,099
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	's financial statements that re	

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

Part				Return.	
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	271 426 502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				271,436,582
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		┪	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d		┪ ┃	
e	Add lines 2a through 2d			2e	a
3	Subtract line 2e from line 1	•		3	271,436,582
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			271,430,502
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	•	1	
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	271,436,582
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses p	er Return	
	Complete if the organization answered "Yes" on Form 990,	Part I\	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	257,096,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· .		3	257,096,807
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
b	Other (Describe in Part XIII.)	4b			
С				4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18)	·	5	257,096,807
Part					
2; Part - Part I	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III, Line 1a: Musical Instruments which have cultural and historical value, are remainder the future benefits associated with such assets contained.	to pro ecorded	vide any additional ir I at nominal value in t	nformation.	
emergi	II, Line 4: The Art Bank collection includes 17,160+ paintings, prints, photograing and established artists, including those from Aboriginal and culturally divi				Art Bank
	/, Line 4 Externally restricted contributions consist of endowments and restri				
investr	ment returns to encourage and celebrate the excellence of Canadian artists in	the per	forming arts (study, e	njoyment o	f, and
produc	ction of works in, the arts).				
			······	•••••	

Schedule D (For	m 990) 2019		Page 5
Part XIII	Supplemental Information	(continued)	
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SCHEDULE F (Form 990)

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Statement of Activities Outside the United States

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Canada Council for the Arts 98-6000843 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 ☐ Yes ☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 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 employees, agents, and a program service, of offices in region (by type) (such as, expenditures for the region fundraising, program services, describe specific type of and investments independent in the region investments, grants to recipients service(s) in the region contractors located in the region) in the region (1) Canada 257,096,807 Grants to recipients (2) (3)(4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Subtotal За 257,096,807 Total from continuation sheets to Part I 0

c Totals (add lines 3a and 3b)

257,096,807

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
£			See details in Part V						
(2)									
(6)									
. 4									
(9)									
(9)									
3									
(8)									
<u>6</u>									
(10)									
<u> </u>									
(12)									
(13)									
<u>(14</u>									
(16)									
(16)									
7	Enter total nu	imber of recipie	Enter total number of recipient organizations listed above by the IRS or for which the granted or collegel has ground	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or councel has provided a section 501/6121 animalogy letter.	that are recognized as charities by the fight a section 501(2)(3) an invalence but	s by the foreign count	try, recognized as ta	ıx-exempt	
က	Enter total nu	imber of other o	Enter total number of other organizations or entities	les					

Schedule F (Form 990) 2019

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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) 2019

Part III Grants ar

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	See details in Part V						
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2019

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

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Supplemental Information			
Provide the information required by F	art I, line 2 (monitoring	of funds); Part I, line	3, column (f) (accou

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)

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.

▶ Attach to Form 990.

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

Canad	ada Council for the Arts	98-6000843			
Par	rt I Questions Regarding Compensation				Al-
1a	Check the appropriate box(es) if the organization provided any of the followage. Part VII, Section A, line 1a. Complete Part III to provide any relevant info		\	es	No
		ce or residence for personal use	1		
		siness use of personal residence			
	<u> </u>	lub dues or initiation fees			
		s (such as maid, chauffeur, chef)	ľ	-	
b	If any of the boxes on line 1a are checked, did the organization follow or reimbursement or provision of all of the expenses described ab			_	
	explain		b ✓	<u>' </u>	
2	Did the organization require substantiation prior to reimbursing or directors, trustees, and officers, including the CEO/Executive Director, 1a?	regarding the items checked on line	2 1	 -	
	14		2 /		
3	Indicate which, if any, of the following the organization used to establish organization's CEO/Executive Director. Check all that apply. Do not check related organization to establish compensation of the CEO/Executive Director.	ck any boxes for methods used by a			
	☐ Compensation committee ☑ Written employments				
	☐ Independent compensation consultant ☐ Compensation su	· · · · · · · · · · · · · · · · · · ·			
	☐ Form 990 of other organizations ☑ Approval by the b	poard or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, li organization or a related organization.	ne 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?		la		✓
b	 Participate in, or receive payment from, a supplemental nonqualified retir 	rement plan? 4	b		✓_
C			lc _		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	omplete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did t compensation contingent on the revenues of				
а	The organization?		a	,	✓
b	,		ib		✓
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did t compensation contingent on the net earnings of	he organization pay or accrue any			
а	The organization?		a		√
b	_		b	,	✓
	If "Yes" on line 6a or 6b, describe in Part III.	ļ			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the payments not described on lines 5 and 6? If "Yes," describe in Part III.	_	- 7	_ -	√
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursu to the initial contract exception described in Regulations section				
	in Part III		в	,	✓
	•				_
9	If "Yes" on line 8, did the organization also follow the rebuttable p Regulations section 53.4958-6(c)?		9		

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

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, IIIIe 1a, applicable column (U) and (E) amounts for that individual	or eacr	isted individual mu	st equal the total amo	ount of Form 990, Par	t VII, Section A, line 1	a, applicable columi	1 (U) and (E) amounts	for that individual
		(b) Breakdown o	W-Z and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(g)-(ı)(g)	in column (B) reported as deferred on prior Form 990
Brault, Simon	3	199,101.00	0	20,692.00	35,055.78	0	254,848.78	0
Chawla-Ghadban, Michelle	3 3	124,120.00	13,699.00	0	26,581.98	0	164,400.98	0
Boileau, Carole 3CEO and Chief Security Officer	ΞΞ	109,870.00	5,427.00	373.00	22,042.32	0	137,712.32	0
Scott, Tammy 4Director, CPE	3	102,638.00	6,227.00	0	20,648 58	0	129,513.58	0
Warren, Carolyn 5Director, AGP	= 3	124,120.00	18,681.00	0	24,168.60	0	166,969.60	0
Larocque-Poirier, Joanne 6Chief of Staff and Corp. Secs	= <u>=</u>	109,870.00	11,938.00	373.00	23,376.90	0	145,557.90	0
Goupil, Sebastien 7Secretary General, CCUNESCO	3	110,936.00	10,018.00	0	23,126.34	0	144,080.34	0
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Schedule J (Form 990) 2019

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Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	nal information.										Schedule J (Form 990) 2019
rovide the information, explain	or any additional information.										

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Employer identification number

Open to Public Inspection

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 deleg	gation 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	nt. It is reviewed by Supervisor with
indication on how they intend to manage the conflict of interest situation disclosed by the employee (if ap	plicable). Form is sent to Human
Resources department.	
- Part VI, Line 15a and b. Compensation for CEO, Executive Director and top management is directed by P	rivy Council of Canada
(Government of Canada). Compensation for other officers or key employees is reviewed on a regular basis	s 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 staten	nents are made available to the
public during the tax year via the organization's website	
* Proactive disclosure. http://canadacouncil.ca/about/public-accountability/proactive-disclosure	
* * Annual reports. http://canadacouncil.ca/about/governance/corporate-reports	
* * Governance documents http://canadacouncil.ca/about/governance	
* Other documents as requested by the public	
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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