See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning JULY 01 **, 2008, and ending** JUNE 30 **, 20** 09

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GERTRUDE HERBERT ART ENDOWMENT INC.

No. & street (or P.O. box, if mail is not delivered to street address) | Room/suite
506 TELFAIR ST.

City or town, state or country, and ZIP + 4
Augusta GA 30901

D Employer identification number
58-2012566

E Telephone number
(706)722-5495

F Group Exemption Number. . . . ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶N/A

H Check ▶ ☒ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- ☒ 501(c)(3) ◀ (insert no.) | ☐ 4947(a)(1) or | ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 78,489

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a	78,489		
	b	Less: cost or other basis and sales expenses	5b	111,053		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) #1			5c	-32,564
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ _____)			8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	-32,564
EXPENSES	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	7,053
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ _____)			16	
	17	**Total expenses.** Add lines 10 through 16 ▶			17	7,053
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-39,617
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	642,309
	20	Other changes in net assets or fund balances (attach explanation) #2			20	-61,198
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	541,494

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	642,309	22	541,494
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	642,309	25	541,494
26	**Total liabilities** (describe ▶ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	642,309	27	541,494

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See attachment #3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)

28 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. *List each one even if not compensated. (See the instr. for Part IV.)*

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #4				

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The books are in care of ▶ See attachment #5 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ C. Rebekah Henry — Signature of officer — 1/27/2010 Date

▶ Catherine R. Henry DIRECTOR — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying No. (See instr.)
	01-13-2010	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶
MATTISON R VERDERY PC CPA 3540 Wheeler Road STE 207 Augusta, GA 30909-	Phone no. ▶ 706- 733-1258

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

Name of the organization
GERTRUDE HERBERT ART ENDOWMENT INC.

Employer identification number
58-2012566

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☒ Type III-Functionally integrated d ☐ Type III-Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 07-01-2008 **and ending** 06-30-2009

Name of Organization
GERTRUDE HERBERT ART ENDOWMENT INC.

Employer Identification Number
58-2012566

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold

To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Total					
Publicly traded securities	78,489	111,053		-32,564	

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization
GERTRUDE HERBERT ART ENDOWMENT INC.

Employer Identification Number
58-2012566

Description of Changes	Total Amount
unrealized losses	-61,198
Total	-61,198

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.

Name of Organization	Employer Identification Number
GERTRUDE HERBERT ART ENDOWMENT INC.	58-2012566

Primary Purpose

PROVIDES SUPPORT FOR THE GERTRUDE HERBERT INSTITUTE OF ART A 501{c}3 ORGANIZATION

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization
GERTRUDE HERBERT ART ENDOWMENT INC.

Employer Identification Number
58-2012566

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
see attached				
,		0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.

Name of Organization	Employer Identification Number
GERTRUDE HERBERT ART ENDOWMENT INC.	58-2012566

Part V - Line 42a

Individual Name or Business Name: MATTISON R. VERDERY CPA PC

Street Address: 3540 WHEELER RD. STE 207

U.S. Address:

Zip code 30909 City AUGUSTA State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (706)733-1258

Fax Number (706)733-1863

GERTRUDE HERBERT ART ENDOWMENT
2009-2010 DIRECTORS

Mr. James M. Hull
709 Milledge Rd.
Augusta, GA 30904-4349

Mrs. George-Ann W. Knox
912 Milledge Rd.
Augusta, GA 30904-4455

Mr. Finley H. Merry
2222 Cumming Rd.
Augusta, GA 30904-6901