

EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Inspection

OMB No. 1545-0047

| ΑI | For the | e 2017 calendar year, or tax year beginning | nd ending | | |
|---------------|------------------------|--|------------------|------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addre | JACOB'S PILLOW DANCE FESTIVAL INC | | | |
| | Name chang | | 002993 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | |
| | □Final return/ | | | 413- | 243-9919 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 11,960,723. |
| | Ameno | BECKEI, MA 01223 | | H(a) Is this a group re | |
| | Applic tion | F Name and address of principal officer: PAMELA TATGE | | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| <u>1</u> | Tax-exe | empt status: X 501(c)(3) 501(c) () | (1) or 527 | If "No," attach a | list. (see instructions) |
| | | te: ► WWW.JACOBSPILLOW.ORG | | H(c) Group exemptio | n number |
| <u>K</u> [| orm of | organization: X Corporation Trust Association Other | L Year | of formation: 1941 N | M State of legal domicile: MA |
| Pa | art I | Summary | | | |
| 4 | 1 | Briefly describe the organization's mission or most significant activities: \underline{TO} | SUPPORT | DANCE CREA | rion, |
| Governance | | PRESENTATION, EDUCATION, AND PRESERVATION | ON, AND | TO ENGAGE A | ND DEEPEN |
| rna | 2 | Check this box if the organization discontinued its operations or dis | posed of more | e than 25% of its net ass | |
| o ve | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 23 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 18 | | | 22 |
| 8 | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | 155 |
| /ŧį | 6 | Total number of volunteers (estimate if necessary) | | 6 | 245 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | Prior Year | Current Year |
| ø. | 8 | Contributions and grants (Part VIII, line 1h) | | 5,275,542. | 6,136,245. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,605,825. | 2,508,563. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 332,597. | 848,762. |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 221,350. | 299,166. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 | | 8,435,314. | 9,792,736. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 87,000. | 81,350. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| G | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 | | 2,344,638. | 2,815,728. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 117,000. |
| ē | . b | Total fundraising expenses (Part IX, column (D), line 25) 653, | 863. | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,559,500. | 4,323,054. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,991,138. | 7,337,132. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 1,444,176. | 2,455,604. |
| or or | | | В | eginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 28,105,780. | 33,603,574. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 916,855. | 3,026,698. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 27,188,925. | 30,576,876. |
| Pa | art II | Signature Block | | | |
| Und | ler pena | lties of perjury, I declare that I have examined this return, including accompanying sched | ules and statem | ents, and to the best of my | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information o | f which preparer | r has any knowledge. | |
| | | | | | |
| Sig | n | Signature of officer | | Date | |
| Her | e e | PAMELA TATGE, DIRECTOR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | d | PATRICIA MCGOWAN PATRICIA MCGOW | AN 1 | L1/07/18 self-employ | |
| Pre | parer | Firm's name COHNREZNICK LLP | | Firm's EIN ▶ | 22-1478099 |
| Use | Only | Firm's address 350 CHURCH STREET, 12TH FLOOR | | | |
| | | HARTFORD, CT 06103 | | Phone no. 95 | 9-200-7000 |
| Ma | v the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Pa | rt III Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO SUPPORT DANCE CREATION, PRESENTATION, EDUCATION, AND PRESERVATION, |
| | AND TO ENGAGE AND DEEPEN PUBLIC APPRECIATION AND SUPPORT FOR DANCE. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 5,448,292. including grants of \$ 81,350.) (Revenue \$ 1,943,439.) |
| | PRESENTATION: |
| | THE PILLOW IS BEST KNOW FOR ITS INTERNATIONALLY ACCLAIMED DANCE |
| | FESTIVAL, WHICH LAST FOR TEN WEEKS EACH SUMMER AND INCLUDES |
| | PERFORMANCES IN THE HISTORIC TED SHAWN THEATRE (CAPACITY 616), DORIS |
| | DUKE THEATRE (CAPACITY 216), AND OUTDOOR INSIDE/OUT STAGE. DURING THE |
| | 2017 FESTIVAL, JACOB'S PILLOW PRESENTED 197 FREE AND TICKETED DANCE |
| | PERFORMANCES, INCLUDING THE FREE INSIDE/OUT PERFORMANCE SERIES WHICH |
| | SERVES A BROAD POPULATION. OTHER FREE PUBLIC PROGRAMS INCLUDE PRE- AND |
| | POST-SHOW TALKS MODERATING BY SCHOLARS-IN-RESIDENCE, HISTORIC TOURS OF |
| | THE GROUNDS, DANCE WORKSHOPS AND FAMILY CLASSES, EXHIBITS, AND |
| | COMMUNITY EVENTS. |
| | 465 200 |
| 4b | (Code:) (Expenses \$465,209. including grants of \$) (Revenue \$) (Revenue \$) |
| | THE SCHOOL AT JACOB'S PILLOW OFFERS PROGRAMS THAT PREPARE PROFESSIONAL |
| | DANCERS FOR A DANCE CAREER. IN 2017, 95 PROFESSIONAL-TRACK DANCERS FROM |
| | 23 DIFFERENT COUNTRIES TRAINED IN THE SCHOOL'S 4 CONSERVATORY-STYLE |
| | PROGRAMS. THE PILLOW'S INTERNSHIP AND FELLOWSHIP PROGRAMS PREPARED |
| | YOUNG PEOPLE FOR CAREERS IN ARTS ADMINISTRATION, DESIGN, VIDEO, AND |
| | PRODUCTION. AND THE PILLOW WORKED IN PUBLIC SCHOOLS, USING DANCE TO |
| | TEACH ACADEMIC MATERIAL, AND REACHED 300 PUBLIC SCHOOL STUDENTS AND 20 |
| | CLASSROOM TEACHERS, CHOREOGRAPHED IN 13 ACADEMIC SUBJECTS SUCH AS |
| | ENVIRONMENTAL SCIENCE, MATH, SPANISH, AND U.S. HISTORY, LED BY 5 PILLOW |
| | ARTIST EDUCATORS. |
| | |
| 40 | (Code:) (Expenses \$ |
| | COMMUNITY ENGAGEMENT: |
| | WITH GROWING COMMUNITY ENGAGEMENT PROGRAMS, THE PILLOW SERVES AS A |
| | PARTNER AND ACTIVE CITIZEN IN ITS LOCAL COMMUNITY. IN THE SUMMER OF |
| | 2017, COMMUNITY ENGAGEMENT PROGRAMS ACCOUNTED FOR 160 CLASSES, |
| | WORKSHOPS, AND SPECIAL EVENTS. THROUGH THESE INITIATIVES, APPROXIMATELY |
| | 6,300 REGIONAL COMMUNITY MEMBERS ENGAGED WITH DANCE IN A NEW WAY. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 6,435,451. |
| | Form 990 (2017) |

Form 990 (2017) JACOB'S PILLOW DANCE FESTIVAL INC Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|----------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i> | | | |
| | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| 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 | <u> </u> | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | <u> </u> | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | ٦, |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> X</u> |
| 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 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | v | |
| ۵. | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | v | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G. Part III | 19 | 990 | (2017) |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | _ |
|-----|--|-----|------|-------------|
| 20a | 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 | | |
| 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 |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | · | 23 | Х | |
| 04- | Schedule J | 23 | - 21 | |
| 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 | | | _ v |
| | Schedule K. If "No", go to line 25a | 24a | | <u> </u> |
| | 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 | | _ |
| | 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 | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| Ŭ | director, trustee, or direct or indirect owner? If "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 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | 21 | |
| 30 | , | 20 | | X |
| 0.4 | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | _ v |
| 00 | 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 | | | 7.7 |
| | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | l | | 37 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 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 | | <u> </u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 1 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | | | 000 | (0045) |

Form 990 (2017) JACOB'S PILLOW DANCE FESTIVAL INC Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | <u></u> | <u></u> | | |
|-----|--|-----------|-----------------------|---------|-----|--------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 110 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | |
| 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 | 155 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | O | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccoun | t)? | 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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep | ccount | s (FBAR). | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | nization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p | rovided to the payor? | 7a | X | |
| | | | | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | ired | | | 37 |
| | to file Form 8282? | i i | | 7с | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | • | | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | ? | 7e | | X |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly and provided funds. Did a deapy advised funds are provided funds. | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | 0 | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 30 | | |
| | 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 | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | • | 12a | | |
| | 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. | <u> </u> | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | | 14b | 200 | |
| | | | | Form | 990 | (2017) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
|-----|--|---------|-----|------|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 23 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 22 | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| _ | officer, director, trustee, or key employee? | 2 | | Х | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| Ū | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | |
| | | 5 6 | | X | | | | | | | |
| 6 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | | - 22 | | | | | | | |
| 7a | | 7. | | Х | | | | | | | |
| | more members of the governing body? | 7a | | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | Х | | | | | | | |
| _ | persons other than the governing body? | 7b | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | _ | 37 | | | | | | | | |
| a | The governing body? | 8a | X | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | 37 | | | | | | | |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such 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 | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | _X_ | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | |
| | in Schedule O how this was done | 12c | | X | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | X | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 16a | | 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 | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶MA, NY | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av | ailable |) | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | ial | | | | | | | | |
| | 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: | | | | | | | | | | |
| | MIRIAM KRONBERG - 413-243-9919 | | | | | | | | | | |
| | 358 GEORGE CARTER ROAD, BECKET, MA 01223 | | | | | | | | | | |

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

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

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

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

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

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

| (A) | (B) | Ju | | ((| C) | | | (D) | (E) | (F) |
|--------------------------|-------------------|-------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---|----------------------------|--------------------------|
| Name and Title | Average | (do | | Pos heck | | າ than ເ | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week (list any | | | | | T | 100) | from the | from related organizations | other |
| | hours for | ndividual trustee or director | | | | _ | | organization | (W-2/1099-MISC) | compensation from the |
| | related | 9e 0r | stee | | | Highest compensated employee | | (W-2/1099-MISC) | (** 2) 1000 (**100) | organization |
| | organizations | truste | al tru | | yee | n be | | (** =* ** = ** ** ** ** ** ** ** ** ** ** | | and related |
| | below | idual | Institutional trustee | ь | Key employee | est co | ler. | | | organizations |
| | line) | Indiv | Instii | Officer | Key | High | Former | | | |
| (1) ABBIE M. STRASSLER | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (2) AMBER JU | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (3) ANN L. HICKS | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) CAROLE BURACK | 0.20 | | | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (5) CHRISTOPHER JONES | 1.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (6) CLAUDIA PERLES | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) DIANE B. PATRICK | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) ELAINE WOLBROM | 0.70 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) FRANK A. CORDASCO | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) HUNTER K. RUNNETTE | 0.80 | | | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) JENNIE A. KASSANOFF | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) JOAN HUNTER | 0.80 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) KYLE ABRAHAM | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) MARK A. LEAVITT | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (15) MARK WILLIAMS | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | L | L | | 0. | 0. | 0. |
| (16) NANCY FELLER | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | L | L | L | 0. | 0. | 0. |
| (17) NANCY K. KALODNER | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | L | | | 0. | 0. | 0. |
| | | | | | | | | <u> </u> | | Form 990 (2017) |

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| | FIDDOM I | MI | ICE | ı F | ΕŊ | <u>, 1 T</u> | ٧A | и ис | 04-0002 | 993 Page U |
|---|---------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|--------------|--------------------------|-------------------|---------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Em | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Pos | | | nne. | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer ar | nd a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for related | or dir | g. | | | ated | | organization | (W-2/1099-MISC) | from the |
| | organizations | ıstee | truste | | a) | bens | | (W-2/1099-MISC) | | organization |
| | below | nal tru | ional | | ploye | t com | | | | and related organizations |
| | line) | Individual trustee or director | nstitutional trustee | Officer | key employee | Highest compensated employee | Former | | | organizations |
| (18) NEIL CHRISMAN | 0.20 | | _ | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (19) NURIT AMDUR | 0.80 | | | | | | | | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (20) PAMELA TATGE | 40.00 | | | | | | | | | |
| DIRECTOR | | Х | | X | | | | 213,435. | 0. | 14,505. |
| (21) RANNY COOPER | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) SARAH EUSTIS | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (23) SIENNA PATTI | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (24) STEPHEN M. WEINER | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (25) SYLVIA T. POPE | 0.40 | | | | | | | | | |
| OUTGOING TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (26) WENDY A. MCCAIN | 0.80 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | ightharpoons | 213,435. | 0. | 14,505. |
| c Total from continuation sheets to Part | VII, Section A | | | | | | ightharpoons | 231,429. | 0. | 15,363. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 444,864. | 0. | 29,868. |
| 2 Total number of individuals (including bu | t not limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100. | 000 of reportable | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------|---------------------|
| ALLEGRONE CONSTRUCTION | CONSTRUCTION | |
| 273 NEWELL STREET, PITTSFIELD, MA 01201 | SERVICES | 5,286,602. |
| MRM HOSPITALITY LLC | | |
| 115 ELM STREET, PITTSFIELD, MA 01201 | FOOD SERVICE | 400,271. |
| CLARK & GREEN ARCHITECTS | | |
| 113 BRIDGE ST, GREAT BARRINGTON, MA 01230 | ARCHITECTS | 130,202. |
| MIAMI CITY BALLET, 2200 LIBERTY AVE, MIAMI | | |
| BEACH, FL 33139-1641 | DANCE GROUP | 112,004. |
| MAX ULTIMATE FOOD | | |
| 101 HAMPDEN STREET, BOSTON, MA 02119 | FOOD SERVICE | 106,540. |
| 2 Total number of independent contractors (including but not limited to those liste | d above) who received more than | |
| \$100,000 of compensation from the organization > 6 | | |

SEE PART VII, SECTION A CONTINUATION SHEETS

| Form 990 JACOB'S | PILLOW I |)AN | ICE | F | 'ES | TI | VA | L INC | 04-600 | 2993 |
|--|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, 1 | Trustees, Key Er | nplo | yee | s, aı | nd F | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (c | heck | | | | ly) | compensation | compensation | amount of |
| | per | | | | | Γ | Ť. | from | from related | other |
| | week | | | | | ee /ee | | the | organizations | compensation |
| | (list any | ecto r | | | | old m | | organization | (W-2/1099-MISC) | from the |
| | hours for | rdire | , n | | | ted er | | (W-2/1099-MISC) | | organization |
| | related | stee o | uste | | | eusa | | | | and related |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | ividu | I i i | Officer | emp | hest | Former | | | |
| | line) | Ind | Inst | 0#! | Key | Hig | Fon | | | |
| (27) WENDY WHELAN | 0.40 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (28) JAMES GALLERANI | 40.00 | | | | | | | | | |
| DIRECTOR OF FINANCE THRU 2/17 | | 1 | | х | | | | 1,288. | 0. | 0. |
| (29) MIRIAM KRONBERG | 40.00 | | | | | | | | • | |
| DIRECTOR OF FINANCE | | 1 | | х | | | | 75,721. | 0. | 0. |
| (30) ANDREA SHOLLER | 40.00 | | \vdash | | | | | 13,121 | <u> </u> | |
| MANAGING DIRECTOR | 40.00 | 1 | | | | x | | 154,420. | 0. | 15,363. |
| MANAGING DIRECTOR | + | | | | | ^ | | 134,420. | 0. | 13,303 |
| | - | 1 | | | | | | | | |
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| - | 1 | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 231,429. | | 15,363 |
| Total to Fait VII, Section A, IIIle 10 | | | | | | | | 1 231,427. | | 10,000 |

Form 990 (2017) JACOB'S Part VIII Statement of Revenue

| | | Check if Schedule O conta | ins a response | or note to any line | e in this Part VIII | | | |
|--|------|---|----------------|----------------------|---------------------|-------------------------|--------------------|---------------------------------|
| | | Griden il Geriodale G Gerio | and a respense | or more to any min | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or | Unrelated business | Revenuè excluded from tax under |
| | | | | | | exempt function revenue | revenue | sections 512 - 514 |
| χy | 1 a | Federated campaigns | 1a | | | | | 012 011 |
| ant | b | Membership dues | | | | | | |
| p, g | c | Fundraising events | | 144,950. | | | | |
| ifts | d | Related organizations | | , | | | | |
| nils | е | Government grants (contribution | | 225,000. | | | | |
| Sir | f | All other contributions, gifts, grant | | · | | | | |
| ber her | | similar amounts not included abov | | 5,766,295. | | | | |
| 텵 | q | Noncash contributions included in lines 1 | | 338,874. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | | 6,136,245. | | | |
| | | | | Business Code | | | | |
| Ð | 2 a | DANCE FESTIVAL | | 711120 | 2,245,111. | 2,245,111. | | |
| , vic | b | DANCE SCHOOL | | 611600 | 251,587. | 251,587. | | |
| Ser | С | TOUR PRODUCTION | | 711120 | 11,865. | 11,865. | | |
| am | d | 1 | | | | | | |
| Program Service Revenue | е | | | | | | | |
| Ā | f | All other program service rever | nue | | | | | |
| | g | Total. Add lines 2a-2f | | | 2,508,563. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | > | 455,065. | | | 455,065. |
| | 4 | Income from investment of tax | -exempt bond | proceeds > | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | 24,295 | _ | | | | |
| | | Less: rental expenses | 0 | ` | | | | |
| | | Rental income or (loss) | 24,295 | • | | | | |
| | | Net rental income or (loss) | | | 24,295. | | | 24,295. |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | _ | assets other than inventory | 2,269,524 | • | | | | |
| | b | Less: cost or other basis | 1 075 007 | | | | | |
| | | and sales expenses | 1,875,827 | • | | | | |
| | | Gain or (loss) | | | 393,697. | | | 393,697. |
| | | Net gain or (loss) | | ···· | 3,0,0,7. | | | 333,037. |
| ne | оа | Gross income from fundraising including \$ 144, | • | | | | | |
| Other Revenu | | contributions reported on line | | | | | | |
| Re | | Part IV, line 18 | | 304,350. | | | | |
| her | h | Less: direct expenses | | 188,442. | | | | |
| ŏ | | : Net income or (loss) from fund | | , , | 115,908. | | | 115,908. |
| | | Gross income from gaming ac | | | · | | | |
| | | Part IV, line 19 | | a | | | | |
| | b | Less: direct expenses | | ь | | | | |
| | | Net income or (loss) from gami | | | | | | |
| | | Gross sales of inventory, less r | | | | | | |
| | | and allowances | | 188,757. | | | | |
| | b | Less: cost of goods sold | | 103,718. | | | | |
| | С | Net income or (loss) from sales | of inventory | | 85,039. | 85,039. | | |
| | | Miscellaneous Revenue |) | Business Code | | | | |
| | 11 a | ADVERTISING INCOME | | 541800 | 73,924. | 73,924. | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 73,924. | 0.55= ==5 | - | 200 255 |
| | 12 | Total revenue. See instructions. | | | 9,792,736. | 2,667,526. | 0 | . 988,965. |

Part IX | Statement of Functional Expenses

| Оо і | not include amounts reported on lines 6b, | (A) Total expenses | his Part IX(B) Program service | (C) Management and | (D) Fundraising |
|---|---|-----------------------|--------------------------------|-----------------------|-----------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 04 050 | | | |
| | individuals. See Part IV, line 22 | 81,350. | 81,350. | | |
| 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, | 204 049 | 242 050 | 15 247 | 15 710 |
| _ | trustees, and key employees | 304,948. | 243,959. | 15,247. | 45,742 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 2,032,898. | 1,626,313. | 101,646. | 304,939 |
| 7 | Other salaries and wages | 4,034,030. | 1,040,313. | 101,040. | 304,333 |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 206,656. | 165,325. | 10,333. | 30,998 |
| 9) | Other employee benefits | 271,226. | 216,981. | 13,561. | 40,684 |
| , I | Payroll taxes | 271,220. | 210,701. | 13,301. | ±0,00 |
| | Fees for services (non-employees): | | | | |
| a b | Management | 11,917. | 2,979. | 5,959. | 2,97 |
| | Legal | 73,804. | 18,451. | 36,902. | 18,45 |
| | Lobbying | 75,004. | 10, 151. | 30,302. | 10,45. |
| e | Professional fundraising services. See Part IV, line 17 | 117,000. | | | 117,000 |
| f | Investment management fees | 227,0001 | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| Ð | column (A) amount, list line 11g expenses on Sch O.) | 1,872,207. | 1,872,207. | | |
| 2 | Advertising and promotion | 37,533. | 37,533. | | |
| - 3 | Office expenses | 198,867. | 194,894. | 3,973. | |
| 1 | Information technology | 54,482. | 43,586. | 2,724. | 8,172 |
| 5 | Royalties | • | , | , | • |
| 6 | Occupancy | 164,096. | 154,596. | 9,500. | |
| , | Travel | 213,753. | 206,704. | 7,049. | |
| 3 | Payments of travel or entertainment expenses | • | , | , | |
| | for any federal, state, or local public officials | | | | |
|) | Conferences, conventions, and meetings | | | | |
|) | Interest | 44,510. | 44,510. | | |
| | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 468,248. | 374,599. | 23,412. | 70,23 |
| } | Insurance | 109,177. | 88,956. | 5,560. | 14,663 |
| 1 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) | 492,434. | 492,434. | | |
| a L | PRODUCTION COSTS EQUIPMENT RENTAL | 230,137. | 230,137. | | |
| b | LICENSES AND FEES | 160,636. | 151,187. | 9,449. | |
| S. | REPAIRS AND MAINTENANCE | 81,311. | 81,311. | 9,443. | |
| d | | 109,942. | 107,439. | 2,503. | |
| е | All other expenses | 7,337,132. | 6,435,451. | 247,818. | 653,863 |
| <u>. </u> | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization | 1,551,154. | 0,400,4010 | 271,010. | 000,00 |
| 6 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Pai | πX | Dalance Sneet | | | | | |
|-----------------------------|-----|---|----------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | | | | | | | • |
| | 1 | Cash - non-interest-bearing | | | 212,850. | 1 | 774,168. |
| | 2 | Savings and temporary cash investments | | | 1,208,828. | 2 | 1,324,349. |
| | 3 | , | | | 4,297,014. | 3 | 2,951,436. |
| | 4 | Accounts receivable, net | | 4 | 108,329. | | |
| | 5 | Loans and other receivables from current and fo | | ' ' ' I | | | |
| | | trustees, key employees, and highest compensa | | · | | | |
| | _ | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | | - | |
| Assets | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 20 075 | 7 | 00 767 |
| ⋖ | 8 | Inventories for sale or use | | | 30,875. | 8 | 29,767. 111,954. |
| | 9 | | | | 67,889. | 9 | 111,954. |
| | 10a | Land, buildings, and equipment: cost or other | | 00 000 004 | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 20,822,394. | 0 170 060 | | 12 416 062 |
| | | | | | 8,179,862. | 10c | 13,416,863. |
| | 11 | Investments - publicly traded securities | | | 14 100 460 | 11 | 14 006 700 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 14,108,462. | 12 | 14,886,708. |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 00 105 500 | 15 | 22 602 574 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 28,105,780. | 16 | 33,603,574. |
| | 17 | Accounts payable and accrued expenses | 890,793. | 17 | 302,636. | | |
| | 18 | Grants payable | | | 26 062 | 18 | 21 001 |
| | 19 | Deferred revenue | | | 26,062. | 19 | 31,221. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| es | 22 | Loans and other payables to current and former | | | | | |
| ∄ | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | 2 (02 041 |
| _ | 23 | Secured mortgages and notes payable to unrela | | · · · · · · · · - | | 23 | 2,692,841. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | | Г | 016 055 | 25 | 2 026 609 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 916,855. | 26 | 3,026,698. |
| | | Organizations that follow SFAS 117 (ASC 958 | | k nere 🕨 🔼 and | | | |
| Ses | 07 | complete lines 27 through 29, and lines 33 and 34. | | | 11,877,299. | 27 | 13,343,084. |
| au | 27 | Unrestricted net assets | | | 10,143,306. | 28 | 9,898,805. |
| Bal | 28 | Temporarily restricted net assets | | | 5,168,320. | | 7,334,987. |
| pu | 29 | | | N abadahara N | 3,100,320. | 29 | 7,334,307. |
| Ī | | Organizations that do not follow SFAS 117 (A | SC 958 | s), check here | | | |
| 3 O. | | and complete lines 30 through 34. | | | | 00 | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 27 100 025 | 32 | 30 576 07 <i>6</i> |
| _ | 33 | Total net assets or fund balances | | | 27,188,925. | 33 | 30,576,876. |
| | 34 | Total liabilities and net assets/fund balances | | | 28,105,780. | 34 | 33,603,574. |

| Pa | T XI Reconciliation of Net Assets | | | | | |
|----|---|---------|-----|------------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9 | <u>,79</u> | 2,7 | <u> 36.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7 | ,33 | 7,1 | 32. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | ,45 | 5,6 | 04. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27 | ,18 | 8,9 | 25. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 93 | 2,3 | 47. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 30 | ,57 | 6,8 | 76. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | 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? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Auc | dit | | | |
| | Act and OMB Circular A-133? | | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | it | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> | | 3b | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JACOB'S PILLOW DANCE FESTIVAL INC

Employer identification number

04-6002993 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

Part II 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.)

| Sec | Section A. Public Support | | | | | | | |
|------|--|----------------------|------------------------|---------------------|---------------------|---------------------|--------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 2659442. | 3552680. | 232,516. | 5275542. | 6136245. | 17856425. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2659442. | 3552680. | 232,516. | 5275542. | 6136245. | 17856425. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 3769144. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 14087281. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► 📗 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 7 | Amounts from line 4 | 2659442. | 3552680. | 232,516. | 5275542. | 6136245. | 17856425. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 379,118. | 351,024. | 278,140. | 296,535. | 479,360. | 1784177. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 332,769. | 218,418. | 300,000. | 351,832. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21221895. | |
| | Gross receipts from related activities, | • | , | | | | ,776,502. | |
| 13 | First five years. If the Form 990 is for | • | | | • | . , . , | | |
| 0 | organization, check this box and stop here | | | | | | | |
| | tion C. Computation of Publi | | | | | | <i>CC</i> 20 | |
| | Public support percentage for 2017 (li | | | | | 14 | 66.38 % | |
| | Public support percentage from 2016 | | | | | 15 | 80.33 % | |
| 16a | 6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| | | | | | | | | |
| D | b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| 47- | and stop here. The organization qualifies as a publicly supported organization 7.3 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 163, or 16b, and line 14 is 10% or more | | | | | | | |
| 1/a | 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| L- | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| a | | _ | | | | | | |
| | more, and if the organization meets the | | • | | • | | | |
| 10 | organization meets the "facts-and-circ | | - | • | | | . | |
| ΙŐ | Private foundation. If the organization | n did fiot check a t | DUX UIT IIITIE 13, 162 | i, 100, 17a, 0r 17b | , check this box ar | iu see instructions | · 🖊 🔼 | |

Schedule A (Form 990 or 990-EZ) 2017

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.)

| 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | Sec | ction A. Public Support | | | | | | |
|---|------|---|----------|-----------------|-------------------|----------|----------|-----------|
| membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, merchandise sold or septical on the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts from the services and secrete from other than discussified persons to deal or the services of the secrete from other than discussified persons to the services of the services o | Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| include any "unusual grants.") 2 Gross receipts from achinissions, merchandles sold or services perany activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt and the part of the organization's tax-exempt and either part to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Anounts included on lines 1, 2, and 3 received from disqualified persons b answard included on lines 1, 2, and 3 received from disqualified persons b answard included on lines 1, 2, and 3 received from disqualified persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded to grade of \$5,000 or 100 file are not on the second or exceeded or securities loans, rents, royatties, and increme from similar sources and on come from interest, dividends, payments received on securities loans, rents, royatties, and increme from similar sources are not seen from similar sources and persons from similar sources are not seen from similar sources and on come from similar sources are not seen from similar sources and on come from similar sources are not seen from similar sources and on come from similar sources are not seen from similar | 1 | Gifts, grants, contributions, and | | | | | | |
| 2. Gross receipts from admissions, merchandis sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf that the the organization without change 6. Total. Add lines 1 through 5. Total way governmental unit to the organization without change 6. Total. Add lines 1 through 5. A amounts included on lines 1, 2, and 3 received from disqualified persons but acceived from the third disqualified persons but acceived from disqualified persons but acceived from disqualified persons but acceived from the third disqualified persons but acceived from the from the from the second to the second but acceived from the from the second to the | | membership fees received. (Do not | | | | | | |
| merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5 | | include any "unusual grants.") | | | | | | |
| formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 10 Area included on lines 1, 2, and 3 received from disqualified persons lines of the second of | 2 | Gross receipts from admissions, | | | | | | |
| any activity that is related to the organization's back-empt purpose organization's back-empt purpose are not an unrelated trade or bus iness under section 513 4 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of the organization without charge of Tax Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons the second the greate of 5,000 or 1% of the amount on like 130 or 1% of the | | • | | | | | | |
| organization's tax-exempt purpose 3 Gross recipits from activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2 and 3 received from disqualified persons b Amounts included on lines 1 and 1 received from the security of | | * | | | | | | |
| are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received when the disqualified persons b Amounts included on lines 2 and 3 received when the disqualified persons b Amounts included on lines 3 and 3 received when the disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 13 for the year exceed the greater of \$5.00 or 1% of the amount on line 13 for the year exceed the greater of \$5.00 or 1% of the amount on line 13 for the year exceed the greater of \$5.00 or 1% of the amount on line 13 for the year exceeded the greater of \$5.00 or 1% of the amount on line 13 for the year exceeded the greater of \$5.00 or 1% of the amount on line 13 for the year exceeded the greater of \$5.00 or 1% of the 18 for 18 | | | | | | | | |
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| or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 9 | 40 | | | | | | | |
| assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | 12 | | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | | assets (Explain in Part VI.) | | | | | | |
| Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | | • | | | | | | |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | 14 | • | · · | | | • | | |
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9 | 800 | | | | | | | |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 | | | | | al (f)\ | | 45 | 0/ |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) | | | | | | | | <u>%</u> |
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 9 | | | | | | | 16 | <u>%</u> |
| | | • | | | 20 12 column (fl) | | 47 | 04 |
| 49 Investment income percentage from 9046 Cabadula A. Dart III. line 17 | | | | | | | 18 | <u>%</u> |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | | | | | | | | 7 is not |
| | ıya | | | | | | | |
| more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | J. | | | | | | | |
| b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | ū | | | | | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | 20 | | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|------|-----|----|
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| 10b | | |

| Pai | Supporting Organizations (continued) | | | |
|----------|--|----------|----------|------|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | I | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | _ | | |
| <u> </u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| 800 | the supported organization(s). | 1 | | |
| Sec | nion b. All Type III Supporting Organizations | | V | NI - |
| | Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the | | 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 | 4 | | |
| • | 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 | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| 3 | | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 3 | | |
| Sec | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| · a | | | | |
| b | | | | |
| c | | ctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | 0110113) | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | За | | |
| b | | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|------|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on I | Nov. 20, 1970 (explain in F | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must of | complete Sec | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3 | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | 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 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by .035 | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | d Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

| Par | I v Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | inizations _(continued) | |
|----------|---|------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exer | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1_ | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| <u>a</u> | | | | |
| <u>b</u> | From 2013 | | | |
| с | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2017 distributable amount | | | |
| i_ | Carryover from 2012 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 88 | Breakdown of line 7: | | | |
| <u>a</u> | Excess from 2013 | | | |
| <u>b</u> | Excess from 2014 | | | |
| <u> </u> | Excess from 2015 | | | |
| <u>d</u> | Excess from 2016 | | | |
| е | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER 2013 AMOUNT: \$ 3,438. 2014 AMOUNT: \$ 47,712. 2016 AMOUNT: \$ 90,734. 2017 AMOUNT: \$ 73,924. **FUNDRAISING** 2013 AMOUNT: \$ 329,331. 170,706. 2014 AMOUNT: \$ 2016 AMOUNT: \$ 261,098. 2017 AMOUNT: \$ 304,350. DEBT FORGIVENESS 2015 AMOUNT: \$ 300,000.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JACOB'S PILLOW DANCE FESTIVAL INC

Employer identification number 04-6002993

Schedule D (Form 990) 2017

| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Par | Organizations Maintaining Donor Advised | l Funds or Other Similar Funds | or Accounts. Complete if the |
|---|------|--|--|--|
| 1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements is located by a visit of the National Register Number of states where property subject to conservation easements in location and easements in located by a visit of the presentation of the conservation easements in the last of the National Register Number of states where property subject to conservation easements in located by a visit of the presentation of the conservation easements in located by a visit of the last of the property subject to conservation easements in located by a visit of the property subject to conservation easements in located by a visit | | organization answered "Yes" on Form 990, Part IV, line | e 6. | |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all orders and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pans pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total arceage restricted by conservation easements 4 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 5 Number of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year? 4 Number of states where property subject to conservation easement is located Positions, and enforcing conservation easements during the year Position and value and | | | (a) Donor advised funds | (b) Funds and other accounts |
| 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 writing that the assets held in donor advisor during the tree organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total acreage restricted by conservation easements 5 Number of conservation easements on a certified historic structure included in (a) 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of states where property subject to conservation easement is located 2 Number of conservation easements reported on line 2(d) above satisfy the requirements of section 170(f)(4)(E)(i) 3 Number of the Tax Yea (and the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Number of transferred in the conservation easements in this revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in this revenue and expenses statement, and ba | 1 | Total number at end of year | | |
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| ▶ \$ | _ | <u> </u> | | |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | 7 | | ing of violations, and enforcing conserva | ation easements during the year |
| and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | _ | · | | (A.) (A.) (D.) (3) |
| In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | 8 | | | |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | • | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | 9 | - | • | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 S | | | on's financial statements that describes | the organization's accounting for |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 S | Par | t III Organizations Maintaining Collections of | Art Historical Treasures or O | ther Similar Assets |
| If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | . u. | | | and difficult / 1000 to |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | 10 | | | mont and balance sheet works of art |
| the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | ıa | | • | · |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | | | ance of public service, provide, in Fart Alli, |
| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | h | | | t and balance sheet works of art, historical |
| relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | b | | *** | |
| (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | | ucation, or research in furtherance of pu | iblic service, provide the following amounts |
| (ii) Assets included in Form 990, Part X | | - | | • • |
| | | | | |
| | 2 | | | |
| , , , , , , , , , , , , , , , , , , , | 2 | | | ai gaiii, provide |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | _ | | | • \$ |
| a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$ | | | | |

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

| Par | t III Organizations Maintaining C | ollections of Art | i, Historical Tre | asures, or | Other | Simila | r Assets | (conti | nued) | |
|---------|---|-------------------------|--------------------------|----------------|------------|-------------|-----------------|----------------|------------|----------|
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that | are a sig | gnificant u | se of its c | ollection | items | 3 |
| | (check all that apply): | | | | | | | | | |
| а | | | | | | | | | | |
| b | e Other | | | | | | | | | |
| С | X Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | ne organizatio | n's exem | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, historical treas | sures, or othe | r similar | assets | | _ | | _ |
| | to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No | | | | | | | | | |
| Par | t IV Escrow and Custodial Arrang | | ete if the organizatio | n answered " | Yes" on | Form 990 |), Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | | | ٦., | | ٦ |
| _ | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | lowing table: | | | | | | | |
| | De allembre de la lacción | | | | | 4- | | Amoun | τ | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| _ | Distributions during the year | | | | | | | | | |
| f 20 | Ending balance | | | | | 1f | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | ιy? | | _ res | | _ NO |
| Par | | | | | | 0 | | | | |
| | 2 2 Complete | (a) Current year | (b) Prior year | (c) Two year | | | ears back | (e) Four | r vears | hack |
| 1a | Beginning of year balance | 10,789,426. | 10,091,529. | | | | 08,189. | | | 873. |
| | Contributions | 750,000. | 584,516. | | , | | , | | | 500. |
| c | Net investment earnings, gains, and losses | 2,728,622. | 563,381. | | 812. | 1 | 07,152. | 1 | | 816. |
| | Grants or scholarships | , , , | , - | ' | <i>'</i> | | , - | | , , | |
| | Other expenditures for facilities | | | | | | | | | |
| • | and programs | | | | | | | | 350, | 000. |
| f | Administrative expenses | 566,881. | 450,000. | | | | | | | |
| g | End of year balance | 13,701,167. | 10,789,426. | 10,091 | ,529. | 13,5 | 15,341. | 13 | ,408, | 189. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a) |) held as: | • | | | | | |
| а | Board designated or quasi-endowment | 3.57 | % | , | | | | | | |
| b | Permanent endowment ► 53.53 | % | _ | | | | | | | |
| С | Temporarily restricted endowment ▶ 4: | 2.9 0 % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that are held ar | nd administer | ed for the | e organiza | ation | | | |
| | by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | 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 of | ` ' | or other | | ccumulate | | (d) Boo | k valu | е |
| | basis (investment) basis (other) depreciation | | | | | | | | | |
| 1a | a Land 814,298 814,298 | | | | | | | | | |
| b | Buildings | | 17,97 | 7,383. | 5,5 | 515,3 | <u> 62. 1</u> | 2,46 | ∠, U | <u> </u> |
| С | Leasehold improvements | | 1 00 | - 070 | 1 5 | 771 4 | 77 | 1 2 | 0 6 | 4.2 |
| | Equipment | | | 5,070. | | 774,4 | | | | 43. |
| | Other | • | | 5,643. | | L15,7 | | | <u>9,9</u> | |
| rota | otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Schodule D (Form 990) 2017 | | | | | | | | | |

Schedule D (Form 990) 2017

| D - 1 \/II | | A II A | | |
|------------|-----------------|----------------------|---|--------|
| Schedule D | (Form 990) 2017 | JACOB | 5 | PITTOM |

| Part VII | Investments - Other Securitie | | IV line 11h Cae Farre 000 | Dart V. line 10 | |
|---------------|---|-------------------------|------------------------------|-------------------------|------------------------|
| (a) Descrip | Complete if the organization answered tion of security or category (including name of se | | | valuation: Cost or end | I-of-vear market value |
| | 1.1.2.22 | | (=) | | , |
| . , | hald acuity interests | | | | |
| (3) Other | riela equity interests | | | | |
| | TUAL FUNDS | 14,511,6 | 517. END-OF-Y | EAR MARKET | VALUE |
| | FSHORE INVESTMENT FU | | | EAR MARKET | |
| (C) | | , | | | - |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 1 | 2.) 14,886,7 | 708. | | |
| Part VIII | Investments - Program Relate | | • | | |
| | Complete if the organization answered | "Yes" on Form 990, Part | | | |
| | (a) Description of investment | (b) Book valu | e (c) Method of | valuation: Cost or end | l-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 1 | 3.) | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answered | | IV, line 11d. See Form 990, | Part X, line 15. | |
| | | (a) Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. Other Liabilities. | <u>(B) line 15.)</u> | | > | |
| raitA | | | N/ line 44 e eu 44£ Cee Feur | - 000 Dart V line 05 | |
| | Complete if the organization answered (a) Description of liability | | (b) Book value | n 990, Part X, line 25. | |
| 1. | | | (b) Book value | _ | |
| | leral income taxes | | | - | |
| (2) | | | | - | |
| (3) | | | | | |
| (4) | | | | - | |
| (5) | | | | | |
| (6) | | | + | | |
| (7) | | | + | | |
| (8) | | | | | |
| (9) | #1 | (D) (', O5') | | | |
| ı otal. (Colu | <u>ımn (b) must equal Form 990, Part X, col.</u> | (B) line 25.) ▶ | <u> </u> | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

| Par | Taxi Reconciliation of Revenue per Audited Financial Statemen | ts With | Revenue per Re | turn. | |
|---------|--|------------|------------------|----------|-------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | 1 1 | 10 000 001 |
| 1 | | | | 1 | 10,828,801. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 . 1 | 022 247 | | |
| a | Net unrealized gains (losses) on investments | 2a | 932,347. | | |
| b | Donated services and use of facilities | 2b | | | |
| C | Recoveries of prior year grants | 1 1 | | | |
| d | Other (Describe in Part XIII.) | | | 0- | 032 347 |
| e | Add lines 2a through 2d | | | 2e 3 | 932,347. 9,896,454. |
| 3 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 3 | 7,070,434. |
| 4 a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | -103,718. | 1 | |
| C | | | | 4c | -103.718. |
| | | | | | -103,718. 9,792,736. |
| Pai | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme | nts With | n Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | • | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,540,293. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 203,161. | | |
| е | Add lines 2a through 2d | | | 2e | 203,161. 7,337,132. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,337,132. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 7,337,132. |
| | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | | | ; Part) | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit | onal infor | mation. | | |
| | | | | | |
| DAI | RT III, LINE 1A: | | | | |
| PAI | XI III, DINE IA: | | | | |
| тнт | E ORGANIZATION'S COLLECTION HAS NOT BEEN CA | рттат. | TZED OR RED | ОВТ | איי אד מא |
| | ORGANIZATION D CODEDCTION THAD NOT BEEN CA. | LIIAD | IZED ON NEE | OICI | DD IN IIID |
| STZ | ATEMENTS OF FINANCIAL POSITION. EACH OF TH | e tre | MS TS CATAL | OGE | D. |
| <u></u> | | | | <u> </u> | <u> </u> |
| PRE | ESERVED AND CARED FOR. COSTS OF PURCHASING | COLLE | CTION ITEMS | AR | E |
| | | | | | |
| REC | COGNIZED AS AN EXPENSE IN THE YEAR OF ACQUI | SITIO | N; PROCEEDS | FR | OM SALE |
| | ~ | | • | | |
| ANI | INSURANCE RECOVERIES ARE RECOGNIZED AS RE | VENUE | IN THE YEA | R O | F SALE OR |
| | | | | | |
| LOS | SS. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| | | | | | |
| THE | E ORGANIZATION HAS NO UNRECOGNIZED TAX BENE | FITS . | AT DECEMBER | 31 | , 2017. |
| | | | | | |

Schedule D (Form 990) 2017

THE ORGANIZATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2014

ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

-103,718. COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 103,718. FUNDRAISING EXPENSE 99,443. TOTAL TO SCHEDULE D, PART XII, LINE 2D 203,161.

Schedule D (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

JACOB'S PILLOW DANCE FESTIVAL INC

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Employer identification number 04-6002993

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

| a X Mail solicitations | e X Solicita | ation of | non-g | overnment grants | | |
|--|---|----------------|--------------|-----------------------|-------------------------------------|-------------------------------------|
| b X Internet and email solicitations | | | - | - | | |
| c X Phone solicitations | g X Specia | | - | - | | |
| d In-person solicitations | 3 | | | | | |
| 2 a Did the organization have a written of | or oral agreement with any individua | l (includ | lina of | ficers directors trus | tees or | |
| key employees listed in Form 990, F | | | | | Yes | X No |
| b If "Yes," list the 10 highest paid indi | | | | | | |
| compensated at least \$5,000 by the | | Jani to | agreei | nents under which ti | ne fulluraiser is to be | • |
| | 1 | | | | (-) (| |
| (i) Name and address of individual | (**) A -4*: ** | (iii) fundr | Did aiser | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid |
| or entity (fundraiser) | (ii) Activity | have con | trol of | from activity | fundraiser | to (or retained by) organization |
| | | contribu | utions? | | listed in col. (i) | organization |
| SHELLEY GROSSBERG - 301 WEST | | Yes | No | | | |
| 108 ST 2E, NEW YORK, NY | PROFESSIONAL FUNDRAISING | | Х | 0. | 117,000. | -117,000. |
| | | | | | | |
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| | | | <u> </u> | | 117,000. | -117,000. |
| 3 List all states in which the organization | on is registered or licensed to solicit | contrib | utions | or has been notified | it is exempt from req | gistration |
| or licensing. | | | | | | |
| MA | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

04-6002993 Page 2 Schedule G (Form 990 or 990-EZ) 2017 JACOB'S PILLOW DANCE FESTIVAL INC Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 449,300. 449,300. 1 Gross receipts 144,950. 2 Less: Contributions 144,950. 304,350. **3** Gross income (line 1 minus line 2) 304,350. 4 Cash prizes 5 Noncash prizes 5,883. 5,883. Direct Expenses 15,036. 15,036. 6 Rent/facility costs 106,440. 106,440. 7 Food and beverages <u>47,7</u>69. 47,769. 8 Entertainment 13,314. 13,314. Other direct expenses 188,442. **10** Direct expense summary. Add lines 4 through 9 in column (d) 115,908. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

| Schedule G (Form 990 or 990-EZ) 2017 JACOB S PILLOW DANCE FESTIVAL INC 04- | 6002993 Pag | ge 3 |
|---|----------------------|-------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| to administer charitable gaming? | Yes | No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name ▶ | | |
| Address | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No |
| b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| of gaming revenue retained by the third party > \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| Name N | | |
| Name ▶ | | |
| Address | | — |
| 16 Gaming manager information: | | |
| Name ▶ | | |
| Gaming manager compensation \$ | | |
| Description of services provided | | |
| | | |
| | | |
| | | |
| Director/officer Employee Independent contractor | | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| retain the state gaming license? | Yes | No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | — — | |
| organization's own exempt activities during the tax year > \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, | ines 9 9h 10h 15h | |
| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | 1100 0, 00, 100, 100 | , |
| | | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER | S: | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: SHELLEY GROSSBERG | | |
| (I) ADDRESS OF FUNDRAISER: 301 WEST 108 ST 2E, NEW YORK, NY 100 | 25 | |
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| Schedule G | G (Form 990 or 990-EZ) | JACOB'S | PILLOW | DANCE | FESTIVAL | INC | 04-6002993 | Page 4 |
|------------|---|---------------------------|--------|-------|----------|-----|------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Inform | mation _{(contin} | ued) | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2017
Open to Public

Inspection

Schedule I (Form 990) (2017)

| Name of the organization JACOB'S P | ILLOW DAN | CE FESTIVAL | INC | | | | Employer identification number $04-6002993$ |
|---|----------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | | - | | | | | |
| Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro | stance? | | | | - | stance, and the selecti | |
| Part II Grants and Other Assistance to | | | | | anization answered "\ | es" on Form 990, Par | t IV, line 21, for any |
| recipient that received more than S | \$5,000. Part II can | be duplicated if additi | onal space is need | ed. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations | - | | e line 1 table | <u> </u> | <u>I</u> | | |

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

| (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 |
|---|---------------------------------|--------------------------|---------------------------------------|---|--|
| ED BASED ASSISTANCE | 68 | 80,100. | | INVOICING; SCHOLARSHIP IS DEDUCTED FROM TUITION | TUITION WAIVER FOR PORTION OF STANDARD TUITION AMOUNT |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| rt IV Supplemental Information. Provide the informa | tion required in Part I lin | e 2: Part III. column | (b): and any other ac | dditional information | |
| Cappionional mornadom Provide the milenta | morroquilou irri dici, iir | <u> </u> | (S), and any other ac | aditional information. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

JACOB'S PILLOW DANCE FESTIVAL INC

Employer identification number 04-6002993

Schedule J (Form 990) 2017

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

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

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-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | | | |
|--------------------|--------------------------|-------------------------------------|---|-----------------|-----------------------------------|-------------------------|--|----|--|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Derients | (6)(1)-(0) | in column (B) reported as deferred on prior Form 990 | | |
| (1) PAMELA TATGE | (i) | 213,435. | 0. | 0. | 0. | 14,751. | 228,186. | 0. | |
| DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) ANDREA SHOLLER | (i) | 154,420. | 0. | 0. | 0. | 15,514. | 169,934. | 0. | |
| MANAGING DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (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. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

JACOB'S PILLOW DANCE FESTIVAL INC

Employer identification number 04-6002993

| Pai | rt I Types of Property | | | | | | |
|-----|---|---------------------|----------------------------|--|---|--------|----------|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of determin noncash contribution ar | • | |
| | | арріісаріе | | Form 990, Part VIII, line 1g | Horicasii contribution ai | Hounts | <u> </u> |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 10 | 338,874. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiza | | • | 1 1 | | | |
| | for which the organization completed Form 828 | 3, Part IV, [| Donee Acknowledg | gement 29 | | | T |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | |
| | must hold for at least three years from the date | | l contribution, and | which isn't required to be us | | | 37 |
| | exempt purposes for the entire holding period? | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | - P Ma - A | | - C | · 0 | | v |
| 31 | Does the organization have a gift acceptance po | | | | ions? 31 | | X |
| 32a | Does the organization hire or use third parties o | | _ | | | | X |
| L | contributions? | | | | 32a | | \vdash |
| | If "Yes," describe in Part II. | .l. 1000 /-\ f- | o tumo of access | , for which column (a) is also | also d | | |
| 33 | If the organization didn't report an amount in co | oiumn (c) foi | a type of property | rior which column (a) is chec | жеа, | | |
| | describe in Part II. | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

JACOB'S PILLOW DANCE FESTIVAL INC

Employer identification number 04-6002993

| OACOD D I I BBOW DANCE FEDITIVAL INC |
|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| PUBLIC APPRECIATION AND SUPPORT FOR DANCE. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. |
| |
| FORM 990, PART VI, SECTION B, LINE 12: |
| THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF |
| INTEREST POLICY THROUGH WRITTEN ANNUAL DISCLOSURE FORMS MONITORED BY THE |
| CHAIRMAN OF THE BOARD. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| A COMPENSATION SETTING COMMITTEE OF MEMBERS OF THE BOARD OF DIRECTORS, |
| APPOINTED BY THE CHAIRMAN OF THE BOARD, OBTAINS AND DOCUMENTS AT LEAST |
| THREE COMPARABLES. THE DECISION ON COMPENSATION IS GUIDED BY THE BOARD'S |
| POLICY ON THIS PROCESS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |
| |
| FORM 990, PART IX, LINE 11G, OTHER FEES: |
| OUTSIDE SERVICES (1099) - ARTISTS: |
| PROGRAM SERVICE EXPENSES 399,465. |
| MANAGEMENT AND GENERAL EXPENSES 0. |
| FUNDRAISING EXPENSES 0. |
| |

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2017)

| Name of the organization JACOB'S PILLOW DANCE FESTIVAL INC | Employer identification number 04-600293 |
|---|--|
| TOTAL EXPENSES | 399,465. |
| OTHER PROFESSIONAL FEES - ARTISTS: | |
| PROGRAM SERVICE EXPENSES | |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,472,742. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,872,207. |
| FORM 990, PART XII, LINE 2C | |
| THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVER | RSIGHT OR |
| SELECTION PROCESS DURING THE TAX YEAR. | |
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | En | | | Enter file | ter filer's identifying number | |
|--|---|-----------------------|---|-------------|--|---------------|
| Type or print | Name of exempt organization or other filer, see instructions. | | | Employer | nployer identification number (EIN) or | |
| • | JACOB'S PILLOW DANCE FESTIVAL INC | | | | 04-6002993 | |
| File by the due date for filing your return. See instructions. | for Number, street, and room or suite no. If a P.O. box, see instructions. Soc. 358 GEORGE CARTER ROAD | | | Social se | cial security number (SSN) | |
| | City, town or post office, state, and ZIP code. For a for BECKET, MA 01223 | reign addı | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | a separat | te application for each return) | | | 0 1 |
| Application | | | Application | | | Return |
| ls For | | | Is For | | | Code |
| Form 990 or Form 990-EZ | | | Form 990-T (corporation) | | | 07 |
| Form 990-BL | | | Form 1041-A | | | 08 |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | | | Form 8870 | | | 12 |
| If the oIf this isbox ▶ [| one No. ▶ $413-243-9919$ rganization does not have an office or place of business s for a Group Return, enter the organization's four digit 0 . If it is for part of the group, check this box ▶ | Group Exe and atta | mption Number (GEN) If ch a list with the names and EINs of | this is for | r the whole grou | n is for. |
| for t | quest an automatic 6-month extension of time until the organization named above. The extension is for the calculation \overline{X} calendar year 2017 or | | MBER 15, 2018 , to file on's return for: | the exem | pt organization | return |
| ▶[| tax year beginning , and ending | | | | | |
| 2 If th | If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | | |
| 3a If th | is application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069. e | enter the tentative tax, less any | | | |
| | refundable credits. See instructions. | , | , | 3a | \$ | 0. |
| | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | using EFTPS (Electronic Federal Tax Payment System). S | • | · · · | 3с | \$ | 0. |
| | If you are going to make an electronic funds withdrawal | | | 53-FO an | d Form 8879-F0 |) for payment |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.