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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

| | For the | 2008 calend | dar year, d | or tax year beginning | , 20 | 08, and endin | ıg | | | 1 | | | |
|--------------------------------|---------------|------------------------------|-------------------------|---|---------------------------------------|---------------------|----------------|--------------------------------|-------------------|---|--------------|--|--|
| В | Check if | applicable | | C Name of organization | | | | D Employe | er Iden | itification Number | | | |
| | Add | ress change | Please use IRS label | Arts Council of Fo | ort Worth and ' | Tarrant (| County | 75-1 | 158 | 3515 | | | |
| | Nam | ne change | or print or type | Number and street (or P O box r | mail is not delivered to stree | t addr) Room/s | uite | E Telepho | ne nun | nber | | | |
| | Initia | al return | See specific | 1300 Gendy Street | | | | (817 | 7) 7 | 738-1938 | | | |
| | | mination | Instruc- tions | City, town or country | Sta | ite ZIP code + 4 | 1 | | | | | | |
| | \vdash | ended return | | Fort Worth | T | X 76107 | | G Gross receipts \$ 2,366,001. | | | | | |
| | = | lication pending | F Name a | and address of principal officer | | 70107 | H(a) Is this a | group return | | | | | |
| | ☐ ∠ ₽₽ | ilcation pending | l | Ulich 1300 Gendy Stree | + Rort Worth | TX 76107 | 1 | affiliates inclu | | Yes | | | |
| | Tay | exempt statu | | | 4947(a)(1) or | 527 | If 'No,' | attach a list | (see in | structions) | LJ | | |
| <u>'</u> | | site: ► N/ | | (c) (3) (insert no) | 1 [4947(a)(1) 01 | 1 1 327 | | | | - | | | |
| <u>у</u> К | | | | ation Trust Association | 04 | L Year of Forma | H(c) Group | | | | | | |
| | ırt I | of organization | 1 1 1 | ation Trust Association | Other ► | L Year of Forma | tion 1963 |) IN S | tate of | legal domicile TX | | | |
| 1 | | Summa | | onization's mission or most s | ranificant activities | | 4- 1 | | | | | | |
| | | | | janization's mission or most s n Tarrant County. | ignificant activities. | TO BLOAT | de Tea | dersu: | <u>p</u> <u>a</u> | ng support | <u> : </u> | | |
| "Activities & Governance | <u>'</u> | co_che_a | res in | Liarranc councy. | | | | | | | | | |
| nar | - | | | | | | | | | . – – – – – | | | |
| Ver | 2 (| Chook this bo | | If the organization discontinue | | | | | | . – – – – – | | | |
| ဗိ | | | | bers of the governing body (P | | poseu oi moi | e tilali 257 | 0 01 115 a5 | | 138 | | | |
| ଷ | | | | t voting members of the gover | | e 1b) | | † | 4 | 38 | | | |
| ¥ | | | | yees (Part V, line 2a) | , , , , , , , , , , , , , , , , , , , | , | | Ī | 5 | 5 | | | |
| ₹ | 6 T | Total number | of volunte | eers (estimate if necessary) | | | | | 6 | 0 | | | |
| ₹ | 7a ⊺ | Total gross ui | nrelated b | usiness revenue from Part VI | II, line 12, column (C) | | | [| 7 a | | 0. | | |
| <u>.</u> | b N | Net unrelated | business | taxable income from Form 99 | 30-T, line 34 | | | | 7 b | | | | |
| , | | | | | | | P | rior Year | | Current Y | 'ear | | |
| 5 | 8 0 | Contributions | and grant | ts (Part VIII, line 1h) | | | 2 | ,232,8 | 97. | 2,350 | | | |
| n Ž | 9 F | Program serv | ice reveni | ue (Part VIII, line 2g) | | | | | | | | | |
| Wala He Venue | 10 li | nvestment in | come (Pa | rt VIII, column (A), lines 3, 4, | and 7d) | | | 9,1 | 65. | 15 | ,167. | | |
| Ä | 11 (| Other revenue | e (Part VII | II, column (A), lines 5, 6d, 8c, | , 9c, 10c, and 11e) . | | | -32,7 | 38. | | | | |
| | | | | TES SITTIPAGITATION UST Equal | | ine 12) | 2 | ,209,3 | 24. | 2,366 | ,001. | | |
| ζ | 13 (| Grants and s | mılar ami | ounts paid (Part IX, column (A | ı), lınes 1-3) | | | 70,1 | 91. | 1,515 | ,433. | | |
| | 14 E | Benefits paid | te or for r | members (Part IX, doffmn (A) | , line 4) | | | | | | | | |
| • | 15 9 | Salaries, oth | compen | salion employee benefits (Pa | art IX, column (A), line | s 5-10) | | 227,3 | 02. | 557 | ,321. | | |
| 368 | | i i | | g fees (Part IX, column (A), I | | | | | | | | | |
| Expenses | | 1 | i L | | | 30,390. | | | | | | | |
| ă | | | | BOENIX, Winn (D), line | | 30,330. | | 240 4 | 07 | 226 | 244 | | |
| | | | | X, column (A), lines 11a-11d, | | | | 240,4 | | | ,244. | | |
| | | | | nes 13-17 (must equal Part IX | | • | | 537,9 | | 2,298 | | | |
| | 19 F | Revenue less | expenses | Subtract line 18 from line 1 | <u> </u> | | | <u>,671,3</u> | | | ,003. | | |
| Net Assets or Fund Balancos | | | | | | | | ning of Ye | | End of Ye | | | |
| Bala | 20 T | Total assets (| | • | • | | 2 | ,366,2 | | 2,344 | | | |
| et A | 21 T | Total Irabilitie | s (Part X, | line 26) | | • | | 40,1 | <u>42.</u> | 23 | ,054. | | |
| | | | | inces Subtract line 21 from li | ne 20 | | 2 | ,326,1 | 22. | 2,321 | ,238. | | |
| Pa | rt II | Signati | ure Bloc | <u>:k</u> | | | | | | | | | |
| | | Under penaltie | s of perjury. | I declare that I have examined this return of preparer (other than of | irn, including accompanying s | chedules and sta | tements, and | to the best of | my kr | nowledge and belief, | itis | | |
| | | line, correct | - Complete | dactaration of beparer total rular of | icer) is based on all unormali | ion or willor prepa | | | _ | | | | |
| Siç | gn | | 7 | + acc | | | V | <u> </u> | J - | 10 | | | |
| He | re | Signature | of officer | | | | Dat | te | | | | | |
| | | Jody | Ulich | <u> </u> | | | | | | | | | |
| | | Type or pr | int name and | d title. | | | _ | | | | | | |
| | | | | | | Date | | eck if | P | Preparer's identifying see instructions) | number | | |
| Pai | | Preparer's | 1 | 7 · · | | 1 _1 1 | se en | nployed | | | | | |
| Pre | | signature | ▶ ' | till Dema. W | J- | 5/26/1 | 0 | | _ | | | | |
| | rer's | Firm's name (d | or Lane | ge & Associates, P | .c. | | | | - | | | | |
| Ùs On | | yours if self- employed), | | | EII | EIN - 75-7858189 | | | | | | | |
| VII | ''y | address, and ZIP + 4 | | t Worth | uite 500 TX 761 | L16 | | | (81 | | 00 | | |
| May | the IR | | | vith the preparer shown above | | | | ··- ··• | , | X Yes | No | | |
| | | | | work Reduction Act Notice, s | | ctions. | | TEEA0101 | 04/23 | | 0 (2008) | | |
| | | | | | | | | | | | - \/ | | |

| | 990 (200 | 8) | Arts Council of Fort Worth and Tarrant County | <u>75-115851</u> | .5 Page | 2 |
|-----|--------------|-------------|--|------------------|---------------|---|
| Par | t III | Stat | tement of Program Service Accomplishments (see instructions) | | | _ |
| 1 | - | | be the organization's mission | | | |
| | | | de leadership and support | | | _ |
| • | to_th | e_a: | rts in Tarrant County. | | | _ |
| | | | | | | _ |
| | | | | | . | _ |
| 2 | | _ | nization undertake any significant program services during the year which were not listed on the pi | rior | | |
| | Form 99 | | | | Yes X No | |
| | • | | ribe these new services on Schedule O. | | | |
| 3 | | - | nization cease conducting, or make significant changes in how it conducts, any program services? | . 📙 | Yes X No | |
| | | | ribe these changes on Schedule O. | | | |
| 4 | Describe | the e | exempt purpose achievements for each of the organization's three largest program services by ex organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc | penses. Secti- | on 501(c)(3) | |
| | expense | s, and | d revenue, if any, for each program service reported | | 3, 110 10101 | |
| | | | | | | |
| Δa | (Code | |) (Expenses \$19,425. including grants of \$1,117,573.) (Reve | enue \$ | 637 926 | ١ |
| 70 | | | | | | , |
| | | | on of Grants to Arts Organizations ached sheet of donees) | | | _ |
| | 7,556 | 200 | | | | _ |
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| | | | | | | _ |
| 4 b | _ | |) (Expenses \$ 17,327. including grants of \$ 397,860.) (Reve | enue \$ _ | 212,642. |) |
| | | | hood Arts Program Grants | | | - |
| | (See | <u>atta</u> | ached sheet of donees) | | | - |
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| 40 | (Code _ | |) (Expenses \$ including grants of \$) (Reve | enue \$ | ; |) |
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| 4 d | Other pr | ogram | n services (Describe in Schedule O.) | | | |
| | (Expens | | \$ including grants of \$) (Revenue \$ | | | _ |
| 4e | Total pro | ogram | m service expenses ► \$ 36,752. (Must equal Part IX, Line 25, column (B)) | | | _ |
| | | | | | | |

| | | | Yes | No |
|-------|---|----------|-------|----------|
| ነ | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 | or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | <u> </u> |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | х | : |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . | 13 | | <u> </u> |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | <u> </u> |
| t | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | x |
| 16 | individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | <u> </u> |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | <u> </u> |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 22 | х | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | | <u>x</u> |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25 | 24a | | _x_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | х |
| t | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | | х_ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | x |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. | 27 | | x |
| 2 A A | | | 000 / | 2000 |

| | , | | Yes | No |
|----|---|----------|-------|--------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | | | |
| , | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | _ 28a | | х |
| | b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| • | c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 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 sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2 | 35 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | 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 | | x |
| | | Earn | aan / | (2000) |

BAA

| _ | | $\neg \neg$ | V | NI- |
|------|---|-------------|------------|--------|
| .1 a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. | | Yes | No |
| _ | Information Returns Enter -0- if not applicable | l | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| (| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | _ X | |
| 2 a | n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| 21 | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | L. |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | х |
| ŧ | olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3b | | |
| 4 8 | 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 | | x |
| ŀ | o If 'Yes,' enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| ŀ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | х |
| • | : If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5 c | | |
| | Did the organization solicit any contributions that were not tax deductible? | 6a | | х |
| ŧ | o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| ä | a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7 a | | х |
| ı | o If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| • | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7 c | | х |
| • | If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d | | | |
| • | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | x |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | х |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | х |
| ĺ | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7 h | | Х |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | - | x |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| • | a Did the organization make any taxable distributions under section 4966? | 9a | | х |
| 1 | Did the organization make any distribution to a donor, donor advisor, or related person? | 9 b | | х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| í | Initiation fees and capital contributions included on Part VIII, line 12 . | | | |
| | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | 1 |
| | a Gross income from other members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | 990 | (2022) |
| | | | | |

Form 990 (2008) Arts Council of Fort Worth and Tarrant County 75-1158515 Page (Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| <u>Sec</u> | tion A. | Governing Body and Management | | | | | | | | |
|------------|---|---|--|------------------|--------|-------------|--|--|--|--|
| | For each | 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O See instructions | scribe the circumstances, | | Yes | No | | | | |
| 1 a | - | number of voting members of the governing body | 1a 38 | | | | | | | |
| t | Enter the | number of voting members that are independent | 1b 38 |] | | i | | | | |
| 2 | Did any officer, of | officer, director, trustee, or key employee have a family relationship or a business rela irector, trustee or key employee? | tionship with any other | 2 | - | - <u>x</u> | | | | |
| 3 | Did the o | organization delegate control over management duties customarily performed by or und s, directors or trustees, or key employees to a management company or other person | der the direct supervision? | 3 | | х | | | | |
| 4 | | rganization make any significant changes to its organizational documents | | 4 | | х | | | | |
| | since the | prior Form 990 was filed? | • | | | | | | | |
| 5 | Did the o | organization become aware during the year of a material diversion of the organization's | s assets? | 5 | | X | | | | |
| 6 | Does the | organization have members or stockholders? | | 6 | | X | | | | |
| 7 a | Does the governing | organization have members, stockholders, or other persons who may elect one or mc g body? | ore members of the | 7 a | | х | | | | |
| t | Are any | decisions of the governing body subject to approval by members, stockholders, or othe | er persons? | 7b | | X | | | | |
| 8 | Did the o | organization contemporaneously document the meetings held or written actions underta ving: | aken during the year by | | | | | | | |
| á | a The governing body? | | | | | | | | | |
| | | mmittee with authority to act on behalf of the governing body? | | 8b | Х | | | | | |
| 9 a | a Does the | organization have local chapters, branches, or affiliates? | | 9a | | X | | | | |
| ı | o If 'Yes,' and brar | does the organization have written policies and procedures governing the activities of siches to ensure their operations are consistent with those of the organization? | such chapters, affiliates, | 9b | | | | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | | | | | | |
| | 11 Is there any officer, director or 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 in Schedule O | | | | | | | | | |
| Sec | tion B. | Policies | | | 1 | | | | | |
| | _ | | | 10 | Yes | No | | | | |
| | | organization have a written conflict of interest policy? If 'No,' go to line 13 | | 12 a | Х | <u> </u> | | | | |
| | to conflic | | | 12b | х | | | | | |
| | Schedul | e organization regularly and consistently monitor and enforce compliance with the police O how this is done | cy? If 'Yes,' describe in | 12 c | х | | | | | |
| | | organization have a written whistleblower policy? | | 13 | X | | | | | |
| 14 | | organization have a written document retention and destruction policy? | | 14 | Х | <u> </u> | | | | |
| 15 | - | process for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis | pproval by independent | | | , | | | | |
| | _ | inization's CEO, Executive Director, or top management official? | | 15a | X | <u> </u> | | | | |
| | | ficers of key employees of the organization? | | 156 | X | | | | | |
| | | the process in Schedule O. (see instructions) | | | | | | | | |
| | entity du | organization invest in, contribute assets to, or participate in a joint venture or similar airing the year? | • | 16a | | x | | | | |
| ı | in joint v | has the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the oth respect to such arrangements? | o evaluate its participation ne organization's exempt | 16b | | | | | | |
| Sec | tion C. | Disclosures | | | | | | | | |
| 17 | List the | states with which a copy of this Form 990 is required to be filed Texas | | | | | | | | |
| 18 | Section inspection | 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available. Check all that apply | d 990-T (501(c)(3)s only) ava | aılable | for pu | iblic | | | | |
| | ∐ Owr | website X Another's website X Upon request | | | | | | | | |
| 19 | Describe stateme | in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. | nts, conflict of interest policy | y, and | financ | ıal | | | | |
| | | e name, physical address, and telephone number of the person who possesses the book & Associates, PC 6300 Ridglea Pl, Ste 500 Fort Worth T | <u> </u> | ization 17) 3 | | 3800 | | | | |
| BAA | | | | | | (2008) | | | | |
| _~~ | • | | | 1 01111 | V | | | | | |

BAA

Form 990 (2008)

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if the organization did no | t compens | ate ar | ny of | ffice | r, dı | rector, | trus | stee, or key employee | | | |
|---|------------------|-----------------------------------|------------------------|---------|--|----------------------------------|----------|--|---|--|--|
| Check this box if the organization did not compensate any officer, director, trustee, or key employee (A) (B) (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated | | | | | | | | | | | |
| Name and Title | Average hours | | | | k all t | hat appl | _ | Reportable | Reportable compensation from | Estimated amount of other | |
| | per week | adivict al trassee or director | anstitutiosest frustee | Offirer | Key amployee | Higl est compansated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount or oner compensation from the organization and related organizations | |
| Jody Ulich | | - | | | | | | | | | |
| President | 40.00 | Х | | х | | | | 80,000. | 0. | 0. | |
| Craig Strehl | | | | | | | | | | | |
| Chairman | 1.00 | х | | | | | <u> </u> | 0. | 0. | 0. | |
| Carlos de la Torre | | | | | | | | | | | |
| Director-Exec Comm | 1.00 | X | | | | | | 0. | 0. | 0. | |
| Beth Engelhardt Director-Exec Comm | 1.00 | x | | | | | | 0. | 0. | 0. | |
| Larry Anfin | | | | | | | | | | | |
| Director-Exec Comm | 1.00 | х | 1 | | | | 1 | 0. | 0. | 0. | |
| Lisa Wax | | | | | | | | | | | |
| Director-Exec Comm | 1.00 | х | | | | | | 0. | 0. | 0. | |
| Gail Aronoff Granek | | | | | | | | | | ·· | |
| Director-Exec Comm | 1.00 | х | | | 1 | | | 0. | 0. | 0. | |
| Luis Galindo | | | | | | | | | | | |
| Director-Exec Comm | 1.00 | х | | | | | | 0. | 0. | 0. | |
| Kristen Rabe | | | | | | | | | | | |
| Director-Exec Comm | 1.00 | х | | | | | | 0. | 0. | 0. | |
| Marylin Ackmann | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. | |
| Thomas Blakely | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. | |
| Bart Boling | | | | | | | | | | | |
| Director | 1.00 | х | | | | | | 0. | 0. | 0. | |
| Anne Marie Bratton | | | | | 1 | | | | | | |
| Director | 1.00 | х | | | | L | | 0. | 0. | 0. | |
| Todd Breeding | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. | |
| Sean Brennan | | | | | ļ | | | | | | |
| Director | 1.00 | Х | <u> </u> | | <u> </u> | | | 0. | 0. | 0. | |
| Charles Florsheim | | | | | | | | | | | |
| Director | 1.00 | x | L | L | $ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | | 0. | 0. | 0. | |
| Terri Gill | .] | | | | | | | | | | |
| Director | 1.00 | X | | | L_ | <u> </u> | | 0. | 0. | 0. | |

TEEA0107 04/24/09

| Part VII Section A. Officers, Directors, Trust | | | | | | | nc | Highest Con | pensated Empl | ovees | | age o nt.) |
|--|--------------------|--------------------------------|-----------------------|--------------|---------------|------------------------------|-------------|--|---|------------------------|--|----------------------|
| (A) | (B) | Ī | | | c) | | Ť | (D) | (E) | | (F) | |
| Name and Title | Average | | | | k all ti | | | Reportable | Reportable | | timated | |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | com fr org an | int of oth pensation om the anization d related anization | on 1 1 |
| Greg Irwin | | | | | | | ┪ | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| William Jenkins | | | | | П | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | Ο. |
| Sherry Key | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | Ο. |
| Jack Larson | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | Ο. |
| W.M. Lawhon | | | | | | | T | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Glenn Lewis | | Г | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Pam Lindley | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Dan E. Lowrance | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Richard Martin | | | | | | | | | | | | |
| Director | 1.00 | х | | | | ll. | | 0. | 0. | | | 0. |
| Melinda Mason | | | | | | | | | | | | |
| Director | 1.00 | х | | | | | | 0. | 0. | | | 0. |
| Ashley Mooring | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Ben Muro | | | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| Deborah Peoples | | | | | | | | | ł | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| 1 b Total | | | | | | Þ | | 80,000. | 0. | | | 0. |
| 2 Total number of individuals (including those in 1a) w | ho rece | ived | mor | e th | an \$ | \$100,0 | 000 |) in reportable cor | npensation from the | | | |
| organization • 0 | | | | | | | | | | | | |
| | | | | • | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in | | | ey e | mplo | oyee | e, or h | ngh | nest compensated | employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual | ortable | com | pen)? If | satio 'Ye | on a s' cc | nd ott omple | her te S | compensation fro Schedule J for su | om ch | 4 | | х_ |
| 5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School | ompensa edule J | ation for s | fror uch | n ar pers | ny ur son | nrelat | ed | organization for s | ervices | 5 | | <u>x</u> |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest compensate | ed indep | ende | ent c | ontr | racto | ors tha | at r | eceived more tha | n \$100,000 of | | | |

| | compensation from the organization. | actors that received more than \$100,000 or | |
|---|--|---|---------------------|
| | (A) Name and business address | (B) Description of Services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | - | · · · · · · · · · · · · · · · · · · · | |
| 2 | Total number of independent contractors (including those in 1) who received compensation from the organization ► 0 | ved more than \$100,000 in | |

Part VIII Statement of Revenue (B) (A) (D) (C) Total revenue Related or Revenue Unrelated exempt excluded from tax business under sections function revenue 512, 513, or 514 revenue 1 a 1a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b **b** Membership dues c Fundraising events 1 c 250,338 1 d d Related organizations 1 e 1,220,484 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f 880,012 Q Noncash contribus included in lns 1a-1f: h Total. Add lines 1a-1f 2,350,834. PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and 0 0. 15,167 15,167. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 250,338. OTHER REVENUE of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses h c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less. direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 2,366,001 Ο. 0. 15,167.

Arts Council of Fort Worth and Tarrant County

Form 990 (2008)

75-1158515

Page 9

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|---|--------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | | 1,515,433. | 1,515,433. | general expenses | ехрепѕеѕ |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | 2,000,000 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | , |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 552,857. | 0. | 552,857. | 0. |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 3,775. | 0. | 3,775. | 0. |
| 9 | Other employee benefits | | | | |
| 10 11 | Payroll taxes . Fees for services (non-employees) | 689. | 0. | 689. | 0. |
| | Management | | | | |
| | Legal | | | | |
| (| Accounting | 15,788. | 0. | 15,788. | 0. |
| (| d Lobbying | | | | |
| • | Prof fundraising svcs. See Part IV, In 17 | | | | |
| f | Investment management fees | | | | |
| ç | Other . | 11,417. | 4,630. | 6,787. | 0. |
| 12 | Advertising and promotion . | 3,434. | 3,434. | 0. | 0. |
| 13 | Office expenses . | 15,122. | 60. | 13,529. | 1,533. |
| 14 | Information technology . | 32,755. | 0. | 32,755. | 0. |
| 15 | Royalties . | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 8,747. | 6,069. | 2,678. | 0. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 6,485. | 1,007. | 3,155. | 2,323. |
| 20 | Interest . | | | | |
| 21 | • | | | | |
| 22 | Depreciation, depletion, and amortization | 8,835. | 0. | 8,835. | 0. |
| 23 24 | Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | c | | : |
| ā | Annual Fund Expenses | 7,023. | 7,023. | 0. | 0. |
| | Bank & Credit Card Fees | 4,106. | 3,773. | 333. | 0. |
| (| Contract Labor | 35,347. | 0. | 35,347. | 0. |
| (| Dues & Memberships | 2,684. | 0. | 2,566. | 118. |
| • | Education & Outreach | 4,720. | 4,720. | 0. | 0. |
| 1 | All other expenses | 69,781. | 6,036. | 37,329. | 26,416. |
| 25 | Total functional expenses. Add lines 1 through 24f | 2,298,998. | 1,552,185. | 716,423. | 30,390. |
| 26 | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | | | Form 990 (2008) |

| | | - Balance onest | | | | ГТ | | | | |
|-------------|---|---|---------|---|------------------------------------|--|--------------|----------------------|--------------|--|
| | | | | | (A) Beginning of year | | (I End o | B) of year | | |
| | 1 | Cash – non-interest-bearing | | | 271,277. | 1 | 6 | 98,2 | 77 | |
| | 2 | Savings and temporary cash investments . | | • • • • • | 2,2,2,,, | 2 | | | • • • • | |
| | 3 | Pledges and grants receivable, net | | • | 1,514,858. | 3 | 1.4 | 39,2 | 228 | |
| | 4 | Accounts receivable, net | | · | 5,263. | 4 | | | 263. | |
| | 5 | Receivables from current and former officers, directors | s trust | ees kev emplovees | | | | | | |
| | | or other related parties Complete Part II of Schedule | L L | ces, key employees, | | 5 | | | | |
| | 6 | Receivables from other disqualified persons (as define | ed unde | er section 4958(f)(1)) | | | | | | |
| _ | | and persons described in section 4958(c)(3)(B) Comp | lete P | art II of Schedule L | | 6 | _ | | | |
| ASSETS | 7 | Notes and loans receivable, net | | | | 7 | | | | |
| S E | 8 | Inventories for sale or use | | | | 8 | | | | |
| S | 9 | Prepaid expenses and deferred charges | | | 0. | 9 | | 56,5 | 500. | |
| | 10 a | | - | | | | | | | |
| | 1 | Less: accumulated depreciation. Complete Part VI of | | | | | | | | |
| | | Schedule D | 10 ь | 72,656. | 19,334. | 10 c | | 14,0 |)22. | |
| | 11 | Investments - publicly-traded securities | | | , | 11 | | | | |
| | 12 | Investments – other securities See Part IV, line 11 | | | | 12 | | | | |
| | 13 | Investments – program-related See Part IV, line 11 | | | | 13 | | | | |
| | 14 | Intangible assets | | | | 14 | | | | |
| | 15 | Other assets See Part IV, line 11 | | | 555,532. | 15 | 1 | 31,0 | 02. | |
| | 16 | Total assets Add lines 1 through 15 (must equal line | 34) | | 2,366,264. | 16 | | 44,2 | | |
| | 17 | Accounts payable and accrued expenses | | | 40,142. | 17 | | | 500. | |
| | 18 | Grants payable | | | | 18 | | | | |
| | 19 | Deferred revenue | | | | 19 | | | | |
| Ļ | . | | | | | | | | | |
| À | 21 Escrow account liability. Complete Part IV of Schedule D | | | | | | | | | |
| LIABILITIES | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified per | tees, | ey employees, | | | | | | |
| Ī | | | | | | | | | | |
| Ē | | of Schedule L . | | | - - | 22 | | | | |
| S | 23 | Secured mortgages and notes payable to unrelated th | rd par | ties | | 23 | | | | |
| | 24 | Unsecured notes and loans payable | | - | | 24 | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | - | 0. | 25 | | 22, | | |
| | 26 | Total liabilities. Add lines 17 through 25 | E-1 | | 40,142. | 26 | | 23,0 |)54. | |
| N E T | | Organizations that follow SFAS 117, check here | X a | nd complete lines | | | | | | |
| _ | | 27 through 29 and lines 33 and 34. | | · | | | | | | |
| ASSE | 27 | Unrestricted net assets | | | 2,326,122. | 27 | 2,3 | 21,2 | 238. | |
| Ē Š | 28 | Temporarily restricted net assets | | • | | 28 | | | | |
| P | 29 | Permanently restricted net assets | | H | | 29 | | | | |
| | | Organizations that do not follow SFAS 117, check he | re - | and complete | | | | | | |
| FUZD | | lines 30 through 34. | | - | | | | - | - • | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | . | | | |
| Ÿ | 31 | Paid-in or capital surplus, or land, building, and equip | | - T | | 31 | _ | | | |
| Ā | 32 | Retained earnings, endowment, accumulated income, | or oth | er tunas | 0.226.122 | 32 | | | | |
| BALAZCES | 33 | Total net assets or fund balances. | | - | 2,326,122. | 33 | | 21,2 | | |
| | 34 rt X | Total liabilities and net assets/fund balances. | | | 2,366,264. | 34 | 2,3 | 44,2 | 92. | |
| Pa | irt X | Financial Statements and Reporting | | | | | | Г у | | |
| | | | | □ ∧ | Oth | | | Yes | No | |
| | | • | Cash | | Other | | | | - | |
| 2 | | re the organization's financial statements compiled or r | | • | countant? | | 2a | | <u> </u> | |
| | | ere the organization's financial statements audited by ar | | | for according - f 11 | 1.4 | 2b | _X | | |
| | c if " | Yes' to 2a or 2b, does the organization have a committe new, or compilation of its financial statements and sele | e inat | assumes responsibility an independent accour | ior oversight of the aud itant? | нτ, | 2 c | x | | |
| 3 | | a result of a federal award, was the organization required that and OMB Circular A-133? | | | | ngle | | | | |
| _ | | | | | | - | 3a | | X | |
| _ | | Yes,' did the organization undergo the required audit or | audits | ? | | | 3 b | 000 | (0000) | |
| BA | Α | | | | | | Form | 1 990 (| (2008) | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer identification number Arts Council of Fort Worth and Tarrant County 75-1158515 F

| art | <u> </u> | Reason for Pul | blic Charity Statu | s (All organizations | must c | comple | te this | part. | (see | nstruct | lions) | | |
|------|----------|---|---|--|---------------------------------|---|-------------------|--|----------------------|--|-------------------------|-----------------|-----------|
| he o | rga | nization is not a priv | ate foundation becaus | se it is. (Please check on | ly one o | rganızat | ion.) | | | | | | |
| 1 | \Box | A church, convention | on of churches or asso | ciation of churches descr | ribed in s | section | 1 70(b)(1 |)(A)(i). | | | | | |
| 2 | П | A school described | in section 170(b)(1)(A | (Attach Schedule E | .) | | | | | | | | |
| 3 | П | A hospital or coope | rative hospital service | organization described in | n sectio | n 170(b) | (1)(A)(ii | i). (Atta | ch Sche | dule H.) | | | |
| 4 | П | A medical research | organization operated | d in conjunction with a ho | spital de | escribed | ın secti | on 170(| b)(1)(A) | (iii). Ente | r the hospi | tal's | |
| | _ | name, city, and sta | ite. | | | | | | | | | | |
| 5 | | An organization open 170(b)(1)(A)(iv). (Control of the control of | | of a college or university | owned o | r operat | ed by a | governr | nental u | nıt descr | ibed in sec | tion | |
| 6 | | A federal, state, or | local government or g | overnmental unit describ | ed in se | ction 17 | 0(b)(1)(<i>i</i> | 4)(v). | | | | | |
| 7 | | | at normally receives a ((A)(vi). (Complete Pa | substantial part of its sup art II.) | port from | n a gov | ernment | al unit d | or from t | he gener | al public de | escribe | ed |
| 8 | <u>X</u> | A community trust of | described in section 1 | 70(b)(1)(A)(vi). (Complete | e Part II. |) | | | | | | | |
| 9 | Ш | from activities relat investment income | ed to its exempt functi | more than 33-1/3 % of lons — subject to certain as taxable income (less somplete Part III.) | exceptio | ns, and | (2) no r | nore tha | an 33-1/3 | 3 % of its | s support fr | om gre | oss |
| 10 | | An organization org | ganized and operated o | exclusively to test for pub | lic safet | y See s | ection 5 | 509(a)(4 |). (see | nstructio | ns) | | |
| 11 | | more publicly support | orted organizations de | exclusively for the benefit escribed in section 509(a) ation and complete lines | (1) or so | ection 5 | 09(a)(2) | ions of, . See s e | or carry ection 5 | out the 09(a)(3). | purposes o Check the | f one of box th | or nat |
| | | a Type I | b Type II | c Type III | l – Func | tionally | integrate | ed | | d 🗌 | Type III- | Other | |
| е | | | | panization is not controlle one or more publicly sup | | | | | | | | | |
| f | | If the organization recheck this box | received a written dete | ermination from the IRS th | hat is a ⁻ | Гуре I, Т | Гуре II о | r Type I | II suppo | rting org | anızatıon, | | |
| g | | Since August 17, 20 | 006, has the organizat | ion accepted any gift or | contribu | tion fron | n any of | the foll | owing p | ersons? | | | |
| _ | | | | | | | | | | | | Yes | No |
| | | | directly or indirectly c verning body of the su | ontrols, either alone or to pported organization? | ogether v | vith pers | sons des | scribed | n (II) an | d (III) | 11 g (i) | | |
| | | (ii) a family mem | ber of a person descr | ribed in (i) above? | | | | | | | 11 g (ii) | | |
| | | (iii) a 35% control | lled entity of a person | described in (i) or (ii) ab- | ove? | | | | | | 11 g (iii) | | |
| h | | Provide the following | ng information about th | ne organizations the orga | nızatıon | support: | S | | | | | | |
| | (i |) Name of Supported Organization | (ii) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) listed gove | is the ion in col in your rning ment? | the organ | ou notify ization in (i) of upport? | l organizát | s the ion in col zed in the 5 ? | (vii) Amour | it of Sup | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

| | edule A (Form 990 or 990-EZ) 200 t II Support Schedule for | | | | rrant County | | |
|------|---|-----------------------------------|-----------------------|---------------------|---------------------|-------------------------|-------------------------|
| rai | (Complete only if you checke | • | | | | iu 170(b)(1)(A) | (VI) |
| Sec | tion A. Public Support | | 1 | | | , | |
| oegi | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') | 1,443,857. | 1,163,753. | 1,808,309. | 2,232,897. | 2,350,834. | 8,999,650. |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| - | Total. Add lines 1-3 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) | 1,443,857. | 1,163,753. | 1,808,309. | 2,232,897. | 2,350,834. | 8,999,650. |
| | Public support. Subtract line 5 from line 4 | | | | | | 8,999,650. |
| Sec | tion B. Total Support | | ī | | | | т |
| | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 1,443,857. | 1,163,753. | 1,808,309. | 2,232,897. | 2,350,834. | 8,999,650. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 8,204. | 15,327. | 25,549. | 9,165. | 15,167. | 73,412. |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) | 450. | 0. | | | | 450. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9,073,512. |
| 12 | Gross receipts from related activ | rities, etc. (see ins | tructions) . | | • | 12 | |
| 13 | First five years. If the Form 990 organization, check this box and | is for the organization stop here | ation's first, second | d, third, fourth, o | r fifth tax year as | a section 501(c)(3 |) ▶∏ |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| | Public support percentage for 20 | | - · · | e 11, column (f) | | 14 | 99.19% |
| | Public support percentage for 20 a 33-1/3 support test — 2008. If the | e organization did | not check the box | | the line 14 is 33-1 | 15 /3 % or more, che | 99.21 % eck this box |
| ı | and stop here. The organization 33-1/3 support test — 2007. If the and stop here. The organization | e organization did | not check a box o | n line 13, or 16a, | and line 15 is 33. | 1/3% or more, ch | eck this box |
| 17: | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | nd-circumstances' | test, check this b | oox and stop here. | . Explain in Part I | √ how |
| ı | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and | meets the 'facts-a | nd-circumstances' | test, check this b | oox and stop here | . Explain in Part I | |

| Sche | dule A (Form 990 or 990-EZ) 2008 | Arts Cour | ncil of Fort | Worth and Ta | rrant County | 75-1158515 | Page 3 |
|------|--|--------------------|------------------|---------------------|-----------------------|-------------------|-------------------|
| Par | | | | | | | |
| | (Complete only if you chec | ked the box on lii | ne 9 of Part I.) | | | | |
| Sect | ion A. Public Support | _ | , | | | | |
| | dar year (or fiscal yr beginning in)► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 | | | | | | |
| | 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 | | | | | | |
| 7 a | Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 | | | | | | |
| | and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| С | Add lines 7a and 7b | | | | <u> </u> | | · |
| 8 | Public support (Subtract line | | | | | | |
| | 7c from line 6) | | | | | | |
| | ion B. Total Support | | • | 1 | 1 | | |
| | idar year (or fiscal yr beginning in) 🟲 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 6 | | | | | | |
| iua | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total support. (add Ins 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | | | d, third, fourth, o | r fifth tax year as a | section 501(c)(3) | ▶ □ |
| | ion C. Computation of Pul | | | | | | |
| | Public support percentage for 200 | , | • | | | 15 | <u>%</u> |
| | Public support percentage from 2 | | | | | 16 | %% |
| | tion D. Computation of Inv | | | | (0) | | |
| | Investment income percentage for | | | | nn (f)) | 17 | <u>%</u> |
| | Investment income percentage from 23.1/2 current tests 2009. If the | | | | d lina 15 ia | . [18] | % 20.17 to pot |
| ıza | a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |

b 33-1/3 support tests — **2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

| Schedule | A (Form 99 | 90 or 990-E | EZ) 2008 | Arts Co | ouncil o | of For | t Worth | and Ta | arrant Co | ounty | 75-11585 | 15 | 2age 4 |
|----------|------------|-------------|-------------|------------------|----------------|---------|----------|----------|-------------|----------------|-------------|---------------------------------|----------------|
| Part IV | Supple | mental | Informat | i on. Com | plete th | s part | to provi | de the e | explanation | n requi | red by Par | t II, line 10; instructions) | |
| | Part II, | line 17a | or 17b; | or Part I | II, line 1 | 2. Prov | ride any | other a | additional | ınforma | ation. (see | instructions) | |
| • | | | | | | | | | | | | | |
| Other_ | Income | Part 1 | I, Lin | <u>e 10</u> | | | | | | | | | |
| | | | | | | | | | | | | | |
| Descri | ption: | Miscel | laneou | s | | | | | | | | | |
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| 2004: | 450 | | | | | | | | | - - | | | |
| 2005. | ^ | | | | | | | | | | | | |
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TEEA0404 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

| Art | ts Council of Fort Worth and | Tarrant County | 75-1158515 | | | | | |
|-----|--|--|--|--|--|--|--|--|
| Pai | rt I Organizations Maintaining Dono | Advised Funds or Other Similar Fur | nds or Accounts Complete if | | | | | |
| | the organization answered 'Yes' to Form 990, Part IV, line 6. | | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate contributions to (during year) | - | | | | | | |
| 3 | Aggregate grants from (during year) | 2 | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| _ | Did the organization inform all donors and donor | or advisors in writing that the assets held in der | or adviced | | | | | |
| 5 | funds are the organization's property, subject to | o the organization's exclusive legal control? | ∐ Yes ☐ No | | | | | |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for the impermissible private benefit?? | s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor or other | s may be | | | | | |
| Pa | rt II Conservation Easements Comple | ete if the organization answered 'Yes' | to Form 990, Part IV, line 7. | | | | | |
| | Purpose(s) of conservation easements held by | | | | | | | |
| - | Preservation of land for public use (e.g., re | · · · · · · · · · · · · · · · · · · · | of an historically important land area | | | | | |
| | Protection of natural habitat | · · · · · | of certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | | qualified conservation contribution in the form | of a conservation easement on the last day | | | | | |
| | - | | Held at the End of the Year | | | | | |
| ; | a Total number of conservation easements | | 2a | | | | | |
| ı | b Total acreage restricted by conservation easen | nents | 2b | | | | | |
| | c Number of conservation easements on a certifi | ed historic structure included in (a) | 2c | | | | | |
| | d Number of conservation easements included in | (c) acquired after 8/17/06 . | 2 d | | | | | |
| 3 | Number of conservation easements modified, t | ransferred, released, extinguished, or terminate | ed by the organization during the taxable | | | | | |
| | year ► | | | | | | | |
| 4 | Number of states where property subject to cor | | _ | | | | | |
| 5 | enforcement of the conservation easement it h | olds? | ∐ Yes ∐ No | | | | | |
| 6 | Staff or volunteer hours devoted to monitoring, | inspecting, and enforcing easements during the | e year ► | | | | | |
| 7 | Amount of expenses incurred in monitoring, ins | specting, and enforcing easements during the y | ear > \$ | | | | | |
| 8 | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(i)? | line 2(d) above satisfy the requirements of sec | tion Yes No | | | | | |
| 9 | In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements | orts conservation easements in its revenue and the organization's financial statements that de | expense statement, and balance sheet, and scribes the organization's accounting for | | | | | |
| Pa | rt III Organizations Maintaining Colle | ctions of Art, Historical Treasures, or | r Other Similar Assets | | | | | |
| | Complete if the organization ans | wered 'Yes' to Form 990, Part IV, line | 8. | | | | | |
| 1: | a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer | c exhibition, education, or research in furtheran | | | | | | |
| ļ | b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items | SFAS 116, not to report in its revenue statemei c exhibition, education, or research in furtheran | nt and balance sheet works of art, historical ice of public service, provide the following | | | | | |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | . > \$ | | | | | |
| | (ii) Assets included in Form 990, Part X | | ► \$ | | | | | |
| 2 | If the organization received or held works of ar amounts required to be reported under SFAS 1 | t, historical treasures, or other similar assets fo 16 relating to these items | r financial gain, provide the following | | | | | |
| | a Revenues included in Form 990, Part VIII, line | 1 | ► \$ | | | | | |
| | b Assets included in Form 990, Part X | | > \$ | | | | | |

| Schedule D (Form 990) 2008 Arts | | | | | | | 75-115 | | | Page 2 |
|--|--|---------------------------------------|---------------------------------------|--------------|---------------------|---------------|----------------|--------------|---------------|-------------|
| Part III Organizations Mainta | ining Colle | ctions | of Art, Histo | <u>orica</u> | l Treasures, o | r Other Si | milar Ass | ets (c | <u>ontınu</u> | <u>ed)</u> |
| 3 Using the organization's accession that apply) | n and other re | ecords, | check any of the | follov | ving that are a sig | nıfıcant use | of its collect | ion iten | ns (ched | :k all |
| a Public exhibition | | | — | | hange programs | | | | | |
| b Scholarly research | | | e 📙 Other | | | ν | | | | |
| c Preservation for future genera | | | | | | | | | | |
| 4 Provide a description of the organ Part XIV. | | | · | _ | _ | | | ın | | |
| 5 During the year, did the organizat | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | |
| Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1 a Is the organization an agent, trus included on Form 990, Part X? | | | | | | r assets not | ! | Yes | | No |
| b If 'Yes,' explain the arrangement | ın Part XIV ar | nd comp | lete the followin | g tabl | e: | гТ | | | | |
| | | | | | | | | Amoun | | |
| c Beginning balance | | | • | | | 1c | | | | |
| d Additions during the year | | | | | | 1 d | | | | |
| e Distributions during the year | | | | | | 1e | | ······ | | |
| f Ending balance | | 000 1 | D-4 V 1 012 | | | 1f | | | | TN- |
| 2a Did the organization include an a | | n 990, i | Part X, line 217 | | | | | Yes | | _ No |
| b If 'Yes,' explain the arrangement Part V Endowment Funds Co | | raaniz | ation answer | od 'V | 'es' to Form 9 | 00 Part IV | / line 10 | | | |
| Part V Elidowillent Funds Co | | | | | (c) Two years bac | | ree years back | (0) | Four years | - back |
| 1 a Paginning of year halance | (a) Current | уеаг | (b) Prior yea | | (c) Two years bac | K (a) 1111 | ee years back | (e) | our year | , Dack |
| • • | 1 a Beginning of year balance | | | | | | | | | |
| b Contributions | | | | | | | | | · · · · · | |
| c Investment earnings or losses | | · · · · · · · · · · · · · · · · · · · | | | | | | - | | |
| d Grants or scholarships | | | | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | | ļ | | |
| f Administrative expenses | | | | | | _ | | ļ | | |
| g End of year balance . | | | <u>.</u> | | | | | <u> </u> | | |
| 2 Provide the estimated percentage | _ | nd bala | nce held as | | | | | | | |
| a Board designated or quasi-endow | rment 🕨 | | * | | | | | | | |
| b Permanent endowment ► | ₩ | | | | | | | | | |
| c Term endowment ► | % | | | | | | | | | |
| 3a Are there endowment funds not in organization by | the possessi | on of th | ie organization t | hat ar | e held and admını | stered for th | е | | Yes | No |
| (i) unrelated organizations | | | | | | | | 3a(i) | | |
| (ii) related organizations | | | | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(II), are the related o | rganizations l | sted as | required on Scl | nedule | R? | | | 3b | | |
| 4 Describe in Part XIV the intended | uses of the o | rganıza | tion's endowme | nt fund | ds | | | | | |
| Part VI Investments—Land, B | uildings, a | <u>nd Eq</u> | uipment. Se | e For | m 990, Part X | , line 10. | | | | |
| Description of investment | Description of investment (a) Cost or other basis (b) Cost or other basis (c) Depreciation (d) Book Value basis (other) | | | | | | | lue | | |
| 1 a Land | | | | | | | | | | |
| b Buildings | | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | | |
| d Equipment | d Equipment 36,000. 28,505. 7,495. | | | | | | | | | |
| e Other | e Other 50,678. 44,151. 6,527 | | | | | | | | | |
| Total. Add lines 1a-1e (Column (d) sho | ould equal For | m 990, i | Part X, column | (B), lir | ne 10(c)) | | ▶ | | 14, | 022. |

| Part VII Investments—Other Securities See F | Form 990, Part X, Im | ne 12. | |
|---|--|--|-------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valual Cost or end-of-year mark | tion ket value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Table (Octoor (b) should soud Form 000 Bart V and (B) bar 12) | - | | |
| Total. (Column (b) should equal Form 990 Part X, col (B) line 12) | | 12) | |
| Part VIII Investments-Program Related (See | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuat | |
| | | Cost or end-of-year mark | ket value |
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| Total. Column (b)(should equal Form 990, Part X, Col (B) line 13) | | | |
| Part IX Other Assets (See Form 990, Part X | line 15) | | |
| | Pescription | | (b) Book value |
| | rescription | | 0 . |
| Certificate of Deposit Receivable from Fort Worth Communit | - 1-b- Cb | | |
| | | | 97,288. |
| Receivable from Texas Commission on | Arts | | 33,714. |
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| Total. Column (b) Total (should equal Form 990, Part X, co | ol.(B), line 15) | ▶ | 131,002. |
| Part X Other Liabilities (See Form 990, Part | | | |
| (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | (4) 1 11/10 4/14 | | |
| Payable to Fort Worth Community Arts Cen | ter 22,55 | .4 | |
| Payable to Fort Worth Community Arts Cen | 1CE1 22,55 | · · · | |
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| Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) | ► 22,55 | 4. | |
| In Part XIV, provide the text of the footnote to the organiza | <u> </u> | | for uncertain tax |
| positions under FIN 48. | | | |

Schedule D (Form 990) 2008 Arts Council of Fort Worth and Tarrant County

75-1158515

Page 3

| Sche | dule D (Form 990) 2008 Arts Council of Fort Worth and Tarrant County | 75-1158515 | Page 4 |
|-------------|--|-------------------|------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | · | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | 2,366,001. |
| ٠2 | Total expenses (Form 990, Part IX, column (A), line 25) | · L: | 2,298,998. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 67,003. |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities . | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments . | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net) Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 67,003. |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 2,366,001. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | _, |
| | Net unrealized gains on investments | | |
| | Donated services and use of facilities | } | |
| | Recoveries of prior year grants | _ | |
| | | - | |
| | outer (2000) to the contract of the contract o | | |
| | Add lines 2a through 2d | 2 e | 2 366 001 |
| | Subtract line 2e from line 1 | 3 | 2,366,001. |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b | — | |
| | Other (Describe in Part XIV) | <u> </u> | |
| | Add lines 4a and 4b | 4c | |
| _5_ | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | 2,366,001. |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | | |
| | Total expenses and losses per audited financial statements | -1 | 2,298,998. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| ā | Donated services and use of facilities . 2a | <u> </u> | |
| t | Prior year adjustments 2b | | |
| C | Losses reported on Form 990, Part IX, line 25 | | |
| C | d Other (Describe in Part XIV) | | |
| 6 | Add lines 2a through 2d | 2 e | |
| 3 | Subtract line 2e from line 1 | 3 | 2,298,998. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| | Other (Describe in Part XIV) | | |
| | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) | 5 | 2,298,998. |
| | t XIV Supplemental Information | | |
| Com line | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | /, lines 1b and 2 | b; Part V, |
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TEEA3304 12/23/08

BAA

Schedule D (Form 990) 2008

| Schedule D | (Form 990) 2008 | Arts Council of Fort Worth and Tarrant County | 75-1158515 Page 5 |
|-------------------|-----------------|---|-------------------|
| Part XIV | Supplemental | Arts Council of Fort Worth and Tarrant County Information (continued) | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

Open to Public Inspection

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service

| lame of the organization | | | | | | Employer identific | ation number | |
|--|-------------------|--------------|------------------------|--|------------------------|---------------------------|---------------------|--|
| Arts Council of Fort Worth and Tarrant County | | | | | 75-1158515 | | | |
| Part I Fundraising Activities. | | | | | swered 'Yes' to | Form 990, Part IV | . line 17. | |
| 1 Indicate whether the organization ra | | | | | | | | |
| Mail solicitations | aroca rarias tra- | ough uniy c | 7 010 10110 | | Solicitation of non- | • | | |
| — | | | | _ | | · | | |
| Email solicitations | | | | | Solicitation of gover | = | | |
| Phone solicitations | | | | Ш | Special fundraising | events | | |
| In-person solicitations | | | | | | | | |
| 2a Did the organization have written o | r oral agreeme | nt with any | undividua | ıl (ını | cluding officers, dire | actore truetone or key | | |
| employees listed in Form 990, Part | VII) or entity ii | n connection | on with pro | ofess | sional fundraising se | ervices? | ☐ Yes ☐ No | |
| · • | | | • | | • | | | |
| b If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the | e organization | Form 990 | EZ filers ai | re no | ot required to compl | ete this table | 51 15 to be | |
| | <u> </u> | | | i | | (v) Amount paid to | | |
| (i) Name of individual | (ii) Activity | | fundraiser | 6 | v) Gross receipts | (or retained by) | (vi) Amount paid to | |
| or entity (fundraiser) | | have custor | ly or control butions? | ' | from activity | fundraiser listed in | (or retained by) | |
| | | | Dullons: | ļ | | col (ı) | organization | |
| | | Yes | No | 1 | | | | |
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| Total | | | . ▶ | | | | | |
| 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | | | | | | . , | |
| 3 List all states in which the organiza or licensing | tion is registere | ed or licen | sed to soli | icit fu | unds or has been no | itified it is exempt from | registration | |
| or necrosing | | | | | | | | |
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| | | G (Form 990 or 990-EZ) 2008 Arts Co | | | | | F | ⊃age 2 | |
|----------------------|---|---|--------------------------------|---|------------------------|--|-------------------------|---------------|--|
| Pai | <u>rt II</u> | Fundraising Events. Complete if | the organization a | nswered 'Yes' to Fo | orm 990, Part IV, II | ne 18, (| or - or | 00 | |
| | | reported more than \$15,000 on F | | | | | | | |
| • | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Ev (Add col (a) t | | nts rouah | |
| | | | Toast of the Town (event type) | Affair of the Arts | (total number) | (0 | ol (c)) | oug | |
| R | | | (event type) | (event type) | (total number) | | | | |
| REVENUE | ١., | | | | | | | | |
| N | 1 | Gross receipts . | 148,200. | 102,138. | | | 250, | <u>338.</u> | |
| Ē | _ | | | | | | | | |
| | 2 | Less Charitable contributions | 148,200. | 102,138. | | | 250, | <u>338.</u> | |
| | _ | | 1 | | | | | _ | |
| | 3 | Gross revenue (line 1 minus line 2) | 0. | 0. | | | · | <u> </u> | |
| | ١. | Cook www.co | | | | | | | |
| _ | 4 | Cash prizes | | | | | | | |
| D I | _ | Niam anala assana | | | | | | | |
| R E C T | 5 | Non-cash prizes | | | | | | | |
| Ç T | _ | Doublfoodsky and | | | | | | | |
| E | 6 | Rent/facility costs | | | | ├── | | | |
| P | ١, | Other desert surgers | 43 071 | 20 007 | | | | 0.50 | |
| N | ′ | Other direct expenses | 43,871. | 28,007. | | | /1, | 878. | |
| EXPERSES | 8 | Direct expense summary Add lines 4- th | rough 7 in column (d) | | | | 71 | 070 | |
| 3 | 9 | Net income summary Combine lines 3 ar | | | | | -71,8 | 878. | |
| Par | | Gaming. Complete if the organization | | s' to Form 990 Pa | rt IV June 19, or rei | ported i | | | |
| <u> </u> | <u> </u> | \$15,000 on Form 990-EZ, line 6a | ation answered Te | 3 (0 1 01111 330, 1 a | it iv, into 19, or top | Joi tea i | nore u | iaii | |
| | I | | 1 | | | | | | |
| Ŗ | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive | (c) Other gaming | (d) To | otal game of (a) thr | ing rough | |
| Ž | | | | bingo | | C | ol (c)) | ougii | |
| RE>ENUE | | | | | | | | | |
| Ĕ | 1 | Gross revenue | | | | | | | |
| | | | | | | | | | |
| | 2 | Cash prizes | | | | | | | |
| Ę | | · | | | | | | | |
| Įĝ | 3 | Non-cash prizes | | | | | | | |
| DIRECT | ŀ | · | | | | | | | |
| ŢĔ | 4 | Rent/facility costs | | | | | | | |
| 3 | ŀ | · | | | | | | | |
| | 5 | Other direct expenses | | | | 1 | | | |
| | | · | Yes % | Yes % | Yes % | | | | |
| | 6 | Volunteer labor . | No | No - | No | | | | |
| | | | | | | | | | |
| | 7 | Direct expense summary Add lines 2 thro | ough 5 in column (d) | | • | | | | |
| | ļ | | | | | | | | |
| | _ 8 | Net gaming income summary Combine II | nes 1 and 7 in column (| (d) . | • | | | | |
| | | | | | | | YES | NO | |
| 9 | Ente | er the state(s) in which the organization ope | erates gaming activities | • | | [| | | |
| a | a is the organization licensed to operate gaming activities in each of these states? 9a | | | | | | | | |
| t | b If 'No,' Explain: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | _ | |
| 10 a | Wer | e any of the organization's gaming licenses | s revoked, suspended or | terminated during the | tax year? | 10 | 0 a | | |
| b If 'Yes,' Explain. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | |] | . | | |
| 11 | Doe | s the organization operate gaming activitie | s with nonmembers? | | | 11 | 1 | <u></u> | |
| 12 | Is th | ne organization a grantor, beneficiary or tru | stee of a trust or a men | nber of a partnership or | other entity formed to | | | | |
| | 2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | | | | | | | |

| | | YES | NO |
|--|---------|--------|------|
| 13 Indicate the percentage of gaming activity operated in: | | | |
| · a The organization's facility | | | |
| b An outside facility | | | |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records | | | i |
| Name. • | | | |
| Address <u> </u> | | | ļ |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? | 15a | | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount | | | |
| of gaming revenue retained by the third party \$ | | | , |
| c If 'Yes,' enter name and address | | | |
| | | | |
| Name. | | | |
| Address· | | | |
| 16 Gaming manager information | | | |
| Name. ► | | | |
| Gaming manager compensation \$ | | | j |
| Description of services provided· • | | | |
| ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 Mandatory distributions | | | 1 |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | · |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | | |
| organization's own exempt activities during the tax year: 🕨 💲 | | | |
| BAA TEEA3703 07/18/08 Schedule G (Form 9 | 90 or 9 | 90-EZ) | 2008 |

Schedule G (Form 990 or 990-EZ) 2008 Arts Council of Fort Worth and Tarrant County 75-1158515

Page 3

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

| Department of the Treasury Internal Revenue Service | Name of the organization |
|---|--------------------------|
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Employer identification number

Open to Public Inspection

75-1158515

OMB No 1545-0047 2008

> of Fort Worth and Tarrant County General Information on Grants and Assistance Arts Council Parti

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

% X

☐ Yes

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

| Part IV and Schedule I-1 (Form 990) if additional space is needed | Form 990) if ado | litional space is | needed | | | | • |
|--|----------------------|-------------------------------|--------------------------|--------------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Amon Carter Museum 3501 Camp Bowie Blvd. | | | | | | | |
| | 75-1077979 | 501 (c) 3 | 18,750. | | | | Support |
| Amphibian Productions | | | | | - | | |
| 2429 Colonial Parkway | | _ | | | | | |
| Fort Worth TX 76109 | 75-2920347 | 501 (c) 3 | 24,401. | | | | Support |
| Artes de la Rosa/Latin Ar | | | | | | | |
| 1442 N. Main Street | | | | · | | | |
|) | 31-1634474 | 501 (c) 3 | 26,000. | | | | Support |
| Fifth Avenue Foundation | | | | | | | |
| 1628 5th Avenue | | | | | | | |
| 610 | 75-1659424 | 501 (c) 3 | 25,000. | | | | Support |
| Ballet Concerto, Inc. | | | | | | | |
| 3803 Camp Bowie Blvd | | | • | | | | |
| Fort Worth TX 76107 | 23-7060119 | 501(c)3 | 13,500. | | | | Support |
| Ballet Folklorica Azteca | | | | | | | |
| 4200 S. Freeway, #1830 | | | | | | | |
| Fort Worth TX 76115 | 75-1809434 | 501 (c) 3 | 5,684. | | | | Support |
| Ballet Folklorica de Fort | | | | | | | |
| 3309 Highlawn Terr. | | | | | | | |
| Fort Worth TX 76133 | 20-2968767 | 501(c)3 | 8,020. | | | | Support |
| Butterfly Connection | | | | | | | |
| 2909 Schwartz | | | | | | | |
| 76164 | 20-4469712 | 501 (c) 3 | 23,758. | | | | Support |
| 2 Enter total number of section 501(c)(3) and government organizations | 3) and government or | rganizations | | | | • | 30 |

z Enter total number of section 501(c)(3) and government organizations

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

TEEA3901 12/19/08

Schedule I (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number of Fort Worth and Tarrant Department of the Treasury Internal Revenue Service Name of the organization Arts Council

| Ч | and Tarrant | County | | | | 75-1158515 | |
|---|-------------------|------------------------------------|--|-----------------------------------|---|--|------------------------------------|
| Part Continuation of Grants and Other Assistance to Go | nd Other Assistan | ce to Governments | vernments and Organizations in the U.S. (Schedule I (Form 990), Part I | s in the U.S. (Sched | dule I (Form 990 | Part II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
| Casa Manana, Inc 930 W. First Steet, #200_ Fort Worth TX 76102 | 5852860-52 | 501(c)3 | 148,876. | | | | Support |
| Centro Cultural de las Am 1300 Gendy Street Fort Worth TX 76107 | 75-2844253 | 501 (2) 3 | 000 41 | | | : | ta com |
| Circle Theatre, Inc. PO Box 470456 Fort Worth TX 76147 | 75-1777222 | | 40,844. | | | | Support |
| Contemporary Dance-Fort W PO Box 11652 Fort Worth TX 76110 | 75-2232446 | 501(c)3 | 18,000. | | | | Support |
| Danza_Cultural | 75-2690011 | 501(c)3 | 6,000. | | | | Support |
| Fort Worth Classical Guit PO Box 821954 Fort Worth TX 76182 | 75-2597517 | 501(c)3 | 39,200. | | | | Support |
| Fort Worth Opera Associat 1300 Gendy Street Fort Worth TX 76107 | 75-0945915 | 501(c)3 | 181,913. | | | | Support |
| Fort Worth Symphony Orche 330 E. 4th Street, #200 - Fort Worth TX 76102 | 75-6004761 | 501(c)3 | 339,756. | | | | Support |
| Hip Pocket Theatre 1950 Silver Creek Road Fort Worth TX 76107 | 75-1626595 | 501(c)3 | 43,631. | | | | Support |

Enter total number of Section 501(c)(3) and government organizations 2 Enter total number of Section 501(c)(3) an3 Enter total number of other organizations

Schedule I-1 (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | Employer identification number | number |
|---|------------------------|------------------------------------|-----------------------------|--|---|--|------------------------------------|
| Arts Council of Fort Worth | h and Tarrant County | County | | | | 75-1158515 | |
| | nd Other Assistan | ce to Governments | and Organization | vernments and Organizations in the U.S. (Schedule I (Form 990), Part I | lule I (Form 990 |)), Part II.) | |
| (a) Name and address of organization or government | (a) | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
| Imagination Celebration o PO Box 3161 | 75-2392053 | ۶۵۱ (۲) ع | 3000 | | | | trocation |
| Jubilee Theatre 506 Main Street Fort Worth TX 76102 | 75-1867044 | | 53,000. | | | | Support |
| Kids Who Care, Inc | | 501(c)3 | 17,000. | | | | Support |
| Fort Worth Modern Art Mus 3200 Darnell Street Fort Worth TX 76107 | 75-2307639 | 501(c)3 | 14,763. | | | | Support |
| MONDO Durmmers 1628 5th Avenue Fort Worth IX 76104 | 75-2831486 | 501(c)3 | 25,000. | | | | Support |
| Schola Cantorum of Texas, 2463A Forest Park Blvd. Fort Worth TX 76110 | 75-1465378 | 501(c)3 | 22,327. | | | | Support |
| Stage_West, Inc 1300_Gendy_Street Fort Worth TX 76107 | 75-2495487 | 501(c)3 | 36,500. | | | | Support |
| TCU Piano Texas TCU Box 297456 Fort Worth TX 76129 | 75-0827465 | 501(c)3 | 15,000. | | | | Support |
| Texas Ballet Theatre | 84-1622654 | 501 (c) 3 | 97,137. | | | | Support |
| 2 Enter total number of Section 501(c)(3) and government organizations | (3) and government org | Janizations | | | | | |

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No f545-0047

Open to Public Inspection

| Name of the organization | | | | | | Employer identification number | n number |
|--|------------|------------------------------------|-----------------------------|--------------------------------------|---|--|------------------------------------|
| Arts Council of Fort Worth and Tarrant County | rrant C | ounty | | | | 75-1158515 | |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) | ssistano | e to Governments | and Organization | s in the U.S. (Sche | dule I (Form 990 | J), Part II.) | |
| (a) Name and address of organization or government | Z | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
| Texas_Boys_Choir, Inc 3901_S.Hulen_St Fort Worth TX 76109 75-0942885 | 185 | 501(c)3 | 15,336. | | | | Support |
| Texas_Camerata PO_Box_101901 Fort Worth TX 76185 75-2386615 | 115 | 501 (c) 3 | 7,500. | | | | Support |
| Van Cliburn Foundation, I 2525 Ridgmar Blvd., #307 Fort Worth TX 76116 75-1098332 | 132 | 501(c)3 | 109,107. | | | | Support |
| Youth Orchestra of Greate 4401 Trail Lake Drive - 75-1247818 | 318 | 501(c)3 | 25,075. | | | | Support |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of Section 501(c)(3) and government organizations3 Enter total number of other organizations | nment orga | anizations | | | | | |

Page 2 (Form 990) 2008 Arts Council of Fort Worth and Tarrant County

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 75-1158515 The organization regularly reviews the leadership and activities of each (e) Method of valuation (book, FMV, appraisal, other) beneficiary organization to determine is a grant will be made in the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients following year. (a) Type of grant or assistance Schedule I (Form 990) 2008 Pt_I Line_2 Pt_I Line 2 Pt_I_Line_2 Part III

BAA

Schedule 1 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Arts Council of Fort Worth and Tarrant County

55-1158515

Part I | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) (F) Position (check all that apply) Average hours per week Reportable compensation from Reportable compensation from Estimated amount of other Name and Title Individual to or director Former Highest compensated employee compensation from the organization and related the organization (W-2/1099 MISC) related organizations (W-2/1099-MISC) Institutional Key employee organizations l trustee Gary Simpson <u>0</u>. 1.00 x 0. 0. Director Leslie Sisk __ Ο. X 0. 0. 1.00 Director Robert Stevens X 0 0. Director 1.00 0. Amar Tanna 0. 0. Х 0. Director 1.00 Glenda Thompson 0 0. X 0. 1.00 Director Ginny Tigue 1.00 Х 0. 0. <u>o .</u> Director Dora Tovar 0. 0. 1.00 Х 0. Director Thomas Williams 0. 1.00 X 0. 0. Director Ulla Wilska_ 1.00 X 0. 0. 0. Director

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

75-1158515 Arts Council of Fort Worth and Tarrant County Pt V, Line 3b The organization did not receive unrelated business income in excess of \$1,000. Pt VI-A, Line 10 Copies of the 990 were provided to and approved by the finance committe and then by the board of directors. Pt VI-B, Line 12c Reviewed annually by management and reviewed with Board of Directors. Pt VI-B, Line 15 All data reviewed by finance committee with final decision by board. Pt VI-C, Line 19 These documents are all available upon request of the organization. Pt XI, Line 2c The finance committee of the organization has these responsibilities. Pt XI, Line 3b N/A

TEEA4901 12/19/08

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No 1545-0047

Open to Public Inspection

Schedule **R** (Form 990) (2008) (F)
Direct controlling
entity (F)
Direct controlling
entity Employer identification number N/A 75-1158515 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Line 11b (D) Exempt Code section (**D)** Total income TEEA5001 12/23/08 501(c)3 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) ΤX BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Managment Fort Worth Community Arts Center, inc. 27-0051555 Building Part II Identification of Related Tax-Exempt Organizations Arts Council of Fort Worth and Tarrant County 1300 Gendy Street, Fort Worth TX 76107 (A) Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities Name of the organization

75-1158515

Part III Identification of Related Organizations Taxable as a Partnership

| | | | | r | | | | | |
|--|----------------|---|---|---|------|------|---|------|--|
| (J) General or managing partner? | N _N | | | | | | | | |
| Gene man part | Yes | | | | | | | | |
| Code V-UBI amount in Box 20 of Schedule K-1 | (Form 1065) | | | | | | | | |
| por- ate | No | | - | | | | | | |
| (H) Disproportionate allocations? | Yes | - | | | | | | | |
| (F) (G) Share of total income Share of end-of-year assets | | | | | | | | | |
| (F) Share of total income | | | | | | | | | |
| (E) Predominant income (related, investment, unrelated) | , | | | | | | | | |
| y Activity Legal Direct Controlling entity (state or foreign | | | | | | | | | |
| (C) Legal domicile (state or | country) | | | | | | | | |
| Primar | | | | | | | | | |
| (A) Name, address, and EIN of related organization | | | | | | | 111111111111111111111111111111111111111 | | |

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| Part IV |

| (A) Name, address, and EIN of related organization | (B) (C) (C) (D) (Egal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) | (C) Legal domicile (state or foreign country) | (b) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) (G) Share of end-of-year assets | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|---|---|---------------------------------------|---|-------------------------------------|---|--------------------------|
| | | | | | | | |
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Schedule **R** (Form 990) (2008)

TEEA5002 12/23/08

| Note Complete line 1 if any entity is listed in Parts II, III, or IV. | | | | Yes | ၂ ့ |
|---|--------------------------|----------------------------|-------------------------------------|----------|-----|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV | ns listed in Parts II-IV | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | - • | × |
| b Gift, grant, or capital contribution to other organization(s) | | | 1 P | _ | 🛪 |
| c Gift. grant, or capital contribution from other organization(s) | | | 100 | | × |
| d Long of the proportion of the Aber representatively. | | | 7 |) | |
| d coals of foar guarantees to of for ourse organization(s) | | | 3 , | ۱ ا | |
| e Loans or loan guarantees by other organization(s) | | | Je | × | ſ |
| | | | | Ť | |
| f Sale of assets to other organization(s) | • | | = | | × |
| g Purchase of assets from other organization(s) | | | 19 | _ | × |
| h Exchange of assets | | | 1 h | | × |
| i Lease of facilities, equipment, or other assets to other organization(s) | | | = | | × |
| | | | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | | | - | | × |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | | ٦k | | × |
| 1 Performance of services or membership or fundraising solicitations by other organization(s) | | | = | | × |
| m Sharing of facilities, equipment, mailing lists, or other assets | | : | 1m | | × |
| n Sharing of paid employees | | | 1n | | × |
| | | | | | |
| Reimbursement paid to other organization for expenses | | | 10 | × | |
| p Reimbursement paid by other organization for expenses | | | 1 | × | |
| | | | Ì | 1 | |
| q Other transfer of cash or property to other organization(s) | | • | 19 | | × |
| r Other transfer of cash or property from other organization(s) | | | - <u>'</u> - | \dashv | × |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | covered relationships | and transaction thresholds | | | |
| (A) Name of other organization | | (B) Transaction type (a-r) | (C) Amount involved | volved | _ |
| (1) Arts Council of Fort Worth and Tarrant County, Inc. | | P | 8 | 22.544 | 4 |
| | | | | ·I | , |
| (2) Arts Council of Fort Worth and Tarrant County, Inc. | | e | وا | 97,288 | |
| (3) Arts Council of Fort Worth and Tarrant County, Inc. | | 0 | 2 | 20,973 | |
| (4) Arts Council of Fort Worth and Tarrant County, Inc. | | Q. | 2 | 22,627 | 7. |
| (5) | | | | | |
| (9) | | | | | |
| BAA | | Schedule | Schedule B (Form 990) (2008) | 90) (06 | 18 |

75-1158515

Part VI Unrelated Organizations Taxable as a Partnership

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

| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal Domicile (State or Foreign Country) | (D) Are all partners section 501(c)(3) organizations? | (E) Share of end-of-year assets | (F) Disproportionate allocations? | (G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065) | (H) General or managing partner? | al or ging er? |
|--------------------------------------|----------------------|---|---|---------------------------------------|-----------------------------------|---|---|----------------------|
| | | | Yes No | | Yes No | | Yes | ů |
| | | | | | | | _ | |
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| ВАА | | TEEA5004 01/21/09 | • | | | Schedule R (Form 990) (2008) |) (066 u | 2008) |