Α

G O

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

001656 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public

2017

Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 2012	
Во	Check if	C Name of organization	D Employer identific	cation number
a	pplicable	URBANARTS INC.		
\Box	Addres	S C/O MAGG COTTEGE OF ADM		
\vdash	Name change		04-2	712823
F	Initial	Number and street (or P.O. box it mail is not delivered to street address) Room/st	 	
-	Ireturn □ Termin-		(617	
F	_Jated _Amend		G Gross receipts \$	161,613.
<u> </u>	ireturn]Applica	City or town, state or country, and ZIP + 4 BOSTON, MA 02115	H(a) Is this a group re	
_	ltion pendini		for affiliates?	Yes X No
			H(b) Are all attitiates inc	
		SAME AS C ABOVE	 1 ' '	
		17,5-0-0-0-0-12,5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	 {	list. (see instructions)
		e: VRBANARTSINSTITUTE.ORG	H(c) Group exemptio	
			ear of formation: 1980 N	State of legal domicile: MA
Pa		Summary		
ø	1 6	Briefly describe the organization's mission or most significant activities: THE URBA	NARTS INSTITU	TE AT
Governance		MASSACHUSETTS COLLEGE OF ART WORKS TO PROMOT		
Ë	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of π	nore than 25% of its net as	sets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	7
Ö	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
SS	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
ij	6	Total number of volunteers (estimate if necessary)	6	0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	275,661.	83,139.
Ę		Program service revenue (Part VIII, line 2g)	79,854.	78,461.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47.	13.
æ	4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,562.	161,613.
_			0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	25,179.	33,121.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	23,179.	0.
ens	16a 1	Professional fundraising fees (Part IX, column (A), line 11e)	U .	<u> </u>
×	b b	Total fundraising expenses (Part IX, column (D), line 25)	401 (07	172 726
ш] ¹⁷	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	401,687.	173,736.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	426,866.	206,857.
		Revenue less expenses. Subtract line 18 from line 12	-71,304.	-45,244.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	56,778.	13,250.
₹5	21	Total liabilities (Part X, line 26)	37,603.	39,319.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	19,175.	-26,069.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
He		MATTHEW HINCMAN, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Checi [PTIN
Pai	d	MICHAEL A. TUCCI MICHAEL A. TUCCI	05/03/13 sett-employ	# P00090109
	parer	Firm's name ERCOLINI & COMPANY LLP	Firm's EIN	04-2549813
	Only	Firm's address 101 ARCH STREET, SUITE 300		
	•	BOSTON, MA 02110	Phone no. 6	174825511
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	001 01-2			Form 990 (2011)

URBANARTS INC.

Orm	990 (2011) C/O MASS COLLEGE OF ART	04-2712823	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	THE URBANARTS INSTITUTE AT MASSACHUSETTS COLLEGE OF ART	r works to	
	PROMOTE EXCELLENCE IN PUBLIC ART AND DESIGN.		
2	Did the organization undertake any significant program services during the year which were not listed on		
•	the prior Form 990 or 990-EZ?	□ v	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	;?Y	es X No
3	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expen	ses
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
		of grants and anocation	13 (0
	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 188,930 . including grants of \$ 83,139 .) (Rev	7!	8 461)
4a	(Code:) (Expenses \$ 188,930 including grants of \$ 63,139) (Rev CONTRACTS TO PROVIDE SERVICES TO INTEGRATE ARTS INTO T)	Enues	<u>, 401.</u>
		UE FORUIC	
	ENVIRONMENT.		
		· - ·	
4b	(Code:) (Expenses \$	enue \$)
			.
4c	(Code:) (Expenses \$ including grants of \$) (Rev		<u>_</u>
40	(Code:		
			·
			·
			 -
			· · ·
			
		.	
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		•
<u>4e</u>	Total program service expenses ► 188,930.		000
		Forr	n 990 (2011)

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Form 990 (2011) C/O MASS CO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		_X
	public office? If "Yes," complete Schedule C, Part I			_===
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	İ	١,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	 	X
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_		Х
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	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		x
^	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	İ	X
		-	<u> </u>	
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Į
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	<u> X</u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		İ	ŀ
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	X	<u> </u>
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		7
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
۸.	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			·
u		11d		χ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	-
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	l le		╁
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١.,,	1	٠.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		}
ь	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, XII, and XIII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
- 4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		2
	or more? If "Yes," complete Schedule F, Parts I and IV	140	 	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		١,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	}
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	[_ ا
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	2
7	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	17	<u> </u>	2
8	Did the erganization 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		2
۵	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	T
9		19		2
	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_		7
		20a	 	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	l 20b	! .	<u></u>

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Form 990 (2011) C/O MASS COLLEGE OF ART
Part IV | Checklist of Required Schedules (continued)

rai	t 14 Checklist of Required Scheddles (commoed)	, ,		,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	}		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			١,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	-		l
	Schedule J	23_		X
24 a	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			١.,
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
ь	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			i
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		١,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30_	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31_	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	1,,
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			7,5
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_	 	X
b	•			
	section 512(b)(13)? If *Yes,* complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?]
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
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_	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	1

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Form 990	(2011)	C/0	MASS	COLLEGE	OF	ART	
Part V	Statements	Regard	ing Othe	er IRS Filing:	sanc	Tax Complia	anc

	Check if Schedule O contains a response to any question in this Part V					
				T .	Va-	<u> </u>
4	inter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	o		Yes	No
	nter the number reported in Box 3 of Form 1096. Enter 40 if not applicable	_	0		I	
	have the number of Forms W-29 included in line 1a. Enter 50 is not applicable jid the organization comply with backup withholding rules for reportable payments to vendors and rules.					
	gambling) winnings to prize winners?			10		
	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i			İ	
	iled for the calendar year ending with or within the year covered by this return	2a	0		- 1	
	lat least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Ì	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				i	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
				3b	\neg	 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other	,,-	***************************************			
	inancial account in a foreign country (such as a bank account, securities account, or other financial)			4a		Х
	f "Yes," enter the name of the foreign country:		****	10	i	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	1		
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	t	X
	f *Yes,* to line 5a or 5b, did the organization file Form 8886-T?			5c	j	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				1	
	iny contributions that were not tax deductible?			6a		х
	f "Yes," did the organization include with every solicitation an express statement that such contribut					
	vere not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).	*******				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		_X
	f "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	o file Form 8282?			7c	-	Х
d l	f "Yes," indicate the number of Forms 8282 filed during the year	7d			Ī	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:17 ,	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
gΙ	f the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	79		
h I	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8 9	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting		- 1	
(organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	ie during the year?	8		
9 5	Sponsoring organizations maintaining donor advised funds.					
а[Did the organization make any taxable distributions under section 4966?			9a		
b [Did the organization make a distribution to a donor, donor advisor, or related person?		******************	9b		
10 5	Section 501(c)(7) organizations. Enter:	1	•			
	nitiation fees and capital contributions included on Part VIII, line 12	10a	. <u> </u>			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 5	Section 501(c)(12) organizations. Enter:	1	İ			
_	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? !	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			\vdash		
	s the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				}
	Enter the amount of reserves on hand					~
	Did the organization receive any payments for indoor tanning services during the tax year?			143		X
<u>b</u> l	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie U		14b Form !	990 r	2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI							<u>LX</u> J
Sec	tion A. Governing Body and Management							
					_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			_7			
	If there are material differences in voting rights among members of the governing body, or if the governing					j		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				- 1			
ь	Enter the number of voting members included in line 1a, above, who are independent	1b			7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip witl	h any c	ther				
	officer, director, trustee, or key employee?					2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect sup	ervision	-			
	of officers, directors, or trustees, or key employees to a management company or other person?					3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas file	i?	L	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as				1	5		Х
6	Did the organization have members or stockholders?				L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?				<u>[</u>	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Ì		
	persons other than the governing body?				[7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
-	The governing body?				[8a	Х	
	Each committee with authority to act on behalf of the governing body?					8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re							
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F							
		_					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		,,,,,,,,		[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	ers, affi	iates.				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				[10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy be	fore filir	ng the form	1?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to fine 13	,,.,.,.			L	12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	***********	[12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *				Í	!		
	in Schedule O how this was done				, [12c		X
13	Did the organization have a written whistleblower policy?					13		X
14	Did the organization have a written document retention and destruction policy?					14		Х
15	Did the process for determining compensation of the following persons include a review and approx	al by	indepe	ndent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			ŀ		!	
а	The organization's CEO, Executive Director, or top management official	* . * . *			[15a		X
ь	Other officers or key employees of the organization				[15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ĺ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					1
_	taxable entity during the year?				,	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-				-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
	exempt status with respect to such arrangements?					16b		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MA			_				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Se	ction 5	01(c)(3)s o	nty) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflic	t of int	erest policy	y, and	finar	ncial	
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books	and re	ecords	of the orga	nizat	ion: 🕨	-	
	RICARDO D. BARRETO - (617) 879-7970			_				
7844	621 HUNTINGTON AVENUE, BOSTON, MA 02115							
13200 01-23						Form	990	(2011)

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C/O MASS COLLEGE OF ART

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	Average hours per week (describe hours for	offe	not c	ss po	пжие					
	(describe hours for	⊢	cer an			s bot	han i	Reportable compensation	Reportable compensation	Estimated amount of
	related organizations in Schedule O)	Inchidua) trusiee or director	institutional trustee	Officer		Highest compensated 12/25 employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) LISA TUNG		İ							•	•
CLERK	5.00	X	<u> </u> _	X	ļ	 _	ļ	0.	0.	0.
2) INGRID STADLER DIRECTOR	5.00	х	ļ	i				0.	0.	0.
3) NICHOLAS CAPASSO					i	1				
CHAIR	5.00	Х		х			_	0.	0.	0.
4) MATTHEW HINCMAN			Γ		ĺ					
REASURER	5.00	X		Х	<u> </u>	<u> </u>	_	0.	0.	0.
5) TYRA SYDBERY									_	
DIRECTOR	5.00	X	 			<u> </u>		0.	0.	0.
6) ETTY PADMODIPOETRO									0	_
DIRECTOR	5.00	X	 —	 	 	-	-	0.	0.	0.
7) DANIEL RANALLI	5.00	v					1	0.	0.	0.
DIRECTOR	3.00	<u> </u>	┢	1	┼	┼─	 	<u> </u>	0.	
			İ	1						
				┼─	\vdash	 		i		
							ļ			
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		.	<u> </u>	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>		
	_	-	┞	 	\vdash	\vdash	<u> </u>		. <u> </u>	
		+	\vdash	\vdash	\vdash	┼	-	-	<u> </u>	
	 	╁	 	+	-	+	 			

Part	VII Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	mplo	yee	s, a	nd l	<u>High</u>	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	2)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos neck		l than	one	Reportable	Reportable			mated	
		hours per week	box	. unie	ss pe	1500	is bol	h an	compensation	compensation	·		ount o	rt .
		(describe						Ĭ	from the	from related organizations			ther ensat	ion
		hours for	direct				9		organization	(W-2/1099-MIS			m the	
		related	66 93	32.55			ž		(W-2/1099-MISC)	(– – –		orga	nizatio	on
		organizations	I I	2		45	ğ,	ļ					relate	
		in Schedule	Indhédual trustee or directa	Inscilutional trustee	Office.	кеу етрюуее	Highest compensated employee	Former				orgar	nizatio	กร
		O)	=	프	甚	ž	玉 部	Ğ	-					
			├		<u> </u> —		 	 —	-	 -				
		- 		 —	—	 —		 						
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			1							1				
	<u> </u>		╁	\vdash				╁─			\dashv			
	Sub-total	<u> </u>	٠			!	_	۰	0.		0.			0.
	Total from continuation sheets to Part \								0.	-	0.1			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but							ho r	·	,000 of reportable				
_	compensation from the organization						-,			,				0
	component on the organization		_										Yes	No
3	Did the organization list any former office	r, director, or tr	uste	e, ke	y er	mple	oyee	10 .	highest compensated e	mployee on	ſ			
_	line 1a? If "Yes," complete Schedule J for										L	3		Х
4	For any individual listed on line 1a, is the s	sum of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization		Ĭ		
	and related organizations greater than \$15										<u> </u>	4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsai	tion	from	an	y un	rela	ted organization or indiv	idual for services	- 1	- 1		
	rendered to the organization? If "Yes," con	mplete Schedu	le J	for s	uch	per	son		·····	• • • • • • • • • • • • • • • • • • • •		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of										pensa	tion fr	om	
	the organization. Report compensation fo	r the calendar y	<u>year</u>	end	ing v	with	or v	vithi	n the organization's tax	year.				
	(A)				_				(B)	landan	<u>~-</u>	(C		•
	Name and busines	s address	N	ON	E				Description of s	services		mpen	sation	<u> </u>
										1				
								_						
											-			
												.		
	Total number of independent contractors	fincheding but	nc; '	imita		the	2001	ieto	d ahove) who received o	nore than				
2			100		(, (11)	0	,5(t)	G GDOVE) WHO ISCHINGO II	NO COLON				
	\$100,000 of compensation from the organ	nzation F					<u> </u>			<u></u>			200 (*	20111

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	990 (: t VII		11/1		<u> </u>	DZJ rage v
<u>ral</u>	(VIII	1 Statement of neveride	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ots ots	1 a	Federated campaigns 1a				
흔딂	b	Membership dues 1b				
S E		Fundraising events 1c				
# 1	d	Related organizations 1d				
S E	е	Government grants (contributions) 1e]			
P.S.	1	All other contributions, gifts, grants, and				
돌림		similar amounts not included above				
들임	g	Noncash contributions included in lines 1a-1f, \$				
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total. Add lines 1a:11	83,139.	_		
		Business Code				
e l	2 a	CONTRACT REVENUE 711300	78,461.	78,461.		
اه کِ	b					
용질	С					
e a	d					
Program Service Revenue	e					
م ا	f	All other program service revenue				
	9	Total. Add lines 2a-21	78,461.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	13.	ļ	-	13.
ļ	4	Income from investment of tax-exempt bond proceeds			_	
	5	Royalties				
		(i) Real (ii) Personal	-			
	6 a			1		
	b	Less: rental expenses	_			
	c	Rental income or (loss)	4			
		Net rental income or (loss)				-
	7 a	Gross amount from sales of (i) Securities (ii) Other	-{			!
}		assets other than inventory	-{			
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				
		Net gain or (loss)	-	· 		 -
e l	8 a	Gross income from fundraising events (not				
ē		including \$ of				ļ
Other Revenue		contributions reported on line 1c). See				
ĕ		Part IV, line 18a	-			
ᅙ		Less: direct expenses b	┥			
		Net income or (loss) from fundraising events Gross income from gaming activities. See	 			
	9 а	· -				
ļ		Part IV, line 19 a b b	-			
Ì		Net income or (loss) from gaming activities	-[
		Gross sales of inventory, less returns				1
	10 0	and allowancesa				
	ь	Less: cost of goods sold b	7			
		Net income or (loss) from sales of inventory	7			
İ		Miscellaneous Revenue Business Code	e			
Ì	11 a		7			
	b					
}	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	161,613.	78,461.	0.	13.
13200	79 - 12					Form 990 (2011

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Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	j			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u> </u>			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	31,490.	31,490.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,631.	<u> </u>		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	17,927.		17,927.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	5,080.	<u>5,080.</u>	<u></u>	
14	Information technology			·	
15	Royalties				
16	Occupancy				
17	Travel	6,496.	6,49 <u>6</u> .		
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	640.	640.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
- *	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	DIRECT PROJECT EXPENSES	129,775.	129,775.		
a	ARTIST FEES	13,150.	13,150.		
b	DUES AND MEMBERSHIP	668.			
C	DOES WIND MEMBERSHIF	000.			
d	All other amages	<u> </u>			<u>-</u>
e	·	206,857.	188,930.	17,927.	0
25	Total functional expenses. Add lines 1 through 24e	200,037.	100,000		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here at following SOP 98-2 (ASC 958-720)				

132010 01-23-12

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,440.	1	12,812.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			950.	4	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
	•	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect	tion 501(c)(9) vol	untary			
		employees' beneficiary organizations (see instru		- 1		6	
ets	7	Notes and loans receivable, net		r-		7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges		1		9	
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,198.			
	ь	Less: accumulated depreciation	10b	2,760.	1,078.	10c	438.
	11	Investments · publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments · program-related. See Part IV, line		-	13		
	14	Intangible assets	i i		14		
	15	Other assets. See Part IV, line 11			4,310.	•	0.
	16	Total assets, Add lines 1 through 15 (must equ		1	56,778.		13,250.
	17	Accounts payable and accrued expenses			5,554.	17	2,960.
	18	Grants payable				18	<u> </u>
	19	Deferred revenue	1		19		
	20	Tax-exempt bond liabilities		-		20	
s	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					<u> </u>
pig		highest compensated employees, and disqualifi					
Ξ		of Schedule L	•	`		22	
	23	Secured mortgages and notes payable to unrek				23	
	24	Unsecured notes and loans payable to unrelate	•			24	
	25	Other liabilities (including federal income tax, pa		[
		parties, and other liabilities not included on lines					
		Schedule D			32,049.	25	36,359.
	26	Total liabilities, Add lines 17 through 25			37,603.	26	39,319.
	<u> </u>	Organizations that follow SFAS 117, check he					
ß		lines 27 through 29, and lines 33 and 34.					
ည	27	Unrestricted net assets			3,586.	27	-26,069.
Fund Balances	28	Temporarily restricted net assets			15,589.	28	0.
E E	29					29	
Š		Organizations that do not follow SFAS 117, c					
F		complete lines 30 through 34.	•]	
ts (30	Capital stock or trust principal, or current funds		ľ		30	
sse	31	Paid-in or capital surplus, or land, building, or ed		1-		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			19,175.		-26,069.
	34	Total liabilities and net assets/fund balances		,	56,778.		13,250.

Form	990 (2011)	0 7 2 1	2022		<u> – </u>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
		1		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	161		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>44.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	1,1	<u>75.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-26	0,0	69.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	·····			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a]	<u>X</u>
ъ	Were the organization's financial statements audited by an independent accountant?	***************************************	. 2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	******************	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1 1	1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			į	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b	ļ	
			Form 9	9 90 (2011)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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. ► See separate instructions.

2011

Open to Public Inspection

Name of the organization

URBANARTS INC.

C/O MASS COLLEGE OF ART

Employer identification number 04-2712823

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 $|\mathbf{X}|$ section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Other b Type II c Type III · Functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col. organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

URBANARTS INC.

Schedule A (Form 990 or 990 EZ) 2011 C/O MASS COLLEGE OF ART

04-2712823 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(ъ) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and				[
	membership fees received. (Do not						
	include any "unusual grants.")	325,160.	145,158.	306,697 <u>.</u>	290,661.	83,139.	1150815.
2	Tax revenues levied for the organ-						
	ization'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	325,160.	145,158.	306,697.	290,661.	83,139.	1150815.
	The portion of total contributions	·					
•	by each person (other than a	İ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						316,841.
c	Public support. Subtract line 5 from line 4.				· 		833,974.
	ction B. Total Support		 ·	<u> </u>	<u>l </u>		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011 _	(f) Total
	Amounts from line 4	325,160.	145,158.	306,697.	290,661.	83,139.	1150815.
	Gross income from interest,	320,1001	<u> </u>				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	206.	330.	159.	47.	13.	755.
۵	Net income from unrelated business					-	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				i -		
10	or loss from the sale of capital						1
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1151570.
	Gross receipts from related activities	etc /see instruction	one)			12	363,086.
	First five years. If the Form 990 is fo						<u> </u>
13	organization, check this box and stop						▶ □
Se	ction C. Computation of Pub			***************************************			
	Public support percentage for 2011 (column (f))	· 	14	72.42 %
	Public support percentage from 2010		•			15	68.72 %
	33 1/3% support test - 2011. If the						
102	stop here. The organization qualifies						.
,	33 1/3% support test - 2010. If the						
•	and stop here. The organization qua						- 1
17-	10% -facts-and-circumstances tes						
112	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
•	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶ □
10	Private foundation. If the organization						ns D
-10	r rivate roundation. If the organization	on ord flot check a	GON OIT INTO TO 1 TO	<u> </u>			or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	now, please com	piete Part II.)		-		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	<u> </u>	(0)2000	101	197		\:/
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		_				
merchandise sold or services per-]	
formed, or facilities furnished in						
any activity that is related to the				1		
organization's tax-exempt purpose	 -			-		
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
		-			-	· <u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		 		·		
5 The value of services or facilities			i			
furnished by a governmental unit to						
the organization without charge			_			
6 Total. Add lines 1 through 5	 -		<u> </u>	·	<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		-	<u> </u>			<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that			1			
exceed the greater of \$5,000 or 1% of the	1					
amount on line 13 for the year		+		<u> </u>		
c Add lines 7a and 7b			<u>-</u> -	<u> </u>	-	
8 Public support (Subtract line 7c from line 6.)			L			
Section B. Total Support	· -		ı			
Calendar year (or fiscal year beginning in) 🕨	_(a) 2007	(b) 2008	(c) 2009	(<u>d)</u> 2010	(e) 2011	(f) Total
9 Amounts from line 6		_		<u> </u>		<u> </u>
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	Į					
acquired after June 30, 1975			<u> </u>			
c Add lines 10a and 10b						
11 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						1
or loss from the sale of capital assets (Explain in Part IV.)				_		<u> </u>
13 Total support (Add lines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for	the organization	r's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi:	zation,
check this box and stop here	<u></u>		<u></u> - <u></u>		<u>,,</u> <u>.</u>	▶
Section C. Computation of Publ	ic Support Pe	ercentage			, , -	
15 Public support percentage for 2011 (line 8, column (f)	divided by line 13,	column (f))	******	15	<u>_</u> %
16 Public support percentage from 2010	Schedule A, Par	rt III, line 1 <u>5</u>			16	<u>%</u>
Section D. Computation of Inves	stment Incon	ne Percentage	·		, , ,	
17 Investment income percentage for 20)11 (line 10c, colu	umn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from:	2010 Schedule A	, Part III, line 17				%
19a 33 1/3% support tests - 2011. If the						
more than 33 1/3%, check this box a	nd stop here. Th	ne organization qua	lifies as a publicly	supported organi	zation	▶ 🗀
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	anization qualifies	as a publicly sup	oorted organization	▶ٰ
20 Private foundation, If the organization	n did not check	a box on line 14, 19	9a, or 19b, check t	this box and see in	structions	<u></u>

132023 01-24-12

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A G O

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Internal Revenue Service | | |
Name of the organization

URBANARTS INC.

Employer identification number

-	C/O MASS COLLEGE OF ART	04-2/12823
Par		ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	A. Cond. and aller
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	<u></u>
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	ally important land area
	Protection of natural habitat Preservation of a certified I	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contri	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	, ,
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
Ū	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the tax
-	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
Ū	and section 170(h)(4)(B)(ii)?	i
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stat	
J	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	<u> </u>
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
, .	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	•
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	
	relating to these items:	> \$
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gair	• •
2		r, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1	> \$
2	DEVELORS III. BUILD UNIT JOY. 1 OIL VIII. 1016 1	

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

Schedule D (Form 990) 2011

b Assets included in Form 990, Part X

Sched	ule D (Form 990) 2011 C/O MASS	S COLLEGE	OF AF	<u> T </u>			_			Page 2
Part	III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, or	Other	Simila	ar Asset	S (contir	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that a	are a sig	nificant (use of its o	collection	items
	(check all that apply):									
а	Public exhibition	d			hange program					
b	Scholarly research	e		other			_			
С	Preservation for future generations									
	Provide a description of the organization's co							se in Part	XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, his	torical trea	sures, or other	similar a	essets	r-	,	_
_	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	izat <u>ion's co</u>	llection?		· · · · · · · · · · · · · · · · · · ·	<u></u>	Yes	No_
Par			ete if the	organizatio	n answered "Y	es" to F	orm 9 90	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	is or other asse	ets not in	ncluded		,	
	on Form 990, Part X?						.,,,,,,,	l <u> </u>	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV						 -			
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.							.,,		
Par			swered '	'Yes" to Fo	rm 990, Part IV	/. line 10).			
		(a) Current year		ior year	(c) Two years			ears back	(e) Four	years back
13	Beginning of year balance	(0) 00000000000000000000000000000000000	,, <u>,,</u>	<u> </u>						
	Contributions	_ .					_		···	
	Net investment earnings, gains, and losses			_						
		·-				1				
	Grants or scholarships									
е	Other expenditures for facilities									
,	and programs	-				<u> </u>				
	Administrative expenses	 .			-			<u> </u>	-	
	End of year balance		l (line 1	- column (" beld as:	L				
2	Provide the estimated percentage of the cur			j, colorisi (a	ajj rielo as.					
	Board designated or quasi-endowment	•	%							
-	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c shou					ad for th		ration		
3a	Are there endowment funds not in the posse	ession of the organiz	ation ina	t are neid a	ind administere	30 101 111	e organi.	Zation	ſ	Van Na
	by:									Yes No
	(i) unrelated organizations								1	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization:					,			3b	!
4_	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		1					. 1		
	Description of property	(a) Cost or o basis (invest		, ,	t or other (ather)		cumulati reciation		(d) Bool	< value
12	Land									
	Buildings	I			i					
	Leasehold improvements									
	Equipment			-				1		•
	Other	;			3,198.		2,7	60.		438.
	. Add lines 1a through 1e. (Column (d) must e		LX. colun	nn (B). line						438.
rota	i, Add intes Ta tribugh Te. (Quidini (d) must e				-1-1:1			Schadula	D (Form	990) 2011

1 3

URBANARTS Schedule D (Form 990) 2011 C/O MASS CO	INC. OLL <u>EGE OF AR</u>	T	04-2712823 Page 3
Part VII Investments - Other Securities. S			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			·
(G)			
(H)			
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	-		
Part VIII Investments - Program Related.	See Form 990, Part X, I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: or end-of-year market value
(1)			
(2)			<u> </u>
	_		
(4)	-		
(5) (6)			· · · ·
(7)			
(8)			
(9)			
(10)	-		
Total. (Col (b) must equal Form 990, Part X, col (B) fine 13.)		<u> </u>	
Part IX Other Assets. See Form 990, Part X, lin	a) Description		(b) Book value
(1)			
(2)			
(3)	·		
(4)			
			
(6)	·		
(7) (8)		<u> </u>	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) In		<u></u>	<u> </u>
Part X Other Liabilities. See Form 990, Part	X, line 25.	(h.) Doole walva	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) DUE TO URBANO PROJECT	<u>-</u> -	8,620.	
(3) DUE TO URBANO PROJECT (3) DUE TO MASS ART		27,739.	
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 25.)	36,359.	
2. FIN 48 (ASC 740)	e to the organization's financial	statements that reports the organizal	ion s liability for uncerfain tax positions under
132053 01-23-12		20	Schedule D (Form 990) 201

URBANARTS INC.

Sche	dule D (Form 990) 2011 C/O MASS COLLEGE OF ART			04-27128	23 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4	·	
5	Donated services and use of facilities		5		
6	Investment expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net), Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Hevenue per I	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments				
b	Donated services and use of facilities			4	
С	Recoveries of prior year grants	1 1		4	
d	Other (Describe in Part XIV.)			-	
e	Add lines 2a through 2d			1 _ 1	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		- 	-	
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			1 1	
5			S Evponence no		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem			1	
1	Total expenses and losses per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities	1		-	
b	Prior year adjustments			-	
С.	Other losses	4		╣	
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1				,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a				┥	
	Other (Describe in Part XIV.) Add lines 4a and 4b			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information	<u> </u>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a a	nd 4; Part IV, lines	1b and 2b; Part V	, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
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			•		
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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.	Open to Public Inspection
Name of the organization	URBANARTS INC. C/O MASS COLLEGE OF ART	Employer identification number $04-2712823$
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
ART AND DESI	GN.	
FORM 990, PA	RT VI, SECTION B, LINE 11: THE FORM 990 IS REV	IEWED BY THE
DIRECTORS OF	THE ORGANIZATION PRIOR TO THE TAX FILING.	
FORM 990, PA	RT VI, SECTION C, LINE 19: THE ORGANIZATION MA	KES ITS
GOVERNING DO	CUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST AT T	HE ORGANIZATION'S OFFICE.	
		<u></u>
		_ _
		
	<u> </u>	·

ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	STATUS	DATE EXPORTE
EDERAL EDERAL 8868	QUALIFIED PREVIOUSLY EXPORTE	05/03/201 ED 01/25/201
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