Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt From	* * n In	come Tax	OMB No. 1545-0047	
For	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			s) 2022	
Department of the Treasury					•	Open to Public	
Interr	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
<u>A</u> F	or th	e 2022 calenda	ar year, or tax year beginning $$ OCT 1 , 2022 and ending	-	EP 30, 2023		
B c	heck if pplicat	ble: C Name of	organization		D Employer identific	ation number	
	Addr chan	ess ge WEST	ERN STATES ARTS FEDERATION				
	Nam chan	e	usiness as		23-725542	26	
	Initia returi		and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephone number		
	Final retur		MARKET ST. STE. 226, PMB 98286		303-629-1	L166	
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,392,163.	
	Amer returi	n DENV	ER, CO 80202-1559		H(a) Is this a group re		
	Appli tion pend		nd address of principal officer: TENIQUA BROUGHTON		for subordinates?	? Yes 🔀 No	
		1024	MARKET ST. STE. 226, PMB 98286, DENVE	R,	H(b) Are all subordinates inc	luded? Yes No	
		kempt status:		527		ist. See instructions	
	Vebs		WESTAF.ORG		H(c) Group exemption		
		of organization:	X Corporation Trust Association Other L	Year o	f formation: 1972 M	State of legal domicile: CO	
Pá	art I	Summary		1000			
ø	1		e the organization's mission or most significant activities: <u>TO STREN</u>			INCIAL,	
anc			ATIONAL AND POLICY INFRASTRUCTURE OF '				
Governance	2	Check this bo					
Š	3		ing members of the governing body (Part VI, line 1a)			<u> 20</u> 20	
	4		ependent voting members of the governing body (Part VI, line 1b)			49	
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			49	
tivit	6		of volunteers (estimate if necessary)			<u> </u>	
Act			d business revenue from Part VIII, column (C), line 12			0.	
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year	
		Oantributiana			3,557,857.	3,300,381.	
ne	8		and grants (Part VIII, line 1h)		3,034,806.	3,535,409.	
Revenue	9	0	ce revenue (Part VIII, line 2g)		181,182.	205,822.	
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,773,845.	7,041,612.	
	12			-	2,126,581.	1,807,902.	
	13 14				0.	0.	
	40	<u> </u>			3,127,759.	3,509,387.	
ses	163	Professional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Total fundraisi	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)				
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,335,848.	3,024,393.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,590,188.	8,341,682.	
	19		expenses. Subtract line 18 from line 12		-816,343.	-1,300,070.	
JC Se				Beg	inning of Current Year	End of Year	
ets (20	Total assets (F	Part X, line 16)		9,116,686.	11,844,624.	
Ass	21		(Part X, line 26)		926,557.	4,073,410.	
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		8,190,129.	7,771,214.	
Pa	art II				1	. ,	
Und	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules and st	atemen	ts, and to the best of my	knowledge and belief, it is	
	-		Declaration of preparer (other than officer) is based on all information of which pre		· · · · · · · · · · · · · · · · · · ·	- , , , , , , , , , , , , , , , , , , ,	

Sign	Signature of off	icer				Date			
Here TENIQUA BROUGHTON, CHAIR									
	Type or print na	ime and title							
	Print/Type prep	arer's name	Preparer's signature		Date		Check	PTIN	
Paid	DORI J.	EGGETT	DORI J. EG	GETT	03/26	/24	ii self-employed	P0064525	2
Preparer	Firm's name	PLANTE & MORAN, P	LLC			Firm's	EIN 38-	1357951	
Use Only	Firm's address	8181 E. TUFTS AVE	NUE, SUITE	600					
	DENVER, CO 80237-2579 Phone no. 303-740-9400								
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)									

ibe the organization's miss HEDULE O •					X
	-::::				
					X No
nization cease conducting cribe these changes on So		es in how it conduc	ts, any program services?	Yes	XNo
organization's program se	ervice accomplishments for ations are required to repor		rgest program services, as mean nts and allocations to others, t		ıd
) (Expenses \$ 1 HEDULE 0.	,574,176. including	grants of \$1	,574,176.) (Revenue \$	3,535,4	409.
) (Expenses \$ 5 HEDULE O.	,499,044. including	grants of \$	233,726.) (Revenue \$		
) (Expenses \$	including	grants of \$) (Revenue \$		
m services (Describe on S					
	including grants of \$) (nevenue \$)	
ım	services (Describe on S	services (Describe on Schedule O.)	including grants of \$	including grants of \$) (Revenue \$	

Form 990 (ARTS	FEDERATION
Part IV	Checklist of	Required Sche	edules		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- v
•	Schedule D, Part III	8		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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232003 12-13-22

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 WESTERN STATES ARTS FEDERATION
 23-7255426
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	х	
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		X
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
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		<u>x</u>
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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51	х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	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 on Schedule O for Part VI, lines 11b and 19?	- 07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) WESTERN STATES ARTS FEDERATION		23-7255	426	P	_{age} 5
Par	t V 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	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(* * * *	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution					<u> </u>
				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	provided to the payor?	7a		x
				7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirad			<u> </u>
C		asreq	uireu	7.		x
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_ 7d		-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		ť?	7e		<u> </u>
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
•				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		<u> </u>
				9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	<u>11a</u>				
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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	990 (2022) WESTERN STATES ARTS FEDERATION 23-725		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 20)		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
2		2		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3				v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on 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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
v	on Schedule O how this was done	12c	х	
12	Did the organization have a written whistleblower policy?	13		x
14			х	
14 15	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	AMY HOLLRAH - 303-629-8638

AMY HOLLRAH -	303-629-863	3		
1624 MARKET ST	T. STE. 226,	PMB 98286, DENVER,	CO 80202-1559	
232006 12-13-22				Form 990 (2022)
		6		

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		cer an I	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ae	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		hold	t con /ee		1099-INEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTIAN GAINES	37.50		_	0	-					
EXECUTIVE DIRECTOR				х				235,334.	0.	19,375.
(2) PAUL NGUYEN	37.50									
DIRECTOR OF TECHNOLOGY						X		134,693.	Ο.	14,943.
(3) AMY HOLLRAH	37.50									
DIRECTOR OF FINANCE AND ADMINISTRATI				Х				117,983.	0.	13,507.
(4) DAVID HOLLAND	37.50									
DEPUTY DIRECTOR						X		104,970.	0.	12,857.
(5) CHRISTINA VILLA	37.50									
DIRECTOR OF BUSINESS						X		100,189.	0.	12,617.
(6) TAMARA ALVARADO	2.00									
PAST CHAIR		Х						0.	0.	0.
(7) CYNDI ADRUS	2.00									
TRUSTEE		Х						0.	0.	0.
(8) AMBER-DAWN BEAR ROBE	2.00									
EIC CHAIR		Х						0.	0.	0.
(9) TENIQUA BROUGHTON	2.00									
CHAIR		Х		Х				0.	0.	0.
(10) BASSEM BEJJANI	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) LISA BECKER	2.00									
TRUSTEE		Х						0.	0.	0.
(12) KAREN HANAN	2.00									
SAA		Х						0.	0.	0.
(13) ANN HUDNER	2.00									
TRUSTEE		Х						0.	0.	0.
(14) JAYNE GOODMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(15) SUSAN GARBETT	2.00									
TRUSTEE		Х						0.	0.	0.
(16) MICHELLE LAFLAMME-CHILDS	2.00									
SAA		Х						0.	0.	0.
(17) TONY MANFREDI	2.00									
SSA		Х						0.	0.	0.
222007 12 12 22										Form 990 (2022)

232007 12-13-22

Form 990 (2022) WESTERN	STATES A	ART	'S	FE	DE	IRA	ΤI	ION	23-72	<u>255</u>	426	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)	•		(D)	(E)			(F)
Name and title	Average			Pos	itior			Reportable	Reportable			mated
Nume and the	hours per					than o is both		compensation	compensatio			ount of
	week	officer and a director					from	from related			ther	
	(list any	ctor						the	organization			ensation
	hours for	direc				D.		organization	(W-2/1099-MIS			m the
	related	ee or	Istee			nsate		(W-2/1099-MISC/	1099-NEC)		orgai	nization
	organizations	trust	lal tru		yee	admo		1099-NEC)			and	related
	below	In dividual trustee or director	Institutional trustee	er	Key employee	est c loyee	ner				organ	izations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former					
(18) ADRIAN SAN MIGUEL	2.00											
TREASURER		Х		Х				0.		0.		Ο.
(19) MEGAN MILLER	2.00											
TRUSTEE		х						0.		0.		0.
(20) JESS PENA	2.00											
TRUSTEE		х						0.		0.		0.
(21) BRANDY REITTER	2.00											
DEVELOPMENT COMMITTEE CHAI	2.00	x						0.		0.		0.
	2 00	Λ						0.		<u> </u>		0.
(22) BRIAN ROGERS	2.00											•
SAA		Х				 		0.		0.		0.
(23) KARMEN ROSSI	2.00											-
BOARD SECRETARY		Х		Х				0.		0.		0.
(24) MAKANANI SALA	2.00											
TRUSTEE		Х						0.		0.		0.
(25) KELLY STOWELL	2.00											
TRUSTEE		Х						0.		0.		Ο.
1b Subtotal	1							693,169.		0.	73	,299.
c Total from continuation sheets to Part VI	I Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)								693,169.		0.	73	,299.
2 Total number of individuals (including but n									200 of roportable			/
		030	iiste	ua	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010			7		5
compensation from the organization												/es No
										ſ		
3 Did the organization list any former officer,	-			•			Ŭ	· · ·			-	v
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										·····	4	X
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or indivic	lual for services			
rendered to the organization? If "Yes," con	plete Schedule	e J fo	or su	ich į	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensat	ion fron	n
the organization. Report compensation for	the calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	ompens	sation
BROWNRICE INTERNET, INC.												
-	TAOS, N	М	87	57	1			SOFTWARE DEVI	ELOPMENT		333	,603.
ALYESKA RESORT							_	BOARD & COMM				,
PO BOX 249, GIRDWOOD, AK	99587							MEETINGS			176	,686.
BILBERRY TECHNOLOGIES	55507						-f				1/0	,000.
	W7 001	л л									100	700
2529 22ND AVE S, SEATTLE,	WA 901	++					_	SOFTWARE DEVI			T 0 0	<u>,700.</u>
							_					
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	to to	thos	se lis	ted	above) who received mo	ore than			

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

Form **990** (2022)

232008 12-13-22

					'ATE	S ARTS	FEDERA	TION		23-7255	426 Page
Pa	rt V	/111	Statement of Rev	enue							
			Check if Schedule O co	ontains a resp	oonse	or note to any	y line in this F	Part VIII			
								(A)	(B)	(C)	(D)
							Total	revenue	Related or exempt	Unrelated	Revenue exclude
									function revenue	business revenue	from tax under sections 512 - 51
	4		E devete de como divers	4-							
nts	1			<u>1a</u>	-		_				
Gra			-	<u>1b</u>			_				
Am Am		С	Fundraising events								
Gift lar				<u>1d</u>			_				
s, (imi		е	Government grants (contrib	outions) 1e	3,	004,279	9.				
rsi		f	All other contributions, gifts, gr	rants, and							
but			similar amounts not included a	bove 1f		296,102	2.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lin	nes 1a-1f 1g							
Sor		-	Total. Add lines 1a-1f				3,300	,381.			
0.0						Business Co		1			
•	2	~	OTHER PROGRAM	SERVIC	ES	90009		398.	1,248,398.		
vice	2		LICENSE AND US			54190		792.	887 792		
er v		b	MANAGEMENT FEE			90009	0 007	.,725.	887,792. 531,725.		
n S /en								.,/25.	<u> </u>		
lrar Sev		d	APPLICATION MC			900099	9 450	3,450.	458,450.		
Program Service Revenue		е	STATE PARTICIP			54190		5,195.	276,195.		
9		f	All other program service re			51821		2,849.	132,849.		
		g	Total. Add lines 2a-2f				<u>. 3,535</u>	5,409.			
	3		Investment income (includir	ng dividends	, intere	st, and					
			other similar amounts)				. 225	5,307.			225,307
	4		Income from investment of	tax-exempt b	ond p	roceeds					
	5		Royalties								
			ſ	(i) Re	al	(ii) Persona	al				
	6	а	Gross rents	6a							
		b		6b			_				
		č		6c							
			Net rental income or (loss)								
				(i) Secu	ritios	(ii) Other					
	'	а	Gross amount from sales of	7a 331,0			_				
				<u>/apsi,u</u>	00.		_				
		b	Less: cost or other basis		- 1						
anı				<u>ть 350,5</u>			_				
evenue			· / ······	7c - 19,4							
Re		d	Net gain or (loss)				19	,485.			-19,485
Other R	8	а	Gross income from fundraising	g events (not							
đ			including \$	of							
			contributions reported on li	ne 1c). See							
			Part IV, line 18		. 8a						
		b	Less: direct expenses								
			Net income or (loss) from fu								
			Gross income from gaming								
	-	~	Part IV, line 19								
		b	Less: direct expenses			1					
					-	1					
			Net income or (loss) from ga								
	10	а	Gross sales of inventory, les								
		_	and allowances				_				
			Less: cost of goods sold								
		С	Net income or (loss) from sa	ales of invent	tory						
s						Business Co	de				
e	11	а									
ane		b									
eve:		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction				. 7,041	,612.	3,535,409.	0.	205,822
23200	9 12-	13-									Form 990 (202

232009 12-13-22

22000326 147228 114331

9

WESTERN STATES ARTS FEDERATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, 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	1,625,435.	1,625,435.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	182,467.	182,467.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	386,199.	339,468.	46,344.	387.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,510,632.	2,208,745.	286,590.	15,297.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	113,615.	99,726.	13,264.	625.
9	Other employee benefits	265,508.	234,012.	30,079.	1,417.
10	Payroll taxes	233,433.	204,896.	27,253.	1,284
11	Fees for services (nonemployees):			,	•
	Management	465,155.	334,978.	130,177.	
b		3,621.	2,501.	1,120.	
c	•	54,529.	2,030.	52,499.	
	Lobbying	151,391.	151,391.		
e		101/0911	101/0711		
f	Investment management fees	38,333.		38,333.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	100,054.	75,000.	25,054.	
12	Advertising and promotion	171,677.	171,422.	25,054	
13		6,910.	4,353.	2,557.	
	Office expenses	521,638.	521,626.	12.	
14 15	Information technology	521,050.	521,0201	12.	
15	Royalties	39,789.	35,118.	4,671.	
16		797,811.	432,982.	364,829.	
17	Travel	797,011.	452,902.	504,029.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	212,645.	137,847.	74,798.	
19	Conferences, conventions, and meetings	212,045.	137,047.	/4,/90.	
20					
21	Payments to affiliates	E0 730	10 110	4 200	
22	Depreciation, depletion, and amortization	52,730.	48,440.	4,290.	
23		28,563.	46.	28,517.	
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 0.) DUES AND SUBSCRIPTIONS	182,660.	146,157.	36,503.	
a h		108,155.	107,276.	879.	
b	BAD DEBT	26,497.	101,210.	26,497.	
C L		19,747.		19,747.	
d		42,488.	7,304.	35,184.	
	All other expenses	8,341,682.	7,073,220.	1,249,452.	10 010
25 20	Total functional expenses. Add lines 1 through 24e	0,341,002.	1,013,220.	1,447,434.	19,010.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

22000326 147228 114331

22000326 147228 114331

WESTERN STATES ARTS FEDERA	STERN STATES	ARTS	FEDERATION
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23-7255426 Page **11**

		Check if Schedule O contains a response or note to	o any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,250,855.	1	360,538.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			482,004.	4	1,119,074.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	ial con	tributor, or 35%			
		controlled entity or family member of any of these p	ersons	s		5	
	6	Loans and other receivables from other disqualified	perso	ns (as defined			
		under section 4958(f)(1)), and persons described in	sectio	n 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			49,695.	9	48,044.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1	0a	2,046,555.			
	b	Less: accumulated depreciation	1,828,761.	153,093.	10c	<u>217,794.</u> 9,240,316.	
	11	Investments - publicly traded securities			6,522,738.	11	9,240,316.
	12	Investments - other securities. See Part IV, line 11	·····		12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			658,301.	15	858,858.
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			9,116,686.	16	11,844,624.
	17	Accounts payable and accrued expenses		634,813.	17	821,879.	
	18	Grants payable	100 450	18	100 400		
	19	Deferred revenue			199,456.	19	127,408.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of					
iliti		trustee, key employee, creator or founder, substant					
Liabilities		controlled entity or family member of any of these p		Γ		22	
	23	Secured mortgages and notes payable to unrelated			11,491.	23	2 661
	24	Unsecured notes and loans payable to unrelated th			11,491.	24	3,661.
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17			00 707		2 1 2 0 1 6 2
		of Schedule D			00,797.	25	3,120,462. 4,073,410.
	26			X	926,557.	26	4,073,410.
ŝ		Organizations that follow FASB ASC 958, check	nere				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			8,190,129.	27	7,771,214.
ala	27 28		0,100,120.	28	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
а р	20	Net assets with donor restrictions				20	
ц		and complete lines 29 through 33.	CHECK				
د د	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or equip				29 30	
Asse	30	Retained earnings, endowment, accumulated incon				30	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,190,129.	32	7,771,214.
Ž	33	Total liabilities and net assets/fund balances			9,116,686.	33	11,844,624.
	55	ו טנמו וומטווונובא מווט וובג מאשנא/וטווט שמומווטפא			5,110,000.	აა	<u> </u>

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

	990 (2022) WESTERN STATES ARTS FEDERATION	23-	725542	6	Page	12		
Pa	rt 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	7,0					
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,3					
3								
4								
5	Net unrealized gains (losses) on investments	5	8	<u>81,</u>	15	5.		
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			(0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,7	71,	214	<u>4.</u>		
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
			_	Y	es M	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 on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	bΣ	ζ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?			cΣ	ζ			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a Ž	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b Z				

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

Name of the organization

Nam	lame of the organization Employer identification number											
		WEST	ERN STATES	ARTS FEDERA	FION				3-7255426			
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).					
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)							
3 [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
_		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv).	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X											
,		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe										
9		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-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	and state of	the college	or			
	_	university:										
10 [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).										
11 12		An organization organized a	-	•	•			rn, out tho	nurnance of one or			
		more publicly supported or	-	-	-			•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •					-	aivina			
u		the supported organization		-	• • • •	-						
		organization. You must o										
b		Type II. A supporting org	-		tion with it:	s supporte	d organizatio	n(s), by hav	ving			
		control or management o	-				-		-			
		organization(s). You mus			•		·					
с] Type III functionally inte	-		in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
f		r the number of supported of	•									
g		vide the following information			(iv) is the ora:	inization listed	(v) Amount of		(ui) Amount of other			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see in	,	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Total												

Schedule	A (Form 990)) 2022
Part II	Suppor	t Sc

WESTERN STATES ARTS FEDERATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1808413.	2703962.	13002984.	3557857.	3287851.	24361067.			
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	1000410	000000	1 2 2 2 2 2 2 4		2000051	04064067			
	Total. Add lines 1 through 3	1808413.	2703962.	13002984.	3557857.	3287851.	24361067.			
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,						7502220			
~	column (f)						7503238. 16857829.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						цоор/оду.			
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	(6) Tatal			
	ndar year (or fiscal year beginning in)	(a) 2018 1808413.	(b) 2019 2703962	(c) 2020 13002984.	(d) 2021 3557857.	(e) 2022	(f) Total 24361067.			
	Amounts from line 4	1000413.	2705502.	13002904.	3337037.	5207051.	24301007.			
0	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties, and income from similar sources	23,988.	22,094.	24,484.	181,182.	225,307.	477,055.			
9	Net income from unrelated business	23,500.	22,094.	21,101.	101,102.	223,307.	<u> </u>			
9										
	activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						24838122.			
12		etc. (see instructio	ns)			12 14	,147,397.			
	First 5 years. If the Form 990 is for th		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u></u>			
	organization, check this box and stor	0								
See	ction C. Computation of Publi									
	Public support percentage for 2022 (I			column (f))		14	67.87 %			
	Public support percentage from 2021		•	(7)		15	66.26 %			
	33 1/3% support test - 2022. If the o					ore, check this bo				
	stop here. The organization qualifies						V			
b	33 1/3% support test - 2021. If the o		-							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	-								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line						
	more, and if the organization meets th	ne facts-and-circum	stances test, che	ck this box and st	t op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s			
	Schedule A (Form 990) 2022									

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WESTERN STATES ARTS FEDERATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in	ı) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do r	lot					
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 organization's tax-exempt purpor						
3 Gross receipts from activities that are not an unrelated trade or bus increased by a second seco						
iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid t or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a						
3 received from disqualified pers	ons					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line Section B. Total Support	6.)					
Calendar year (or fiscal year beginning in	ı) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received or securities loans, rents, royalties, and income from similar sources	1					
b Unrelated business taxable income						
(less section 511 taxes) from busine acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 100 whether or not the business is regularly carried on	ness					
12 Other income. Do not include ga or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and						
14 First 5 years. If the Form 990 is	•		·			
check this box and stop here		•				
Section C. Computation of P						
15 Public support percentage for 20)22 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from					16	%
Section D. Computation of Ir						
17 Investment income percentage f					17	%
18 Investment income percentage f					18	%
19a 33 1/3% support tests - 2022.	If the organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
more than 33 1/3%, check this b	ox and stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021.	If the organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%	, check this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation
20 Private foundation. If the organ	ization did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
232023 12-09-22					Schee	dule A (Form 990) 2022

WESTERN STATES ARTS FEDERATION

Yes No

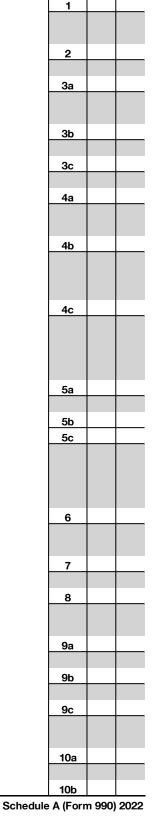
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022 WESTERN STATES ARTS FEDERATION

2

No

Pa	irt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
c	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No
1	more direc <i>effec</i>	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	0	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did t	he organization operate for the benefit of any supported organization other than the supported			
	orgai	nization(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.		
Section C. Type II Supporting Organ	nizations		

			Yes	1
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		ı

Section D	All Type I	II 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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Chec	k the box next to the me	thod that the organization	used to satisfy the Ir	ntegral Part Test during	the year (see instructions).
--------	--------------------------	----------------------------	------------------------	--------------------------	------------------------------

- a 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 gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Part V	Type II	I Non-Func	tionally Integra	ated 509(a)	(3) Sup	porting Organizati	ions
Schedule A	(Form 990) 2022	WESTERN	STATES	ARTS	FEDERATION	

	~ ~		
WESTERN S	STATES	ARTS	FEDERATION

1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations musi	t complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

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WESTERN STATES ARTS FEDERATION

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_		S ARTS FEDERAT			3-7255426	Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Orga	nizations (continu	led)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributab Amount for 2	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A	(Form 990) 2022				FEDERATI		23-7255426	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	l, 2, 3b, 3c, 4b, 40 lines 2 and 3; Pa	c, 5a, 6, 9a, 9t rt IV, Section I	o, 9c, 11a, E, lines 1c	11b, and 11c; Pa , 2a, 2b, 3a, and 3	art IV, Section B, Iir 3b; Part V, Iine 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C,
	(See instructions.)							
232028 12-09-2	2			20			Schedule A (Form 9	90) 2022

22000326 147228 114331

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	2022				
	-					
Department of the Treasury Internal Revenue Service		if the organization is described to www.irs.gov/Form990 for i				Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lir	e 46 (Political Camp	baign Ac	tivities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
		1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.	
Section 527 organization	•	•				
		Form 990, Part IV, line 4, or Fo				
.,.,	•	nave filed Form 5768 (election un nave NOT filed Form 5768 (electio		•		
.,.,	•	Form 990, Part IV, line 5 (Prox	•			•
Tax) (See separate inst				,		
 Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.				
Name of organization					Employ	ver identification number
Deut I A Commit	WESTERN	STATES ARTS FEDE	ERATION			23-7255426
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	27 orga	anization.
•	•	ation's direct and indirect politica			۴	
2 Political campaign3 Volunteer hours for						
	political campai					
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization und	er section 4955		\$ _	
2 Enter the amount o	f any excise tax	incurred by organization manage	rs under section 4955		\$ _	
		n 4955 tax, did it file Form 4720 t				
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	er section 501(c)	excent section "	501(c)(^r	3)
-		-		-		5).
		by the filing organization for sec ization's funds contributed to oth			Þ_	
exempt function ac			U U		\$	
•		. Add lines 1 and 2. Enter here ar			···· • _	
-	-				\$_	
						Yes No
		ployer identification number (EIN	• •			
		tion listed, enter the amount paid				
		omptly and directly delivered to a additional space is needed, provi			eparate s	segregated fund or a
· · · ·			1	1	from	(a) Amount of political
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political contributions received and
				funds. If none, ent		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
				+	-+	
				+	-+	
					-+	
For Paperwork Reduct	ion Act Notice	see the Instructions for Form 9	90 or 990-EZ.		Sc	hedule C (Form 990) 2022

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

Schedule C (Form 990) 2022

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		TES ARTS FEI			255426 Page 2
Part II-A Complete if the org	anization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).	tion belower to on offi	listed average (and list in			
	-	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e	. ,	visione enaly		
	tion checked box A ar	nd "limited control" pro	visions apply.	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	nts paid or incurred.)		totals	totalo
1a Total lobbying expenditures to influ	ience public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	ly (direct lobbying)		360,923.	360,923.
c Total lobbying expenditures (add li	nes 1a and 1b)			360,923.	
d Other exempt purpose expenditure	es			8,303,349.	9,141,765.
e Total exempt purpose expenditure	s (add lines 1c and 1d)		8,664,272.	
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	583,214.	625,134.
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000),000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000					
g Grassroots nontaxable amount (en	ter 25% of line 1f)			145,804.	156,284.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	0.
i Subtract line 1f from line 1c. If zero	i Subtract line 1f from line 1c. If zero or less, enter -0-				
j If there is an amount other than zer	ro on either line 1h or l	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under	· · /		
(Some organizations the second s		01(h) election do not h ate instructions for lin	•	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	433,172.	490,111.	576,636.	625,134.	2,125,053.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,187,580.
c Total lobbying expenditures	162,610.	181,000.	231,872.	360,923.	936,405.
d Grassroots nontaxable amount	108,293.	122,528.	144,159.	156,284.	531,264.
e Grassroots ceiling amount (150% of line 2d, column (e))	· · ·				796,896.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity. Yee During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: a Volunteers? Image: Comparison of the public? Image: Comparison of the public? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Image: Comparison of the public? c Media advertisements? Image: Comparison of the public? Image: Comparison of the public? c Bublications, or published or broadcast statements? Image: Comparison of the public? Image: Comparison of the public? g Direct contact with legislators, their staffs, government officials, or a legislative body? Image: Comparison of the public opinization section 501(c)(3)? Image: Comparison of the organization to be not described in section 501(c)(3)? j Total. Add lines 1c through 1i Image: Comparison of any tax incurred under section 4912 Image: Comparison of any tax incurred under section 4912 Image: Comparison of any tax incurred under section 4912 Image: Complete if the organization incurred a section 491	(c)(5), or se	Amo	No
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b f "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6). Were substantially all (90% or more) dues received nondeductible by members?			
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 S01(c)(6).			
a Volunteers?			
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Were substantially all (90% or more) dues received nondeductible by members? 			
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 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 			No
 i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 			No
 j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). 			No
 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). 			No
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c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			No
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			No
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			No
Were substantially all (90% or more) dues received nondeductible by members?		Yes	No
			i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior			
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"			3, is
answered "Yes."		1	
Dues, assessments and similar amounts from members	1	_	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year	<u>2a</u>		
b Carryover from last year			
c Total	<u>2c</u>		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditures next year?	4		
Taxable amount of lobbying and political expenditures. See instructions			
art IV Supplemental Information			
ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); P	art II-A, lines 1 a	and 2 (See	
tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-A, LINE A:			
APP SOFTWARE, LLC, 1624 MARKET ST. STE. 226, PMB 98286,	DENVER	CO	
)202-1559, EIN: 20-1750473, EXPENSES: \$0			

PART II-A, LINE 1B:

WESTAF ADVOCACY FUNDS ARE AVAILABLE TO EACH STATE PARTICIPATING IN THE

Schedule C (Form 990) 2022 Part IV Supplemental Infor	WESTERN STATES	ARTS FEDERATION	1 23-7255426 Pag	e 4
		ATED TO ARTS AD	VOCACY ORGANIZATIONS AND	
			CASE FOR STATE-LEVEL	
			OFFICIALS AT THE STATE	
LEVEL.	10 ADMINISTRATO	NG AND EDECIED	OFFICIALS AT THE STATE	
-				
			Schedule C (Form 990) 2	022

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SCHEDULE	Đ
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(Form	990)
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Supplemental Financial Statements

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

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

2022 Open to Public Inspection

Employer identification number 23 - 7255426

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

22000326 147228 114331

WESTERN STATES ARTS FEDERATION

Par			or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts	
	Tatal mumber at and after a			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's e			No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
Der				No
Par			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		f a historically important land area	
	Protection of natural habitat	Preservation of	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Y	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic stru	icture included in (a)	<u>2c</u>	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
		· · · · · · · · · · · · · · · · · · ·		No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	•		
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3. not to report in its revenue statement a	ind balance sheet works	
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
D.	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
			¢	
	(i) Revenue included on Form 990, Part VIII, line 1			
0		ocuros, or other similar assots for financia		
2	If the organization received or held works of art, historical treating the following empirical to be repeated under FACE A		i gaiii, provide	
	the following amounts required to be reported under FASB AS	-	۴	
	Revenue included on Form 990, Part VIII, line 1			
		6 5 000		
	For Paperwork Reduction Act Notice, see the Instructions	TOR FORM 990.	Schedule D (Form 990) 2	022
232051	09-01-22	20		
		29		

Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accession, and other records, check any of the following that make significant use of its control times (check all that apply): a a Provide control thure generations d Loan or exchange program b Scholarly research e Other The organization accession, and other records, check any of the following that make significant use of its control trained as part of the organization accession of the organiz	Sche		STATES ART						23-72			age 2
collection lame (check all that apply): Collection lame (check all that apply): Scholarly research Collection law exchange program Collection law exchange pro	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	^r Othe	r Simila	r Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Schlarly research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	make s	ignificant ι	use of its			
b Scholary research e Other		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization's collection? Yes No Part IV Escorew and Custodial Arrangements. Compute if the organization answered "Yes" on Form 990. Part K, line 9.1. No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. Amount Image: Computer intermediary for contributions or other assets not included on Form 990. Part X, line 21. Image: Computer intermediary for contributions or custodial account inability? Yes No 0 If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Computer intermediary for year intermediary for year intermediary for year intermediary for year back into the part intermediary for year intermediary for year intermediary for year intermediary for year back into the part XIII. Check here if the explanation has been provided on Part XIII. Image: Computer intermediary for year intermediary for year intermediary for year intermediary for year stack inthe companization has been provided on Part	а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	ım					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Bedining balance Celling balance Intermediate the following table: Amount Intermediate the organization and provide the following table: Part W Endowment Funds. Complete if the organization has been provided on Part XIII Part W Endowment Funds. Complete if the organization in form 990, Part X, line 21, for escrow or custodial account liability? Part W Endowment Funds. Complete if the organization inform 990, Part XIII. Part W Endowment Funds. Complete if the organization inform 990, Part XIII. Advinue table is the intermediate as part of the organization inform 990, Part XIII. Part W Endowment Funds. Complete if the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Part W Endowment Funds. Complete if the organization and the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization inform 990, Part XIII. Advinue table excellent the organization table excellent the organization in	b	Scholarly research	e	• 🗌 c	Other							
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part M Escrow and Oustodial Arrangements. Complete if the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Yes No b If "Yes," explain the arrangement in Part XIII. and complete the following table: Amount 1d c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement part XII. Check here if the explanation has been provided on Part XII. Part V Indowment PundS. Complete if the organization answerd "Yes" or Form 990, Part X, line 21, or escrow or custodial account liability? Yes No b If "Yes," explain the arrangement part XII. Check here if the explanation has been provided on Part XII. Part M Indowment PundS. Complete if the organization shate been provided on Part XII. 1d	с	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Yes No. 15 H'res, 'explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or custodial account lability? Yes No 16 Intermediary for explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. 18 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 18 Beginning of year balance (a) Current year end balance (line 19, column (a) held as: and programs fa darants or scholarships image: Complet	4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or their intermediary for contributions or other assets not included on Form 990, Part X/ Ves No b If 'Yes,'' explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custolal account liability? Image: Complete intermediary intereset intermediary int	5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1t e Distributions during the year 1t Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. e Obtributions (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (e) Current year (b) Prior year (c) Two years back (d) Three years back if a durinistatke if the explanation has been provided on Part XIII. b Contributions (e) Controbutions (e) Courrent year (b) Prior year (c) Two years back if (d) Three years back if (e) Four years back if a durinistatke if the organization bis set as back designated or quasization bis set asequired on schocket if the organization bis set aset ase		•										
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e Distributions during the year 1e 1 Ending balance 1f 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 No b Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance a b b Contributions a Both the organization include an amount on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions a Grants or scholarships <												
f Ending balance												
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b Contributions	10	Paginning of year balance	(u) ourrent your	(5)11	ior your		o buok	(d) 11100 j	ouro buon		youro	buok
c Net investment earnings, gains, and losses	la b											
d Grants or scholarships	0											
e Other expenditures for facilities and programs	с d											
and programs												
f Administrative expenses	e											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% m me percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation b Buildings												
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end balance	e (line 1a	column (a)) held as:						
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					column (a	<i>))</i> 11010 83.						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Inrelated organizations (ii) Related organizations (iii) Related organizations (i) Unrelated organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (d) Book value basis (other) (i) Book value basis (other) (i) Book value basis (other) (i) Cost or other basis (othe	b											
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organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3b 3b 3a(i) 3b 3a(i) 3b 3c 3b 3b 3b 3b 3b 3b 3b 3c 3b 3b 3c 3b 3c 3c 3c 3c 3c	3a			tion that	are held ar	nd administer	ed for th	ne				
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment 92,400. 84,895. 7,505. 1,954,155. 11,954,155. 1,743,866.		· · · ·								ſ	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		c								3a(i)		
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Scl	hedule R?							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4											
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	ient.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
b Buildings		Description of property			.,		• •		ed	(d) Bool	k value	e
b Buildings	1a	Land										
c Leasehold improvements 92,400. 84,895. 7,505. e Other 1,954,155. 1,743,866. 210,289.												
d Equipment 92,400. 84,895. 7,505. e Other 1,954,155. 1,743,866. 210,289.	с											
e Other 1,954,155. 1,743,866. 210,289.								84,8	95.	-	7,50	05.
					1,95	4,155.	1,	743,8	66.			
				X. columr	n (B), line 1	0c.)				21	7,79	94.

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) INVESTMENT IN SUBSIDIARY			620,029
(2) SECURITY DEPOSIT			5,246
(3) INTERCOMPANY ACCOUNTS			233,583
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the ergenization encourant "Vers" a			858,858
Complete if the organization answered "Yes" o (a) Description of liability	Fart IV, IIIle	The of The Gee Form 350, Part A, III e 2	5. (b) Book value
(1) Federal income taxes			
(1) Federal Income taxes (2) REFUNDABLE ADVANCES			3,120,462
(3)			5,120,402
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			3,120,462
otal. (Column (b) must equal Form 990. Part X. col. (B) line	25)		

WESTERN STATES ARTS FEDERATION

Schedule D (Form 990) 2022

232053 09-01-22

22000326 147228 114331

Sche	dule D (Form 990) 2022 WESTERN STATES ARTS FEDERA	FION		23-	7255426	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,884,	434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	881,155.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	881,	155.
3	Subtract line 2e from line 1			3	7,003,	279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		38,333.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	<u>38,</u> 7,041,	333.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	7,041,	612.
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	eturi	n .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				8,303,	310
1	Total expenses and losses per audited financial statements			1	0,303,	549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities					
b	Prior year adjustments					
c	Other losses					
a	Other (Describe in Part XIII.)					Δ
e	Add lines 2a through 2d			2e 3	8,303,	310
3	Subtract line 2e from line 1			3	0,303,	549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		38,333.			
a L	Investment expenses not included on Form 990, Part VIII, line 7b		50,555.			
b		1 4n i				
-	Other (Describe in Part XIII.)			4.	30	333
c	Add lines 4a and 4b			4c		333.
с 5 Ра				4c 5	38, 8,341,	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	irants and Oth vernments, ar ete if the organizatio Go to www.irs	nd Individual	s in the Ŭni on Form 990, Pa 1990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization	משאשבים אסש	S FEDERATIO	NT				Employer identification number $23 - 7255426$
Part I General Information on Grants		5 FEDERATIO	IN				25-7255420
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr Part II Grants and Other Assistance to recipient that received more than 	istance? rocedures for monit Domestic Organiz	oring the use of grant cations and Domestic	funds in the United	I States. Complete if the orga			X Yes No
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
500 SAILS BOX 10001 PBC 326 SATONI DR SAIPAN, NORTHERN MARIANA ISLANDS		501(C)3	10,000.	0.			SUBAWARDS
POWER HOUSE THEATRE WALLA WALLA 111 NORTH 6TH STREET WALLA WALLA, WA 99362	32-0498056	501(C)3	7,750.	0.			SUBAWARDS
ARIZONA COMMISSION ON THE ARTS 417 W ROOSEVELT ST PHOENIX, AZ 85003-1326		501(C)3	6,389.	0.			SUBAWARDS
ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE., SUITE 120 TOLEDO, OH 43604		501(C)3	15,000.	0.			SUBAWARDS
MANGO PO BOX 500631 SAIPAN, MP 96950		501(C)3	10,000.	0.			SUBAWARDS
MINERAL COUNTY PERFORMING ARTS COUNCIL - PO BOX 1402 - SUPERIOR, MT 59872	06-1810535	501(C)3	8,400.	0.			SUBAWARDS
2 Enter total number of section 501(c)(3)	and government org	•	e line 1 table				101.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 10-31-22

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT COUNTY COMMUNITY CONCERT ASSOCIATION - PO BOX 2722 - SILVER CITY, NM 88062	23-7199426	501(0)3	7,750.	0.			SUBAWARDS
CENTRUM FOUNDATION PO BOX 1158 PORT TOWNSEND, WA 98368	23-7348302		12,225.	0.			SUBAWARDS
SKAGWAY ARTS COUNCIL PO BOX 116 SKAGWAY, AK 99840-0116	23-7375898	501(C)3	6,250.	0.			SUBAWARDS
KAUAI CONCERT ASSOCIATION PO BOX 503 LIHUE, HI 96766	23-7382451	501(C)3	7,500.	0.			SUBAWARDS
INDIGENOUSWAYS PO BOX 4073 SANTA FE, NM 87502	26-1656689	501(C)3	7,500.	0.			SUBAWARDS
US-JAPAN CULTURAL TRADE NETWORK 1471 GUERRERO STREET, SUITE 3 SAN FRANCISCO, CA 94110	26-1670775	501(C)3	10,000.	0.			SUBAWARDS
AVOKADO ARTISTS 25 JUNIPER ROAD PLACITAS, NM 87043-1925	27-1186623	501(C)3	9,500.	0.			SUBAWARDS
OGDEN FRIENDS OF ACOUSTIC MUSIC 1744 24TH STREET OGDEN, UT 84401	27-2564950	501(C)3	11,500.	0.			SUBAWARDS
YOUNG MUSICIANS, INC. PO BOX 394 EVANSTON, WY 82931	31-1614657	501(C)3	6,400.	0.			SUBAWARDS

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO INTERNATIONAL ARTS							
FESTIVAL (SFIAF) - 1222 SUTTER							
STREET - SAN FRANCISCO, CA							
94109-5517	34-1997392	501(C)3	8,500.	0.			SUBAWARDS
MUNDI PROJECT							
PO BOX 520696							
SALT LAKE CITY, UT 84152	38-3734621	501(C)3	12,500.	0.			SUBAWARDS
,							
BOULDER ARTS COUNCIL							
PO BOX 1448							
BOULDER, UT 84716	46-4588018	501(C)3	6,400.	0.			SUBAWARDS
THE PARADISE CENTER							
2 SCHOOL HOUSE HILL ROAD							
PARADISE, MT 59856	47-1975683	501(C)3	7,650.	0.			SUBAWARDS
BOOM ARTS INC.							
3121 S. MOODY AVE, SUITE 200	45 0400050		0.550				
PORTLAND, OR 97239	47-2199079	501(C)3	8,750.	0.			SUBAWARDS
MISSION VALLEY LIVE							
29182 SWIMMING BEAR LANE							
POLSON, MT 59860	47-3162123	501(C)3	10,988.	0.			SUBAWARDS
	47 5102125	301(0)3	10,500.				DODAWARDO
SUNDAY AFTERNOON LIVE							
116 MONROE STREET							
SOUTH BEND, WA 98586	47-4286510	501(C)3	5,900.	0.			SUBAWARDS
			, ,				
HOMER COUNCIL ON THE ARTS							
355 W PIONEER, SUITE 100							
HOMER, AK 99603	51-0152554	501(C)3	7,500.	0.			SUBAWARDS
AMP CONCERTS							
1013 VASSAR DR NE							
ALBUQUERQUE, NM 87106-2640	56-2644410	501(C)3	6,500.	0.			SUBAWARDS

WESTERN STATES ARTS FEDERATION

Schedule I (Form 990) WESTERN S'	TATES ART	S FEDERATIO	N			2	23-7255426 Pag
Part II Continuation of Grants and Other A	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UAM COUNCIL ON THE ARTS AND							
IUMANITIES AGENCY - 238 ARCHBISHOP							
FLORES STREET, SUITE 202 -							
HAGATNA, GU 96910	66-0478133	501(C)3	25,000.	0.			SUBAWARDS
ISLA MONTESSORI SCHOOL							
CHRB 5798 FLORES STREET							
SAIPAN, MP 96950	66-0894556	501(C)3	10,000.	Ο.			SUBAWARDS
,,							
PINEDALE FINE ARTS COUNCIL							
PO BOX 1586							
PINEDALE, WY 82941	74-2291655	501(C)3	12,250.	Ο.			SUBAWARDS
EDMONDS CENTER FOR THE ARTS							
10 4TH AVE NORTH							
EDMONDS, WA 98020	74-3089412	501(C)3	6,400.	0.			SUBAWARDS
PERFORMANCES TO GROW ON							
PO BOX 212							
05 GRANDVIEW AVE, CA 93023	77-0400314	501(C)3	7,750.	0.			SUBAWARDS
WHITEFISH THEATRE CO							
CENTRAL AVE							
HITEFISH, MT 59937-2573	81-0381173	501(C)3	8,500.	Ο.			SUBAWARDS
LPINE ARTISANS, INC.							
PO BOX 841							
EELEY LAKE, MT 59868	81-0490239	501(C)3	6,000.	0.			SUBAWARDS
BELT THEATER COMPANY							
3 CASTNER ST							
BELT, MT 59412	81-0517922	501(C)3	6,250.	0.			SUBAWARDS
	01 031/322		0,230.	0.			
COLLEGE OF SOUTHERN IDAHO							
315 FALLS AVE.							
WIN FALLS, ID 83301	82-0261628	501(C)3	6,400.	٥.			SUBAWARDS

WESTERN STATES ARTS FEDERATION Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEND OREILLE ARTS COUNCIL							
PO BOX 1694							
SANDPOINT, ID 83864	82-0350688	501(C)3	7,140.	0.			SUBAWARDS
MOUNTAIN HOME ARTS COUNCIL							
PO BOX 974							
MOUNTAIN HOME, ID 83647	82-0431133	501(C)3	10,000.	0.			SUBAWARDS
STORY CROSSROADS							
PO BOX 274							
WEST JORDAN, UT 84084	82-1085178	501(C)3	12,750.	0.			SUBAWARDS
T2 DANCE COMPANY							
625 ALPINE AVE.							
BOULDER, CO 80304	82-3773487	501(C)3	7,400.	0.			SUBAWARDS
AUDITORIUM CHAMBER MUSIC SERIES							
UNIVERSITY OF IDAHO SCHOOL OF							
MUSIC, 875 PERIMETER DR MS 4015 -							
MOSCOW, ID 8	82-6000945	501(C)3	8,250.	0.			SUBAWARDS
DANCERS WORKSHOP							
240 S GLENWOOD ST, POB 1500							
JACKSON, WY 83001	83-0232680	501(C)3	10,000.	0.			SUBAWARDS
ARTCORE, INC.							
PO BOX 874							
CASPER, WY 82602	83-0241888	501(C)3	6,400.	0.			SUBAWARDS
STAR VALLEY ARTS COUNCIL							
150 S. WASHINGTON, PO BOX 1026							
AFTON, WY 83110	83-0329440	501(C)3	6,750.	0.			SUBAWARDS
MUSIC ASSOCIATES OF ASPEN INC.							
225 MUSIC SCHOOL ROAD							
ASPEN, CO 81611	84-0445087	501(C)3	7,500.	Ο.			SUBAWARDS

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRINGS MUSIC FESTIVAL							
PO BOX 774627							
STEAMBOAT SPRINGS, CO 80477	84-1101995	501(C)3	6,125.	0.			SUBAWARDS
GRAND CONCERTS, INC							
PO BOX 1092							
WINTER PARK, CO 80482	84-1282617	501(C)3	6,000.	0.			SUBAWARDS
BLUE SAGE CENTER FOR THE ARTS							
PO BOX 700							
PAONIA, CO 81428	84-1335434	501 (C) 3	5,490.	0.			SUBAWARDS
CITY OF FORT COLLINS LINCOLN	01 1555454	501(075	5,450.	••			DODIMINDD
CENTER FOR THE PERF ARTS - LINCOLN							
CENTER FOR THE PERFORMING ARTS,							
417 W MAGNOLIA ST - FORT COLLINS,	84-6000587	501(C)3	6,500.	0.			SUBAWARDS
CITY AND COUNTY OF BROOMFIELD,							
COLORADO - 3 COMMUNITY PARK ROAD -							
BROOMFIELD, CO 80020-3781	84-6014589	501(C)3	6,500.	0.			SUBAWARDS
,			, -				
FRIENDS OF CHAMBER MUSIC							
191 UNIVERSITY BLVD, #974							
DENVER, CO 80206	84-6039372	501(C)3	7,750.	0.			SUBAWARDS
· · ·							
SANTA FE PRO MUSICA							
1512 PACHECO ST. #D201							
SANTA FE, NM 87505	85-0283203	501(C)3	6,250.	0.			SUBAWARDS
CORRALES CULTURAL ARTS COUNCIL							
PO BOX 2723							
CORRALES, NM 87048	85-0401145	501(C)3	6,500.	0.			SUBAWARDS
THE LENSIC PERFORMING ARTS CENTER							
211 W. SAN FRANCISCO STREET							
SANTA FE, NM 87501	85-0448396	501(C)3	9,000.	0.			SUBAWARDS
Simili 12, Mi 07501	05 0110550	201(0/0	J 2,000.	· · ·		1	poprinting b

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAWN DOUGLAS							
1335 S MARYLAND PKWY							
LAS VEGAS, NV 89104	85-0749035	501(C)3	8,000.	0.			SUBAWARDS
NEW MEXICO INSTITUTE OF MINING AND							
TECHNOLOGY - 801 LEROY PLACE, PAS							
- MACEY CENTER - SOCORRO, NM 87801	85-6000411	501(C)3	9,500.	0.			SUBAWARDS
JAZZ IN ARIZONA							
100 E ROOSEVELT ST, #110							
PHOENIX, AZ 85004	86-0331150	501(C)3	7,500.	0.			SUBAWARDS
SCOTTSDALE CULTURAL COUNCIL							
7380 EAST SECOND ST							
SCOTTSDALE, AZ 85251-5604	86-0593786	501(C)3	6,250.	0.			SUBAWARDS
GILA VALLEY ARTS COUNCIL							
2535 S 8TH AVE							
SAFFORD, AZ 85546	86-0680396	501(C)3	6,500.	0.			SUBAWARDS
DEL E. WEBB CENTER FOR THE			,				
PERFORMING ARTS - 2001 W							
WICKENBURG WAY, SUITE 3 -							
WICKENBURG, AZ 85390-2298	86-0873249	501(C)3	6,500.	0.			SUBAWARDS
GOLD CANYON ARTS COUNCIL							
5301 S SUPERSTITION MTN DR, SUITE 1							
GOLD CANYON, AZ 85118	86-0926695	501(C)3	8,875.	0.			SUBAWARDS
FOX TUCSON THEATRE FOUNDATION							
PO BOX 1008							
TUCSON, AZ 85702	86-0965120	501(C)3	6,250.	٥.			SUBAWARDS
RED ROCKS MUSIC FESTIVAL							
11640 N TATUM BLVD #3088							
PHOENIX, AZ 85028	86-1035975	501(C)3	6,750.	0.			SUBAWARDS

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONSTAGE OGDEN							
638 E 26TH STREET							
OGDEN, UT 84401	87-0288156	501(C)3	7,750.	0.			SUBAWARDS
ZION CANYON ARTS AND HUMANITIES							
COUNCIL - PO BOX 115 - SPRINGDALE,							
UT 84767	87-0465540	501(C)3	5,590.	0.			SUBAWARDS
OREM PUBLIC LIBRARY							
58 N. STATE ST.							
OREM, UT 54057-5596	87-6000258	501(C)3	6,400.	0.			SUBAWARDS
UNIVERSITY OF UTAH							
1395 PRESIDENTS CIR, ROOM 190							
SALT LAKE CITY, UT 84112	87-6000525	501(C)3	7,500.	0.			SUBAWARDS
UNIVERSITY OF NEVADA, RENO							
UNR, RENO MAIL-STOP 0325							
RENO, NV 89557-0325	88-6000024	501(C)3	6,500.	0.			SUBAWARDS
CITY OF LAS VEGAS - DEPT. OF			,				
PARKS, RECREATION AND CULTURAL							
AFFA - 800 BRUSH STREET - LAS							
VEGAS, NV 89107	88-6000198	501(C)3	11,000.	٥.			SUBAWARDS
ORCAS CENTER							
P 0 BOX 567							
EASTSOUND, WA 98245	91-0930009	501(C)3	8,965.	0.			SUBAWARDS
,				· •			
WASHINGTON CENTER FOR THE							
PERFORMING ARTS - 512 WASHINGTON							
ST SE - OLYMPIA, WA 98501	91-1182866	501(C)3	9,000.	0.			SUBAWARDS
COLUMPTA MURAMPE FOR MUR							
COLUMBIA THEATRE FOR THE							
PERFORMING ARTS - PO BOX 1026 -						1	1

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN COMMUNITY THEATRE							
100 SECOND STREET							
FRIDAY HARBOR, WA 98250	91-1277452	501(C)3	5,750.	0.			SUBAWARDS
TOWER THEATRE FOUNDATION							
835 WALL STREET							
BEND, OR 97703	91-1829147	501(C)3	8,100.	0.			SUBAWARDS
ARTS NORTHWEST							
104 N LAUREL ST, STE #116							
PORT ANGELES, WA 98362	91-3048927	501(C)3	32,000.	0.			SUBAWARDS
ALASKA JUNIOR THEATER							
430 W 7TH AVE, SUITE 30	92-0081984	F01(C)2	7 750	0.			SUBAWARDS
ANCHORAGE, AK 99501-3550	92-0081984	501(0)5	7,750.	0.			SUDAWARDS
FAIRBANKS CONCERT ASSOCIATION							
PO BOX 80547							
FAIRBANKS, AK 99708-0547	92-0094139	501(C)3	7,500.	0.			SUBAWARDS
ANCHORAGE CONCERT ASSOCIATION - TW 430 W 7TH AVE, #200							
ANCHORAGE, AK 99501	92-6002302	501 (C) 3	11,150.	0.			SUBAWARDS
	22 0002002						
COMMUNITY CONCERTS OF TREASURE							
VALLEY - 45 S OREGON STREET -							
ONTARIO, OR 97914	93-0884249	501(C)3	9,500.	0.			SUBAWARDS
RASIKA SOCIETY FOR ARTS OF INDIA							
3355 NW LINMERE DR.							
PORTLAND, OR 97229	93-1266917	501(C)3	6,000.	0.			SUBAWARDS
· · · · · · · · · · · · · · · · · · ·							
BOARD OF TRUSTEES/LELAND STANFORD							
JR UNIVERSITY - 485 BROADWAY -							
REDWOOD CITY, CA 94063	94-1156365	501(C)3	9,000.	0.			SUBAWARDS

WESTERN STATES ARTS FEDERATION Schedule I (Form 990)

				(O-1-			13-7255420 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO PERFORMANCES, INC.							
500 SUTTER ST., SUITE 710							
SAN FRANCISCO, CA 94102-1198	94-2600147	501 (C) 3	7,500.	0.			SUBAWARDS
			.,				
JUNEAU JAZZ AND CLASSICS							
PO BOX 22152							
JUNEAU, AK 99802	94-3053060	501(C)3	6,125.	٥.			SUBAWARDS
STANFORD JAZZ WORKSHOP							
PO BOX 20454							
STANFORD, CA 94309	94-3074721	501(C)3	8,900.	0.			SUBAWARDS
THE CUTTER THEATRE							
302 PARK ST							
METALINE FALLS, WA 99153	94-3101945	501(C)3	6,280.	0.			SUBAWARDS
CRATERIAN PERFORMANCES COMPANY							
23 S CENTRAL AVENUE							
MEDFORD, OR 97501	94-3137852	501(C)3	7,500.	0.			SUBAWARDS
			.,				
WESTERN ARTS ALLIANCE							
715 SW MORRISON, STE 600							
PORTLAND, OR 97205	95-3497056	501(C)3	273,998.	٥.			SUBAWARDS
JESSYCA VIANEY VALDEZ PEREZ							
P.O. BOX 6695							
JACKSON, WY 83002	97-3903234	501(C)3	8,000.	0.			SUBAWARDS
PU'UHONUA SOCIETY							
1200 ALA MOANA BLVD, STE 270							
HONOLULU, HI 96814	99-0154609	501(C)3	8,000.	0.			SUBAWARDS
MAUI ARTS & CULTURAL CENTER ONE CAMERON WAY							
KAHULUI, HI 96732	99-0222998	501(C)3	6,500.	٥.			SUBAWARDS
KAHOHOT, AT 30/32	33-0222338		0,300.	U.			PODUMANDO

Schedule I (Form 990) WESTERN STATES ARTS FEDERATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD - BOX 368										
HONOLULU, HI 96822-2234	99-6000354	501(C)3	7,500.	0.			SUBAWARDS			
			.,							

Schedule I (Form 990) 2022

WESTERN STATES ARTS FEDERATION

23-7255426

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BIPOC ARTIST FUND	18	159,050.	0.		
EADERS OF COLOR FELLOWSHIP	30	23,417.	0.		
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
WARDS TO PRESENTING AND TOURI	NG ORGANIZATI	ONS ARE DE	TERMINED V	IA A JURY	

PROCESS, AND ALL AWARDEES MUST MEET THE CRITERIA SPECIFIED BY WESTAF AND

THE NATIONAL ENDOWMENT FOR THE ARTS TO BE CONSIDERED FOR AN AWARD. JURY

PANELISTS MUST DISCLOSE ANY CONFLICTS OF INTEREST, AND MUST RECUSE

THEMSELVES IN THE EVENT OF A CONFLICT. ALL GRANTEES MUST SIGN A GRANT

AGREEMENT WHICH INCLUDES ALL FEDERAL REQUIREMENTS PRIOR TO RECEIVING THE

GRANT FUNDS. ALL GRANTEES MUST SUBMIT FINAL REPORTS THROUGH WESTAF'S

ON-LINE GRANT MANAGEMENT SYSTEM, GO SMART WHICH INCLUDE DETAILED

DOCUMENTATION OF PROGRAM EXPENDITURES AND A DESCRIPTION OF THE ACTIVITIES SUPPORTED BY THE GRANT(S). THESE REPORTS ARE REVIEWED AND VALIDATED BY THE PROGRAM MANAGER.

REGIONAL TOURING FUNDS ARE USED FOR BOTH TOURWEST AND DISCRETIONARY GRANTS SUPPORT FOR PRESENTING, TOURING, OUTREACH, AND OTHER ACTIVITIES, INCLUDING BOOKING CONFERENCES AND PROFESSIONAL DEVELOPMENT, DESIGNED TO ENHANCE PUBLIC ENGAGEMENT WITH THE ARTS. THE STANDARD TOURWEST GRANTS FOLLOW THE PROCESS OUTLINED ABOVE.

THE DISCRETIONARY GRANTS ARE DETERMINED BY STAFF BASED UPON OPPORTUNITIES AND NEEDS IN THE FIELD. THESE FUNDS ARE USED FOR PROFESSIONAL DEVELOPMENT IN THE FIELD SUCH AS CONFERENCE AND SCHOLARSHIP SUPPORT FOR BOOKING CONFERENCES OR ARTS SERVICE ORGANIZATIONS CONVENINGS THAT SERVE THE REGION. SCHOLARSHIP PROGRAM CAN RANGE FROM SUPPORTING ARTIST ATTENDANCE AT THESE CONVENINGS OR TO SUPPORT THEIR SHOWCASES AT THESE CONVENING.

ALL GRANTEES WILL SUBMIT A PROPOSAL DESCRIBING THE NATURE OF THE ACTIVITIES SUPPORTED BY THE GRANT(S). THESE PROPOSALS ARE REVIEWED AND VALIDATED BY THE PROGRAM MANAGER TO ENSURE THEY MEET THE REQUIREMENTS. ALL GRANTEES MUST SIGN A GRANT AGREEMENT WHICH INCLUDES ALL FEDERAL REQUIREMENTS PRIOR TO RECEIVING THE GRANT FUNDS. THE GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT AND DOCUMENTATION OF PROGRAM EXPENDITURES AT THE END OF THE PERIOD OF PERFORMANCE.

sc	HEDULE J		OMB No. 1	545-004	47		
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-	
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	e of the organization		Employer i			nber	
		WESTERN STATES ARTS FEDERATION	23-7	25542	6		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments spending account Health or social club dues or initiation fee					
			ii, chei)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
D	-			1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onlee						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant \overline{X} Compensation survey or study					
	·	ther organizations \overline{X} Approval by the board or compensation of	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r					77	
						X	
b		ation?		5b		X	
~		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	-				v	
a						X X	
a		ation?		6b			
7		or 6b, describe in Part III.					
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x	
0		nes 5 and 6? If "Yes," describe in Part III		7			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8		x	
٥							
9		id the organization also follow the rebuttable presumption procedure described in		9			
	Regulations section	1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 ule J (Forn	000	2022	
гпА	I UI Faper WURK R		Sched	ule J (Fom	1 990)	2022	

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Schedule J (Form 990) 2022

23-7255426

Page 2

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTIAN GAINES	(i)	235,334.	0.	0.	11,767.	7,608.	254,709.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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 for any additional information.

PART I, LINE 1A:

PER THE ORGANIZATION'S BY-LAWS, WESTAF'S BOARD ALLOTS FIVE TRUSTEE

POSITIONS TO EXECUTIVE DIRECTORS OF THE STATE ARTS AGENCIES FROM ITS 13

WESTERN STATE REGION. WESTAF EXPECTS TRUSTEES TO ATTEND ALL BOARD MEETINGS

AND THUS FUNDS REQUIRED TRUSTEE TRAVEL TO THE THREE SCHEDULED IN-PERSON

MEETINGS EACH YEAR AND TO THE EXECUTIVE COMMITTEE MEETING IF APPLICABLE.

IN FURTHERANCE OF ITS MISSION, WESTAF PROVIDES PROFESSIONAL DEVELOPMENT

OPPORTUNITIES, SEMINARS, AND SYMPOSIA FOR THE STATE ART AGENCIES' EXECUTIVE

DIRECTORS IN ITS REGION, AND FUNDS TRAVEL TO THESE SEMINARS AND

CONFERENCES. ON OCCASION, WESTAF MAY ENGAGE SPEAKERS FOR THESE SEMINARS AND

CONFERENCES WHO ARE PUBLIC OFFICIALS, AND WESTAF WILL ALSO FUND THIS

SPEAKER TRAVEL.

SCHEDULE O (Form 990)

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.

Form 990 or 990-EZ or to provide any additional informati Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WESTERN STATES ARTS FEDERATION

Employer identification number 23 - 7255426

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WESTAF, THE WESTERN STATES ARTS FEDERATION, IS A NONPROFIT ARTS SERVICE

ORGANIZATION DEDICATED TO THE CREATIVE ADVANCEMENT AND PRESERVATION OF

THE ARTS. BASED IN DENVER, COLORADO, WESTAF FULFILLS ITS MISSION TO

STRENGTHEN THE FINANCIAL, ORGANIZATIONAL AND POLICY INFRASTRUCTURE OF

THE ARTS BY PROVIDING INNOVATIVE PROGRAMS AND SERVICES TO ARTISTS AND

ARTS ORGANIZATIONS IN THE WEST AND NATIONWIDE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH SUPPORT FROM THE NATIONAL ENDOWMENT FOR THE ARTS, WESTAF MAINTAINS

A TOUR WEST PROGRAM, WHICH FUNDS ARTS TOURING. "TOURWEST," SUPPORTS THE

TOURING OF PERFORMING ARTISTS ACROSS THE WEST. THE PROGRAM IS DESIGNED

TO SERVE SMALL COMMUNITIES, AND IS HEAVILY ORIENTED TOWARDS SUPPORTING

PERFORMING ARTS PRESENTED IN SMALL RURAL COMMUNITIES BY ENTITIES THAT

ARE OPERATED BY VOLUNTEERS. WITH GRANTS UP TO \$5,000, THESE GRANTS ARE

MODEST IN NATURE BUT HAVE MADE A SIGNIFICANT DIFFERENCE IN SMALLER

COMMUNITIES WHERE CONTRIBUTIONS FROM GOVERNMENT AND BUSINESS HAVE

DIMINISHED GREATLY IN RECENT YEARS. THE TOURWEST PROGRAMS AWARDS OVER

200 GRANTS ANNUALLY AND SERVICES ALL CORNERS OF WESTAF'S 13-STATE

REGION.

 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

 WESTAF PROVIDES A WIDE VARIETY OF SERVICES THAT ARE DESIGNED TO SUPPORT

 THE DEVELOPMENT OF THE ARTS IN THE REGION. MAJOR PROGRAMS INCLUDE: 1)

 CONVENINGS, NETWORKS, AND PLANNING PROCESSES THAT BRING TOGETHER

 LEADING PRACTITIONERS IN THE ARTS FIELD TO DISCUSS POLICY ISSUES THAT

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

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Schedule O (Form 990) 2022	Page 2							
Name of the organization WESTERN STATES ARTS FEDERATION	Employer identification number 23-7255426							
IMPACT ARTISTS AND COMMUNITIES AND TO DEVELOP STRATEGIES F	OR							
DEVELOPMENT OF THE ARTS, 2) PROFESSIONAL DEVELOPMENT SEMINARS FOR STATE								
ARTS AGENCY LEADERS AND INVESTMENTS IN STATE ARTS AGENCY I	NNOVATION							
THAT ARE DESIGNED TO HELP THEM BECOME MORE EFFECTIVE AND S	ERVICE							
ORIENTED PUBLIC SECTOR AGENCIES, 3) THE DEVELOPMENT OF THE	PUBLIC ART							
ARCHIVE, A SEARCHABLE ONLINE DATABASE OF COMPLETED PUBLIC ARTWORKS								
THROUGHOUT THE U.S. AND ABROAD, IN WHICH ARTISTS AND MANAG	ERS OF PUBLIC							
ART PROGRAMS CAN CONTRIBUTE THEIR WORK FOR FREE PUBLIC VIE	WING, 4) THE							
DEVELOPMENT OF THE CREATIVE VITALITY SUITE, A SNAPSHOT OF	THE RELATIVE							
ECONOMIC HEALTH OF THE CREATIVE ECONOMY IN A COMMUNITY THA	T IS USED TO							
MEASURE THE ECONOMIC CONTRIBUTION THAT ARTS DEVELOPMENT MA	KES TO							
ECONOMIC DEVELOPMENT, AND 5) ARTS SERVICE-BASED TECHNOLOGY	PROJECTS							
SUCH AS ZAPPLICATION AND CALL FOR ENTRY (CAFE TM) WHICH S	UPPORT THE							
NON-PROFIT ARTS COMMUNITY AND ARTISTS IN THE USE OF TECHNOLOGY TO								
FACILITATE AND ADVANCE THEIR WORK.								

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL CONSIST OF THE PRINCIPAL OFFICERS OF THE BOARD, (CHAIR, VICE CHAIR, SECRETARY, AND TREASURER), AND THE EXECUTIVE DIRECTOR OF THE FEDERATION AS A NON-VOTING MEMBER, AND OF THREE (3) OTHER AT LARGE MEMBERS OF THE BOARD WHO SHALL BE NOMINATED BY THE BOARD DEVELOPMENT COMMITTEE IN CONSULTATION WITH THE CHAIR ELECT AND ELECTED BY THE BOARD AT ITS FIRST MEETING IN THE TENURE OF THE CHAIR. A MAJORITY OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL AND EVERY POWER OF THE BOARD BETWEEN MEETINGS, EXCEPT FOR THE ELECTION OF OFFICERS, HIRING OR FIRING THE EXECUTIVE DIRECTOR, AND MODIFICATION IN THE BY-LAWS OR LONG RANGE PLANNING; THE EXECUTIVE COMMITTEE SHALL ALSO HAVE AND EXERCISE SUCH Schedule O (Form 990) 2022 232212 10-28-22 50

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EXCEPT AS IS OR MAY BE LIMITED BY LAW OR THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE EXECUTIVE DIRECTORS OF THE 13 WESTERN STATES ART AGENCIES VOTE TO

SELECT 5 OF THEIR PEERS TO SERVE ON THE WESTAF BOARD PER THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE APPROVES THE 990 DRAFT WHICH IS THEN SENT TO THE

FULL BOARD FOR COMMENTS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY.

ALL DISBURSEMENTS OF THE ORGANIZATION ARE REVIEWED BY THE DIRECTOR OF

FINANCE & ADMINISTRATION TO ENSURE THAT PAYMENTS MADE ARE IN COMPLIANCE

WITH ALL ORGANIZATIONAL POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE MEMBERS OF WHICH HAVE ACCESS TO SALARY SURVEYS FROM COMPARABLE ORGANIZATIONS, INCLUDING THE FIVE OTHER REGIONAL ARTS ORGANIZATIONS. THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION SET COMPENSATION FOR KEY EMPLOYEES, BASED ON A COMPENSATION POLICY ENACTED IN FY20 ALONG WITH A MARKET REVIEW OF SALARIES FOR SIMILAR POSITIONS.

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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

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Schedule O (Form 99		Page
Name of the organiz	ation WESTERN STATES ARTS FEDERATION	Employer identification number 23-7255426
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SIAIEMENIS	ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 23 - 7255426

	Go	to	www.ir	s.gov/F	orm990	for	instructions	and	the	latest	inforr	nation
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Name of the organization

WESTERN STATES ARTS FEDERATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022 WESTERN STATES ARTS FEDERATION

23-7255426 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, jeun					1		r	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managin partner	^g Percentage ownership
		country)		sections 512-514)			Yes	No		Yes N	
ZAPP SOFTWARE, LLC -											
20-1750473, 1624 MARKET ST.											
STE. 226, PMB 98286, DENVER,	ONLINE ART FAIR										
CO 80202-1559	MANAGEMENT	со	WESTAF	RELATED	132,849.	1,902,167.		x	N/A	x	83.00%
	-										
	1										
	4										
	1		1			1					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2022 WESTERN STATES ARTS FEDERATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	_	X	+
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses		X	+
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ZAPP SOFTWARE, LLC	N	171,284.	FMV
(2) ZAPP SOFTWARE, LLC	0	1,077,115.	FMV
(3) ZAPP SOFTWARE, LLC	Q	111,501.	FMV
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 WESTERN STATES ARTS FEDERATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(f Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	(k) N or Percen ing owners	itage ship
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
												_	
												_	