Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	ne 2020 calendar y	ear, or tax year begin	ning		, 2020 , a	nd ending	9	, 2	0
В	Check	if applicable:	C Name of organization Th	e Arthur Page	Society			D	Employer identific	ation number
П	Addres	s change	Doing business as						23-229	90568
П	Name o	-	Number and street (or P.	O. box if mail is not delivered	d to street address)		Room/suite	Ε.	Telephone number	
Π	Initial re	•	230 Park Avenu		,				•	400-7959
П		turn/terminated		vince, country, and ZIP or fo	reign postal code		I	G	Gross receipts	
П		ed return	New York, NY 1	•	· g · · p · · · · · · · ·				\$	4,564,544
П		tion pending	F Name and address of pri		Bolton				return for subordinates	
ш	, (pp.:.oc	acti perianig	Same as C abov	·	2010011				dinates included?	Yes No
	Tax-ex	empt status: X 501) ◀ (insert no.)	4947(a)(1) or 5	27			h a list. See instruc	
J	Websit		AGE.ORG	, . (I(c) Group exem		
<u>-</u>		f organization: X Cor		ociation Other ►	1	Year of formation		• • • • • • • • • • • • • • • • • • • •	of legal domicile:	PA
	rt I	Summary	peralion			Tour or romain	<u> </u>	iii Gtato	or regar dermene.	
-	1		the organization's miss	ion or most significant	activities: See	Schedule	0			
	'	Briefly describe	the organizations miss	ion of most significant	donvinco. <u>bee</u>	Denedate				
Ö		-								
д		-								
/eri	2	Check this hox	if the organization	discontinued its oner	ations or disposed o	f more than :	25% of its	net assets		
Governance	3		g members of the gove			····			3	27
જ	4		pendent voting member						4	26
ies	5		individuals employed ir						5	30
Activities &	6		volunteers (estimate if		i ait v, iiie zaj	4	1.7.4		6	200
Ac	7		ousiness revenue from	• /			$A \cdot A$		7a	0
			usiness revende nome						7b	0
		b Net unrelated bt	delless taxable income	illoiiii oiiii 990-1,1 a	111, 11110-11			Prior Year		<u> </u>
		Contributions on	d grants (Part VIII line	1b)						rrent Year
a)	8		d grants (Part VIII, line					448,9		1,048,017
n i		-	e revenue (Part VIII, line					4,937,3		3,475,809
Revenue	10		ne (Part VIII, column (A					49,3		40,718
œ	11		Part VIII, column (A), lir					F 42F 6	0	0
_	12		add lines 8 through 11 (5,435,6		4,564,544
	13		ar amounts paid (Part I)					59,9		56,190
	14		or for members (Part I)					0 104 5	0	0 255 450
S	15		ompensation, employee					2,124,7		2,377,450
Expenses			draising fees (Part IX,						0	0
xbe			expenses (Part IX, co	_		54,689		2.056.0	0.7	1 222 406
Ш	17		(Part IX, column (A), lin					3,056,0		1,333,426
	18		Add lines 13-17 (must					5,240,7		3,767,066
	19 	Revenue less ex	penses. Subtract line	ro nonnine 12				194,9 ing of Current Y		797,478
sor	ଞ୍ଚଁ ଅଟି 20	Total assets (Pa	ert V. lino 16)					3,606,7		d of Year
sset	<u>ee</u> 20 9 21	Total liabilities (F						1,950,7		4,076,735
Net Assets or	22	,	nd balances. Subtract					1,655,9		1,419,805 2,656,930
	rt II	Signature		ille 21 Holli ille 20 .		<u> </u>	•	1,000,9	4.5	2,030,930
			that I have examined this retu	rn, including accompanying	schedules and statements,	, and to the best	of my knowle	dge and belief, it	is	
true	, correc	t, and complete. Declarat	tion of preparer (other than off	icer) is based on all informat	ion of which preparer has a	any knowledge.				
		John R	Bolton							
Sig	ın	Signature of o							Date	
He		John R	Bolton, Presid	ent						
	. •		name and title	enc						
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if PTIN	
Ра	id	Stephen H		Stephen H. Kat	tell	06-23-20	21	self-employe	"	78226
	epar			and Company ,		2J-2U		n's EIN ►	~ FUIZ	, 5220
	e On			I 16th Ave	. •11			one no.		
-3	J J1	i iiii s audiess		lle FL 32601			FIIC		52-395-656	:5
May	/ the II	RS discuss this retu	ım with the preparer sh		ructions)					Yes X No
			p. opuioi 01							110

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	See Schedule O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	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?	
	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 \$ 2,208,013 including grants of \$ 37,770) (Revenue \$ 2,814,957)
	Membership Services: For more than 30 years, Page members have come together to network, lear	•
	and shape the future of the Chief Communication Officer (CCO). Page's membership is made up	
	almost 800 global leaders who serve as CCO at the world's leading companies, non-profits and	
	government agencies. Membership encourages relationships with the most, knowledgeable,	
	influential and innovative global leaders in enterprise communications, through world-class	
	conferences and meetings and professional development programs.	
	<u> </u>	
4b	(Code:) (Expenses \$ 572,067 including grants of \$ 18,420) (Revenue \$ 78,410)
	Committees create the programs and activities that serve the members. These include the Board	,
	Trustees, and the many committees, subcommittees and task forces that are accountable to the	
	board. Page produced a variety of online resources, including blog posts, case studies, and	
	podcasts, which are all publicly available on Page's website	
4c	(Code:) (Expenses \$ 70,686 including grants of \$) (Revenue \$ 100,300)
	The Annual Conference is a three-day educational event that provides an opportunity for peers	s to
	learn from each other and outside speakers by meeting and discussing professional challenges	. The
	conference features a number of nationally and internationally recognized thought leaders,	
	including expert speakers and CEOs and interactive sessions that encourage members to share	
	ideas. The 2020 Annual Conference was held virtually(1 conference, 198 attendees).	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 207,364 including grants of \$) (Revenue \$ 482,142)	
4e	Total program service expenses ► 3,058,130	

23-2290568

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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? If "Yes,"			
_	complete Schedule D, Part III	8		Х
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	9		37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a		х
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Α.
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
	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	

Form 990 (2020) 23-2290568 Page 4 The Arthur Page Society Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a Х 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? 25b х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. . . 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a х 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 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 Х 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 30

reportable gaming (gambling) winnings to prize winners?

Did the organization comply with backup withholding rules for reportable payments to vendors and

0

20) The Arthur Page Society Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Х
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Sec	ction 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and 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	х	
b	Other officers or key employees of the organization	15b		Х
	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		
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
••	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

John R Bolton (212)400-7959, 230 Park Avenue Ste 455, New York, NY 10169

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela		ion co	mpei	nsate	ed a	nv cur	rent	officer, director, or	trustee.	
					(C)	.,				
(1)	(D)				sition				(5)	(5)
(A)	(B)					nan one		(D)	(E)	(F)
Name and title	Average hours					s both ar /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Onic	or and	u a un	CCIO	/trustee)		from the	from related	compensation
	(list any	2 5		d	_ X	ΩТ	7	organization	organizations (W-2/1099-MISC)	from the
	hours for	dire.	stitu	Officer	ey e	nplo	Former	(W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization and related organizations
	related organizations	ctor	tiona		Key employee	st cc yee	1			, and the second
	below	individual trustee or director	Institutional trustee		yee	mpe	\neg			
	dotted line)	96	stee			Highest compensated employee		·		
						ed				
(1) John R Bolton	40.00									
President		X		х				343,125	0	8,902
(2) Daniel Strouhal	40.00									
Vice President					X			202,526	0	7,164
(3) Eliot Mizrachi	40.00									
Vice President					X			187,836	0	14,025
(4) Anabella Tinoco	40.00									
Communications Director						х		124,730	0	8,141
(5) Kelly Greene	40.00									
Chief of Staff						х		117,247	0	11,400
(6) Erin Streeter	1.00									
Trustee		х						0	0	0
(7) Jin Montesano	1.00									
Trustee		х						0	0	0
(8) Darcy Keller	1.00									
Trustee		х						0	0	0
(9) Maril MacDonald	1.00									
Trustee		х						0	0	0
(10)Linda Rutherford	1.00									
Trustee		х						0	0	0_
(11)Hans Koeleman	1.00									
Trustee		х						0	0	0_
(12)Kelly McGinnis	1.00									
Trustee		х						0	0	0_
(13)Don Stacks	1.00									
Trustee		x						0	0	0_
(14)Becky Edwards	1.00									
Trustee		х						0	0	0

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.

See instructions for the order in which to list the persons above.

Check this box if fielther the organization flor any rel	aleu organiza	lion co	препза	ieu a	iny cunen	it officer, director, or	trusiee.	
				(C)				
(A)	(B)			sition		(D)	(E)	(F)
Name and title	Average		not check r , unless pe		_	Reportable	Reportable	Estimated amount
	hours		er and a d			compensation	compensation	of other
	per week					from the	from related	compensation
	(list any	9 2	<u></u>	2 6	의 된	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	or director	Institut	y en	ghes	(W-2/1099-MISC)	(** = (** = **)	related organizations
	related organizations	or director	Institutional trustee	Key employee	t col			
	below	ruste	trug	/ee	mpe			
	dotted line)	ď	stee		Highest compensated employee			
				Ь	e e			
(1) Maureen Davenport	1.00							
Trustee		X				0	0	0
(2) Paul Edwards	1.00	_ ·				_	_	_
Trustee		X				0	0	0
(3) Terry Flynn	1.00	k v						
Trustee		X				0	0	0
(4) Lynn Casey	1.00							
Trustee		х				0	0	0
(5) Stephen Greyser	1.00							
Trustee		х				0	0	0
(6) Barbara Fagan-Smith	1.00							
Vice Chair		х	x			0	0	0
(7) Bob Feldman	1.00							
Vice Chair		х	x			0	0	0
(8) Kelli Parsons	1.00							
Secretary-Treasurer		x	x			0	0	0
(9) Corey DuBrowa	1.00)						
Vice Chair		x	x			0	0	0
(10)Stacy Sharpe	1.00)						
Vice Chair		x	x			0	0	0
(11)Brian Lott	1.00)						
Vice Chair		x	l x			0	0	0
(12)Aedhmar Hynes	1.00							
Vice Chair		x	l x			0	0	0
(13)Gary Sheffer	1.00							
Vice Chair	- - • • •	x	l x			0	0	0
(14)Jennifer Prosek	1.00							
Vice Chair	• • • • •	×	l x			0	0	0
ATCE CHAIL		^_	^				<u> </u>	<u> </u>

Form 990 (2020)

Part '	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar			est Co	mp	ensated Employe	es (continued)			
						(C)							
	(A)	(B)	(do	not che		sition nore tl	han one		(D)	(E)		(F)	
	Name and title	Average	box	, unles	ss pei	rson i	s both ar		Reportable	Reportable	Estim	nated an	
		hours per week	offic	cer and	d a di	rector	/trustee)		compensation from the	compensation from related	CO	of other mpensat	
		(list any				_	Ф.Т	_	organization	organizations	f	rom the	
		hours for	or director	nstitutional trus	Officer	Key employee	fighe imple	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	-	nization d organi	
		related	ecto	İ	¥	mpl	est c	Ф			Totalo	a organi	Zationic
		organizations below	. trus	al tro		byee	ompe						
		dotted line)	ee	stee			Highest compensated employee						
							ğ						
	arlene_Wheeless	1.00							_	_			_
Chair			Х		х				0	0			0
	b Flaherty	1.00											_
	Chair		Х		Х				0	0			0
<u>(17)</u>													
(18)													
(4.0)													
<u>(19)</u>								4					
(20)													
(21)								-					
<u>\-</u> _'/													
(22)													
(23)													
<u>(24)</u>													
(25)				1									
	Subtotal							-					
	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)						• • •	· •	975,464	0		49,	632
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	ibove	e) WI	no re	eceive	d mo	ore than \$100,000	Of			
	порольного вопроводительного двишение											Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	key er	nploy	yee,	or h	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedu	le J for such	individ	dual							3		х
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpens	ation	and	oth	er com	pen	sation from the				
	organization and related organizations greater th	nan \$150,000)? If "\	es,"	con	nple	te Sch	edul	e J for such				
	individual										4	х	
5	Did any person listed on line 1a receive or accrue								ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Sched	dule .	J for	suc	h pers	on			5		x
Section	on B. Independent Contractors												•
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp (A)	ensation for	tne ca	lenda	ar ye	ear e	nding	with	or within the organ (B)	nization's tax year.	(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
Peter	Debreceny, 1515 N Hoyne Ave Ch		606	22				Con	sulting			161,	297
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted a	above)) wh	0	1			

Form 990 (2020) The Arthur
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	a				Sections 312-314
	b	Membership dues					
nts nts	C	Fundraising events					
Gra To CII	d	Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 10					
بَعَ إِيَّا	f	All other contributions, gifts, grants,	313,370				
Sir		and similar amounts not included above	734,647				
buti	g	Noncash contributions included in	7517017				
<u>a</u> <u>e</u>	9		g \$				
နှင့်	h			1,048,017			
	- "	Totali / Ida iiiloo Ta Ti	Business Code	1,010,017			
	2a	Member Dues	900099	2,814,957	2,814,957		
8		Event Income	900099	660,852	660,852		
er i	C	IVOITO INCOMO	- 500033	000,032	000,032		
n S /en	d		-				
grar Re	e		-				
Program Service Revenue		All other program service revenue	-				
-	l	—		3,475,809			
		Investment income (including dividends, interes		371737303			
	3	other similar amounts)		40,718	40,718		
	4	Income from investment of tax-exempt bond pro		10//10	107,123		
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	(1)				
		Rental income or (loss) 6c					
		Net rental income or (loss)	A				
		Gross amount from (i) Securities	(ii) Other				
	/a	sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
o o		and sales expenses 7b					
venue	С	Gain or (loss) 7c					
	l .	,					
Other Re		Gross income from fundraising					
Ě		events (not including \$					
		of contributions reported on line					
			Ва				
	b		3b				
	l .	Not in a success on (local) for an final decision of a success					
	9a	Gross income from gaming					
			9a				
	b		9b				
	l	Not the same of the sale for an arms of the sale of th					
	10a	Gross sales of inventory, less					
		•	0a				
	b	Less: cost of goods sold	0b				
	С	Net income or (loss) from sales of inventory .					
		<u> </u>	Business Code				
ठ	11a						
ne ne	b						
ella Ven	С						
Miscellanous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		4,564,544	3,516,527	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 37,770 37,770 Grants and other assistance to domestic 2 18,420 18,420 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 763,579 652,790 110,789 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,343,483 1,005,686 313,851 23,946 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 37,495 26,107 10,722 666 9 92,933 72,471 19,278 1,184 10 109,907 139,960 28,439 1,614 11 Fees for services (nonemployees): 21,095 b 21,095 40,447 40,447 d Professional fundraising services. See Part IV, line 17 . f Investment management fees 21,626 21,626 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 486,268 446,974 39,294 12 Advertising and promotion 6,710 6,693 16 1 13 65,060 51,024 12,229 1,807 14 Information technology 139,178 123,391 10,878 4,909 15 16 180,655 1,879 220,116 37,582 17 37,843 36,047 1,710 86 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 52,102 52,102 20 21 22 Depreciation, depletion, and amortization 26,778 21,155 5,355 268 23 10,263 8,130 2,031 102 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Food and Beverage 45,512 45,512 Bank and Credit Card Fees 102,051 83,824 18,227 C Audio Visual 38,993 38,993 d Other 19,384 19,384 e All other expenses Total functional expenses. Add lines 1 through 24e. . 25 3,767,066 3,058,130 654,247 54,689 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 190,064 236,791 2 671,982 718,620 3 Pledges and grants receivable, net 2,000 127,000 4 4 41,814 210,189 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 8 9 Prepaid expenses and deferred charges 275,033 138,060 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c b Less: accumulated depreciation 10b 11 2,377,072 11 2,624,075 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 48,778 22,000 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,606,743 16 4,076,735 17 91,471 17 214,308 18 18 19 1,859,323 19 1,205,497 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 1,950,794 1,419,805 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 2,245,694 1,650,349 28 5,600 28 411,236 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 1,655,949 2,656,930 Total liabilities and net assets/fund balances 33 33 4,076,735 3,606,743

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,	564,	544
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,	767,	066
3	Revenue less expenses. Subtract line 2 from line 1	3			797,	478
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	655,	949
5	Net unrealized gains (losses) on investments	5			203,	503
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,	656,	930
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
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					
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 on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		💄	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

The	Ar	thur Page Society					23-2290568	3					
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must o	complete	this part.) See instructions).					
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	y one box.)							
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).							
2		A school described in section 170(b	(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ).	.)							
3		A hospital or a cooperative hospital s	ervice organizatior	n described in section 1	70(b)(1)(A	.)(iii).							
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1	I)(A)(iii). Enter the						
		hospital's name, city, and state:											
5													
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)((A)(v).							
7	X	An organization that normally receive	s a substantial part	of its support from a government	vernmental	unit or from	the general public						
		described in section 170(b)(1)(A)(vi	. (Complete Part I	l.)									
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)									
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction wi	ith a land-grant colleg	е					
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	y, and state	of the college or						
		university:											
10		An organization that normally receive	s: (1) more than 33	1/3% of its support fron	n contributi	ons, membe	rship fees, and gross						
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more tl	nan 33 1/3% of its						
		support from gross investment income	e and unrelated but	siness taxable income (I	ess section	1511 tax) fro	m businesses						
	_	acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)							
11	П	An organization organized and opera	•										
12	Ш	An organization organized and operate	ed exclusively for t	the benefit of, to perform	the functio	ns of, or to o	carry out the purposes						
		of one or more publicly supported org											
		Check the box in lines 12a through 12				•		-					
	а	Type I. A supporting organization				•		g					
		the supported organization(s) the			rity of the d	lirectors or tr	rustees of the						
		supporting organization. You mu											
	b	Type II. A supporting organization				•	. , , .						
		control or management of the sup			rsons that o	control or ma	anage the supported						
		organization(s). You must comp											
	С	Type III functionally integrated						in,					
		its supported organization(s) (see						- (-)					
	d	Type III non-functionally integr		,				1(S)					
		that is not functionally integrated.	-	•		•	and an attentiveness						
	_	requirement (see instructions). Y		•	•		mall Time III						
	е	Check this box if the organization				a Type I, Ty	/ре п, туре ш						
	f	functionally integrated, or Type III Enter the number of supported organ			anization.								
	g	Provide the following information about		anization(s)				• • • •					
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	٧٠.	Traine of supported organization	(11) 2.11	(described on lines 1-10	listed in you	-	support (see	other support (see					
				above (see instructions))	docum	ent?	instructions)	instructions)					
					Yes	No							
(A)													
(D)													
(B)													
(C)													
(C)													
(D)													
(-)													
(E)													
Total													

23-2290568 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	551,056	436,070	470,232	448,975	1,048,017	2,954,350
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	551,056	436,070	470,232	448,975	1,048,017	2,954,350
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)						14,756
6	Public support. Subtract line 5 from line 4						2,939,594
Sed	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	551,056	436,070	470,232	448,975	1,048,017	2,954,350
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	42,320	42,358	38,857	49,388	40,718	213,641
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,167,991
	Gross receipts from related activities, etc. (se	ee instructions)				12	21,670,246
	First five years. If the Form 990 is for the or			d, fourth, or fift	h tax year as a	a section 501(c	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11, o	column (f))		14	92.79 %
	Public support percentage from 2019 Sched					15	78.77 %
16a	33 1/3% support test - 2020. If the organiza	ation did not che	eck the box on	line 13, and lin	e 14 is 33 1/3	% or more, che	eck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			> 🗓
k	33 1/3% support test - 2019. If the organiza	ation did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			▶ 🛚
17a	10%-facts-and-circumstances test - 2020.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	the facts-and-ci	rcumstances te	est, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a p	ublicly supporte	ed
	organization						▶ □
k	10%-facts-and-circumstances test - 2019.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, 16	b, or 17a, and l	line
	15 is 10% or more, and if the organization m	eets the facts-a	and-circumstan	ces test, check	k this box and	stop here. Exp	olain
	in Part VI how the organization meets the fac	cts-and-circums	stances test. Th	ne organizatior	n qualifies as a	publicly suppo	orted
	organization			-	-		
18	Private foundation. If the organization did n						
	instructions						▶ □

23-2290568

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.)

Sec	ction A. Public Support						_
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	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 from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	etion B. Total Support	0.0000	41)0047	(1) 2010	(1) 0040	() 0000	(O T)
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
1.2	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second, third.	fourth, or fifth	tax vear as a s	ection 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Support	rt Percentag	ie				
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
Sec	tion D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2020 (line	e 10c, column	(f), divided by I	ine 13, column	(f))	17	%
18	Investment income percentage from 2019 S	chedule A, Pa	rt III, line 17 .			18	%
	33 1/3% support tests - 2020. If the organiz					than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see instructio	ns ▶ 🗌

Part IV Supportin

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
	1		
	2		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
			
	5b 5c		
	50		
	6		
	7		
	_		_
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
۸ /F۵		or 990 5	7) 2020

Par	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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	_		
2	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 in	struc	tions).
a				, -
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		see in	struc	tion
	Activities Test. Answer lines 2a and 2b below.		Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

(see instructions).

	Type in Non-1 unctionally integrated 309(a)(3) Supporting C					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-				
	instructions. All other Type III non-functionally integrated supporting orga	nizations	must complete Section	ns A through E. (B) Current Year		
Sec	ction A - Adjusted Net Income		(A) Prior Year (b) Current (c) Current			
1	Net short-term capital gain	1		(Spilotial)		
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				
			(A) Drien Veen	(B) Current Year		
Sec	ction B - Minimum Asset Amount		(A) Prior 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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	ction C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	g organization		

EEA Schedule A (Form 990 or 990-EZ) 2020 Distributable amount for 2020 from Section C, line 6

9

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Sec	ection D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes 1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3			
4	Amounts paid to acquire exempt-use assets 4			
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.			

10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			dule A (Form 990 or 990-F7) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

200

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

Employer identification number

OMB No. 1545-0047

The Arthur Page Society 23-2290568 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

The Arthur Page Society

Employer identification number

23-2290568

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$313,370	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 24,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

The Arthur Page Society

Employer identification number

23-2290568

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$24,952	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2020

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name	lame of the organization Employer identification number				
The	Arthur Page Society		23-2290568		
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised			
	funds are the organization's property, subject to the organization	on's exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor adv	_			
	only for charitable purposes and not for the benefit of the dono				
	conferring impermissible private benefit?		Yes No		
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizatio				
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of	a historically important land area		
	Protection of natural habitat		a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	nservation		
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
c	Number of conservation easements on a certified historic structure.				
d	Number of conservation easements included in (c) acquired at				
-	historic structure listed in the National Register		. 2d		
3	Number of conservation easements modified, transferred, rele				
	tax year •	acca, examplication, or terminated by the organ	anization daming the		
4	Number of states where property subject to conservation ease	ement is located.			
5	Does the organization have a written policy regarding the period				
Ŭ	violations, and enforcement of the conservation easements it h				
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	· · · · · · · · · · · · · · · · · · ·			
•	b	raining of violations, and officioning concorvation	on occomonia damig the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	asements during the year		
•	► \$	ig or violations, and officioning control validities	acomerne daming the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	.)(B)(i)		
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservatio				
•	balance sheet, and include, if applicable, the text of the footnote	•			
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or O	ther Similar Assets.		
	Complete if the organization answered "Yes" of	· · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under FASB ASC 958		alance sheet works		
	of art, historical treasures, or other similar assets held for publi				
	service, provide, in Part XIII the text of the footnote to its finan-				
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of		
_	art, historical treasures, or other similar assets held for public e				
	provide the following amounts relating to these items:	,	55 5. pas.is 55. 1.55,		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treas				
_	following amounts required to be reported under FASB ASC 9		ii, provide tile		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ ¢		
a b	Assets included in Form 990, Part X				
	AGGGG Included III I Gill 330, I all A	 	γ ψ		

Pai	rt III Organizations Maintaining Col	lections of Art, H	listor	ical Ti	reasures, or C	Other Similar As	sets (c	ontinue	:d)
3	Using the organization's acquisition, accession, and	d other records, check	any of	the follov	wing that make sig	nificant use of its			
	collection items (check all that apply):								
а	Public exhibition	C	_ k	Loan o	r exchange progra	ims			
b	Scholarly research	•	• 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ns and explain how the	y furth	er the or	rganization's exem	pt purpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	ve donations of art, his	torical	treasure	s, or other similar				
	assets to be sold to raise funds rather than to be m					. 	. Ye	s \square N	lo
Pai	rt IV Escrow and Custodial Arranger								
	Complete if the organization answ 990, Part X, line 21.		rm 99	90, Paı	rt IV, line 9, or	reported an amo	ount on I	orm	
1a									
	included on Form 990, Part X?						🗌 Ye	s 🗌 N	lo
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following ta	able:						
						Am	ount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form 99	0, Part X, line 21, for e	scrow	or custo	dial account liabilit	y?	. Ye	s N	Ю
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanatio	n has b	oeen pro	vided on Part XIII			. 🗆	
Pai	rt V Endowment Funds.								
	Complete if the organization answ	vered "Yes" on Fo	rm 99	90, Pai	rt IV, line 10.				
	·		Prior ye		(c) Two years back	(d) Three years back	(e) Fou	years back	Κ
1a	Beginning of year balance			7					
b	Contributions								
С	Net investment earnings, gains, and								_
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	ar end halance (line 1g	colum	n (a)) h	ald as:				
a	Board designated or quasi-endowment	%	, coluii	π (α)) π	oid do.				
h	Permanent endowment > %	70							
C	Term endowment ► %								
·	The percentages on lines 2a, 2b, and 2c should equ	ral 100%							
20	Are there endowment funds not in the possession		oro bo	ald and a	dministered for the				
3a	organization by:	or the organization that	are rie	au anu a	administered for the	,		Yes N	No
							20(i)	162 1	10
	(i) Unrelated organizations						. 3a(i)		
L	(ii) Related organizations				• • • • • • • • • • • • • • • • • • • •		. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	•		ekr			. 3b		
4 Poi	Describe in Part XIII the intended uses of the organ		unas.						_
Pai	rt VI Land, Buildings, and Equipmen		rm 00)	rt IV/ line 11e	Coo Form 000 I	Dort V II	no 10	
	Complete if the organization answ								
	Description of property	(a) Cost or other basis	(i	•		Accumulated	(d) Boo	k value	
_	Lord	(investment)		10)	ther)	depreciation			
1a	Land		_						
b	Buildings		_						
C	Leasehold improvements								
d	Equipment								
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X, col	lumn (l	B), line 1	10c.)	▶			

Schedule D (Form		ciety			23-2	290568 Page
Part VII	Investments - Other Securities. Complete if the organization answered "Y	Yes" on Form 99	0, Part IV, li	ne 11b. See	e Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		b) Book value		(c) 1	Method of valuation: d-of-year market value
(1) Financial						
` '	eld equity interests					
(3) Other	ord equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col. (B) line 12.).					
Part VIII	Investments - Program Related.	1				
	Complete if the organization answered "Y	Yes" on Form 99	0, Part IV, li	ne 11c. See	Form 9	90, Part X, line 13.
	(a) Description of investment		b) Book value			Method of valuation:
	(a) Description of investment	,) book value		` ,	d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.).					
Part IX	Other Assets.					
	Complete if the organization answered "Y	Yes" on Form 99	0, Part IV, li	ne 11d. See	Form 9	90, Part X, line 15.
	(a) Descrip	ption				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)		•				
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 15.).				. •	
Part X	Other Liabilities.		0 D (N (II		44.0	- 000 D ()/
	Complete if the organization answered "Y	Yes" on Form 99	0, Part IV, II	ne 11e or 1	1f. See I	orm 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶					

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return	·
1	Total revenue, gains, and other support per audited financial statements	1	F 030 F13
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	5,030,512
	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	506,686
3	Subtract line 2e from line 1	3	4,523,826
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,323,020
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	40,718
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,564,544
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	4,252,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	506,686
3	Subtract line 2e from line 1	3	3,745,440
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	21,626
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,767,066
	t XIII Supplemental Information.	D () ()	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
от.	Other revenues included on Form 990 (Part XI, line 4b)		
T	estmment income reported in net investment return in financial statements.		
TUVE	stmment income reported in net investment return in financial statements.		

EEA Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Open to Public Inspection

The Arthur Page Society

Employer identification number 23-2290568

Par	General Information of Form 990, Part IV, line		Outside the U	Jnited State	s. Complete if	the organization ans	wered "Yes'	' on
1	For grantmakers. Does the org		tain records to s	substantiate th	e amount of its	grants and		
	other assistance, the grantees' e					~		
	award the grants or assistance?		-					Yes No
2	For grantmakers. Describe in loutside the United States.	Part V the orga	nization's proced	dures for moni	toring the use o	f its grants and other as	sistance	
3	Activities per Region. (The follow							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by fundraising, p investments, g	conducted in the type) (such as, rogram services, rrants to recipients in the region)	(e) If activity listed in (a program service describe specific type service(s) in the regi	e, e	(f) Total expenditures for and investments in the region
	ast Asia and the						_	
	Pacific			Program	services	Global Initiat	ive	16,354
	urope (including							
	celand and Greenland)			Program	services	Global Initiat	ive	90,979
	Middle East and							
(3) N	Morth Africa			Program	services	Global Initiat	ive	76,598
(4)								
(5)								
(6)								
(7)								
(8)		10						
(9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								
17)								
3a	Subtotal							183,931
b	Total from continuation sheets to Part I							
C	Totals (add lines 3a and 3b)							183.931

Part II			ganizations or Entities C					"Yes" on Fo	rm 990,
	Part IV, line 15, fo	or any recipient who	received more than \$5,00		duplicated if addit	ional space is r	needed.	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)			AC						
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
е	xempt 501(c)(3) organization	on by the IRS, or for which	ove that are recognized as chariti n the grantee or counsel has prov	ided a section 501(c)	(3) equivalency letter.		-		
3 E	nter total number of other o	rganizations or entities					•		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (d) Amount of cash grant (h) Method of (a) Type of grant or assistance (b) Region (c) Number of (e) Manner of (f) Amount of (g) Description valuation of noncash assistance recipients cash noncash (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14) (15)(16)(17)(18)

Part IV Foreign Forms

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

EEA Schedule F (Form 990) 2020

Schedule F (Form 990) 2020
Page 5

Part v	Supplemental information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.
-	

EEA Schedule F (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

The Arthur Page Society						23-2290568	
Part I General Information on	Grants and Assi	stance				23-2250500	
1 Does the organization maintain records			ance, the grantees' elig	gibility for the grants or	assistance, and		
the selection criteria used to award the		_					. 🛛 Yes 🗆 N
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assista				ts. Complete if the o	organization answered	"Yes" on Form 990).
Part IV, line 21, for any reci					•		,
(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
(1) Museum of Public Relations							
85 Broad Street, 17th Floor							
New York NY 10004	80-0796221	501(C)(3)	5,270				Sponsorship
(2)PRSA Foundation							
120 Wall Street, 21st Floor							
New York NY 10005	13-3556137	501(C)(3)	25,000				Sponsorship
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3)	and government organi-	vations listed in the line 1 t	rahle				1
3 Enter total number of other organization	•		abic				

Part III	Grants and Other Assistance to Do	mestic Individu	als. Complete if the	organization answ	ered "Yes" on Form 990	0, Part IV, line 22.
	Part III can be duplicated if additional	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Awards	3	21	18,420	0		
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

01. Monitoring procedures (Part I, line 2)

Committees select the receipients of the one-time awards, so no monitoring is necessary.

03. Additional Information for Schedule I

Grants and Other Assistance to Individuals in the United States consists of awards to winners of our Annual Case Study

Competition. The Arthur W. Page Society, in alliance with the Institute for Public Relations, sponsors an annual competition

for the writing of original case studies by students enrolled in an accredited school of business, communication or

journalism and who are pursuing a degree that focuses on corporate communications and the practice of public relations. The

objectives of the competition are to:

1.) Introduce the practical applications of the core principles that define public relations as a critical function of management to scholars, teachers, and students;

Part III Grants and Other Assistance to Do		•	e organization answ	ered "Yes" on Form 990), Part IV, line 22.
Part III can be duplicated if additional	space is needed	<u>.</u>			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I. lin	e 2: Part III. columr	(b): and any other addi	tional information.
		<u> </u>		(1), 11 1 1 1	
2.) Encourage research which contributes	s to the profe	ession's body of	knowledge and p	provides practical s	uggestions on how to
		_			
improve the corporate public relations	Eunction. Stud	dent authors of	winning entries	and their faculty a	dvisors are awarded
cash prizes and recognized by the nation	n's leading co	orporate communi	cations executiv	es. The Grand Prize	winners are invited
		-			
to the annual Awards Ceremony Dinner he	ld each spring	in New York.			
		,			
Page periodically provides sponsorship	to programs of	organizations	with similar mis	ssions These are on	e time gifts and no
- ago policalcally plottach brombolbulp	oo programb or	- Organizaciono	WICH DIMITOR MIL	belone. Indee are on	e cime gilob and no
monitoring is required.					

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

OMB No. 1545-0047 2020

Open to Public Inspection

The Arthur Page Society

Employer identification number 23-2290568

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ 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		
	CAPITALITY	10		
_				
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 organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	▼ Compensation committee			
	☐ Independent compensation consultant			
	Form 990 of other organizations 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:			
_	Receive a severance payment or change-of-control payment?	4a		37
				X
	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		Х
	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?	E-		
		5a		Х
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:			
а	The organization?	6a		х
	Any related organization?	6b		x
~	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
	ii Tes on line da di du, describe in Fart 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	х	
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			
9				
	Regulations section 53.4958-6(c)?	9		1

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-MISC compensation				ation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation		(iii) Oth reportabl mpensat	е	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
John R Bolton	(i)	225,000	118,125			0	8,550	352	352,027	0
1 President	(ii)	0	0	1		0	0	0	0	0
Eliot Mizrachi	(i)	133,136	54,700			0	5,634	8,391	201,861	0
2 Vice President	(ii)	0	0		1	0	0	0	0	0
Daniel Strouhal	(i)	139,426	63,100			0	6,076	1,088	209,690	0
3 Vice President	(ii)	0	0			0	0	0	0	0
	(i)									
4	(ii)									
	(i)									
5	(ii)									
	(i)									
6	(ii)									
	(i)									
7	(ii)									_
	(i)									_
8	(ii)									
	(i)									
9	(ii)									
	(i)									
10	(ii)									
	(i)									
11	(ii)									
40	(i)									-
12	(ii)									
40	(i)									
13	(ii)									
44	(i)									
14	(ii)									
45	(i)									
15	(ii)									
40	(i)									
16	(ii)									

EEA Schedule J (Form 990) 2020

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.
01. Other non-fixed payments (Part I, line 7)
The employees received a bonus in December 2020. A provision for a bonus is included in their employment agreement; however,
the executive committee exercises discretion over the amount paid.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Arthur Page Society 23-2290568 01. Officer, directors, etc. family relationship (Part VI, line 2) - Kelli Parsons - Brian Lott Business Relationship 02. Members or stockholder classes and rights (Part VI, line 6) Membership in the Society is restricted to persons who are or have been in policymaking positions or have demonstrated outstanding achievements in public relations or corporate communications. Each member will be classified as an individual, educator, non-profit, government, retired, life or honoree member 03. Member election for additional members (Part VI, line 7a) The election of trustees by the membership shall be conducted at the annual meeting each year. The Nominating Committee will be responsible for ensuring and administering an orderly election process as authorized and directed by the Board of Trustees. 04. Form 990 governing body review (Part VI, line 11) A draft of the Form 990 is reviewed and approved by the Financial Planning & Operations Committee and the President of the Organization. A draft of the Form is sent to all Board Members. 05. Conflict of interest policy compliance (Part VI, line 12c) During Page's first Board of Trustees meeting in 2020, the Board Chair reminded the

trustees of their commitment to the conflict of interest (COI) policy. Each trustee was

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization Employer identification number

The Arthur Page Society

23-2290568

then asked to complete a conflict of interest (COI) statement. The statement required each trustee to personally affirm that she or he has reviewed the COI policy, understands the policy, and agrees to comply with the policy. Page staff sent email follow-up reminders to trustees who did not complete the COI statement onsite, including those who participated in the meeting via teleconference or who were absent.

06. CEO, executive director, top management comp (Part VI, line 15a)

When the President was hired in 2011, the firm researched roles, responsibilities and qualifications and, using comparative data for like sized organizations, provided compensation recommendations to a search committee of the Board. The search committee was comprised of members independent of the President. The Executive Committee considered information obtained regarding the hiring of the President to be current and entered into a contract with Roger Bolton on similar terms, adjusted for differences in qualifications.

The search committee and the full board approved the contract. There has been no change to the contract since that time.

07. Governing documents, etc, available to public (Part VI, line 19)

Bylaws and Financial Statements are available on Organization's website (www.page.org).

Articles of Incorporation & Conflict of Interest Policy are made available upon request.

08. List of other fees for services expenses (Part IX, line 11g)

Meeting Design Service - 60,496

Independent Contractors - 162,297

Head of Learning - 76,598

Editor - 50,400

Podcasts - 40,500

Payroll - 39,294

Page 2

Schedule O (Form 990 or 990-EZ) (2020) Name of the organization Employer identification number 23-2290568 The Arthur Page Society Translation Services - 15,382 Editor - 15,600 Consulting - 20,550 09. Part III, response or note to any other line in Part III Organization's Mission To strengthen the enterprise leadership role of the chief communications officer by embracing the highest professional standards; by advancing the way communications is understood, practiced and taught; and by providing a collegial and dynamic learning environment.

All Other Accomplishments

Page's mission is to help cultivate the next generation of communications leaders. Page offers the following professional development opportunities for Page members' teams: - Page Up is a member organization which page members may nominate up to three senior members of their team. It holds it own annual conference and offers opportunities for engagement with fellow members.

- Future Leaders Experience is a unique executive education program that meets over two years, offering three-day sessions featuring Page thought leadership and member speakers.
- The Diverse Future is a program to build a pipeline of diverse senior communications executives.
- The case study competition is an annual student competition which recognizes students in communications and business school for in-depth case studies related to corporate communication.
- The Spring Seminar, Page's largest annual event, addresses topical and timely issues of critical importance to CCOs and other senior communicators. Like the Annual Conference, seminar themes are built around Page's thought leadership work. Sessions are structured to