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Form 990-EZ

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 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.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008

, and ending 09-30-2009

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 POLK ARTS ALLIANCE INC	D Employer identification number 30-0264417
Number and street (or P O box, if mail is not delivered to street address) PO BOX 727	E Telephone number (863) 804-0494
City or town, state or country, and ZIP + 4 BARTOW, FL 33831	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: ► WWW.POLKARTSALLIANCE.ORG

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 ► \$ 105,679

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

1	Contributions, gifts, grants, and similar amounts received	1	85,367
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	2,500
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	
a	Gross revenue (not including \$ 23,440 of contributions reported on line 1)	6a	3,147
b	Less direct expenses other than fundraising expenses	6b	11,411
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		-8,264
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)		
8	Other revenue (describe ►)	8	14,665
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	94,268
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	48,686
13	Professional fees and other payments to independent contractors	13	6,795
14	Occupancy, rent, utilities, and maintenance	14	156
15	Printing, publications, postage, and shipping	15	6,093
16	Other expenses (describe ►)	16	30,540
17	Total expenses (add lines 10 through 16) ►	17	92,270
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,998
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	21,215
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	23,213

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 the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,215	22 23,428
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	21,215	25 23,428
26 Total liabilities (describe ►)		26 215
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,215	27 23,213

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO DEVELOP, COORDINATE AND PROMOTE ARTS ORGANIZATIONS AND INDIVIDUAL ARTISTS				
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				
28 COMMUNITY ARTS RECOGNITION PROGRAM - RECOGNIZES THE ACHIEVEMENTS OF FINE ARTS EDUCATORS IN POLK COUNTY, ARTS MAGAZINE - DELIVERS INFORMATION ABOUT CULTURAL EVENTS AVAILABLE FOR ALL OF POLK COUNTY AND THE SURROUNDING AREAS (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	52,616	
29		29a		
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a		
30		30a		
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a		
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)		32	52,616	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions 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 Additional Data Table				

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	No
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	No
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 6033(e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	►	37a	
b	Did the organization file Form 1120-POL for this year?		37b	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	501(c)(7) organizations. Enter		39a	
a	Initiation fees and capital contributions included on line 9		39b	
b	Gross receipts, included on line 9, for public use of club facilities			
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	No
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?		40e	No
41	List the states with which a copy of this return is filed ► _____			
42a	The books are in care of ► <u>MERI MASS</u> Telephone no ► (863) 804-0494			
	1350 E MAIN STREET SUITE A2 Located at ► <u>BARTOW, FL</u> ZIP + 4 ► <u>33830</u>			
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	No
	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	No
	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	► <input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

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

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000 ►		

Please 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		
	***** Signature of officer MERI MASS EXECUTIVE DIRECTOR Type or print name and title	2010-05-26 Date	
Paid Preparer's Use Only	Preparer's signature ► MICHAEL E CARTER	Date 2010-06-22	Check if self-employed ► <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► THE NCT GROUP CPA'S LLP PO BOX 1076 LAKELAND, FL 338021076	EIN ►	Preparer's PTIN (See Gen Inst X)
		Phone no ► (863) 683-6783	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
POLK ARTS ALLIANCE INC

Employer identification number

30-0264417

Part I Reason for Public Charity Status (to be completed by all organizations) (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

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?

(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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Public Support

Calendar year (or fiscal year 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 any "unusual grants")	20,996	76,242	84,360	100,360	87,867	369,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	20,996	76,242	84,360	100,360	87,867	369,825
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						11,994
6 Public Support subtract line 5 from line 4						357,831

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	20,996		84,360	100,360	87,867	369,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,725	1,942	15,073	33,767	17,812	80,319
11 Total Support (Add lines 7 through 10)						450,144
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	79.492 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	86.336 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18
19a 33 1/3% 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 30-0264417
Name: POLK ARTS ALLIANCE INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ANDERSON MISCHELLE	EXEC DIR 40	43,432		
PO BOX 727 BARTOW, FL 338310727				
ROSS CINDY	PRESIDENT 1	0		
607 LAKE MIRIAM DRIVE LAKELAND, FL 338132150				
BENTLEY SUE	PAST PRES 1	0		
3 CASA LOMA WAY LAKELAND, FL 33813				
CLANCEY ROBERT	DIRECTOR 1	0		
999 AVENUE H NE WINTER HAVEN, FL 338814299				
CLARK DAN	DIRECTOR 1	0		
2048 WISTERIA LANE LAKELAND, FL 33813				
DAVIES JOAN	DIRECTOR 1	0		
PO BOX 9005 DRAWER CA04 BARTOW, FL 33831				
ENGLISH BOB	EX-OFFICIO 1	0		
PO BOX 9005 DRAWER BC01 BARTOW, FL 33831				
HAFFEY CYNTHIA	SECRETARY 1	0		
829 E PALMETTO STREET LAKELAND, FL 33801				
HOYT NANCY	DIRECTOR 1	0		
PO BOX 832 LAKE WALES, FL 338590832				
LAPAN MIKE	DIRECTOR 1	0		
701 W LIME STREET LAKELAND, FL 33815				
JORDAN LENNON	DIRECTOR 1	0		
2030 SR 60 E BARTOW, FL 33830				
MCKINZIE DR GAIL	EX-OFFICIO 1	0		
2641 VERANDAH VUE DRIVE LAKELAND, FL 33813				
PATTON JANE	IM PAST PRES 1	0		
PO BOX 986 HAINES CITY, FL 338450986				
PFIEFFER TRISH	DIRECTOR 1	0		
800 W MAIN STREET BARTOW, FL 33830				
SANDERS MANDY	TREASURER 1	0		
811 E MAIN STREET LAKELAND, FL 33801				
STATOM DR GABRIEL	VICE PRES 1	0		
1006 CAMPBELL AVENUE LAKE WALES, FL 33853				
TRUSTY-DOUGHTY KIMBERLY	DIRECTOR 1	0		
8003 GLENRIDGE LOOP E LAKELAND, FL 33809				
UPDIKE AMELIA	DIRECTOR 1	0		
514 N CROOKED LAKE DRIVE BABSON PARK, FL 33827				
WILSON KERRY	LEGAL COUNS 1	0		
PO DRAWER 7608 WINTER HAVEN, FL 33883				

TY 2008 Compensation Explanation

Name: POLK ARTS ALLIANCE INC

EIN: 30-0264417

Person Name	Explanation
ANDERSON MISCHELLE	
ROSS CINDY	
BENTLEY SUE	
CLANCEY ROBERT	
CLARK DAN	
DAVIES JOAN	

Person Name	Explanation
ENGLISH BOB	
HAFFEY CYNTHIA	
HOYT NANCY	
LAPAN MIKE	
JORDAN LENNON	
MCKINZIE DR GAIL	

Person Name	Explanation
PATTON JANE	
PFIEFFER TRISH	
SANDERS MANDY	
STATOM DR GABRIEL	
TRUSTY DOUGHTY KIMBERLY	
UPDIKE AMELIA	

Person Name	Explanation
WILSON KERRY	

TY 2008 Other Expenses Schedule

Name: POLK ARTS ALLIANCE INC**EIN:** 30-0264417

Description	Amount
EXPENSES	
TRAVEL	1,250
CONFERENCES/MEETINGS	420
ARTIFACTS MAGAZINE EXP	19,848
COMM ARTS RECOG PROGRAM	1,869
COMPUTER SERVICES	692
DUES & SUBSCRIPTIONS	647
EQUIPMENT RENTAL & MAINT	779
LICENSES	131
MISCELLANEOUS EXPENSES	2,034
PAYROLL SERVICE FEES	256
STAFF DEVELOPMENT	2,614

TY 2008 Other Liabilities Schedule

Name: POLK ARTS ALLIANCE INC**EIN:** 30-0264417

Description	Beginning of Year Amount	End of Year Amount
REFUNDS PAYABLE		15
MEMORIAL FUND		200
		215

TY 2008 Other Revenues Schedule

Name: POLK ARTS ALLIANCE INC**EIN:** 30-0264417

Description	Amount
ADVERTISING REVENUES	13,371
MISCELLANEOUS REVENUES	1,294