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SCANNED JUL 27 2010

·Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2008
Open to Public Inspection

| <u>A</u> F | or the | 2008 calendar year, or tax year beginning OCT 1, 2008 and ending | <u>SEP 30, 200</u> | 9 |
|-------------------------|-------------------------------|---|---|--|
| B | Check if upplicable | Please use IRS | D Employer identi | ification number |
| | Address change | print or THE ARTS COUNCILL, INC. | | |
| Ļ | Name change Initial | type Doing Business As | | 0526856 |
| F | return Termin- | See Number and street (or P.O. box if mail is not delivered to street address) Room/su Specific 305 WEST 4TH STREET 1 - C | • | per -722-2585 |
| 늗 | ⊸ation □Amende | | G Gross receipts \$ | 3,538,222. |
| 늗 | _lreturn _Applica- tion | City or town, state or country, and ZIF + 4 | H(a) Is this a group | |
| _ | pending | F Name and address of principal officer.MR. MILTON RHODES | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | Н(b) Are all affiliates i | ncluded? Yes No |
| $\overline{\Gamma}$ | Tax-exer | mpt status: X 501(c) (3 | If "No," attach | a list. (see instructions) |
| | | E: ► WWW.INTOTHEARTS.ORG | H(c) Group exempt | |
| | | | ear of formation: 1949 | M State of legal domicile: NC |
| P | | Summary | DROVOTE AND | - AMIDMITO EI |
| çe | 1 B | Briefly describe the organization's mission or most significant activities SUPPORT, | PROMOTE AND | NURTURE |
| Activities & Governance | | ARTISTS AND ARTISTIC ORGANIZATIONS THROUGH F Check this box if the organization discontinued its operations or disposed of m | | etc |
| Veri | 1 | Number of voting members of the governing body (Part VI, line 1a) | i e | 37 |
| ဗိ | 1 - | Number of voting members of the governing body (Fart VI, line 1b) | | 37 |
| 8 | 1 | otal number of employees (Part V, line 2a) | | 5 29 |
| viţi. | 1 | otal number of volunteers (estimate if necessary) | e | 100 |
| Ę | 7a T | otal gross unrelated business revenue from Part VIII, line 12, column (C) | 7 | 0. |
| _ | ь | Net unrelated business taxable income from Form 996 Tiple 54 V Cu | 7 | ь 0. |
| | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | Prior Year | Current Year |
| Revenue | | Program service revenue (Part VIII, line 2g) | 13,376,757 | 3,312,153. |
| | l | Program service revenue (Part VIII, line 2g) | 26,289 | . 15,344. |
| Re | 1 | nvestment income (Part VIII, column (A), lines 3 (A) and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9n, 41, 91, 91, 91, 91, 91, 91, 91, 91, 91, 9 | <254,920 | |
| | 11 C | Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12) | 13,148,126 | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,563,571 | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| တ | 15 8 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 809,521 | |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | 95,000 | 65,582. |
| ă | Ь٦ | Total fundraising expenses (Part IX, column (D), line 25) ► | 0.44 40.6 | 1 400 005 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 944,406 | |
| | l l | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,412,498 9,735,628 | |
| | 3 19 F | Revenue less expenses Subtract line 18 from line 12 | Beginning of Year | End of Year |
| Assets or | 20 1 | Fotal assets (Part X, line 16) | 15,181,787 | **** |
| Ass | 21 1 | Fotal liabilities (Part X, line 26) | 1,345,704 | |
| Set | | Net assets or fund balances. Subtract line 21 from line 20 | 13,836,083 | . 12,962,307. |
| P | art II | Signature Block | | |
| | | Under penalties of perjury, I declare that have examined this feturn, including accompanying schedules and stateme and complete. Declaration of preparer other than office to be a seen on all information of which preparer has any knowledge. | nts, and to the best of my know edge | rledge and belief, it is true, correct, |
| | | Malla Martha | July 2 x | 010 |
| Sig | · I | Signature of officer | Date | |
| He | re | MR. MILTON RHODES, PRESIDENT & CEO | 54.0 | |
| | ļ | Type or print name and title | · | |
| _ | | Preparer's Date | | parer's identifying number e instructions) |
| Pai | | signature CaneRPotts 5/19/10 | self- employed > (see | |
| | parer's Only | Firm's name (or BUTLER & BURKE, L.L.P. | EIN ► | ····· |
| Ual | | self-employed), address, and 100 CLUB OAKS COURT, SUITE A | | (005) 850 0015 |
| _ | | WINSTON-SALEM, NC 27104 | Phone no. | (336)768-2310 |
| Ma | y the IR | S discuss this return with the preparer shown above? (see instructions) | | Yes No |

Form 990 (2008) THE ARTS COUNCIL, INC.
Part IV Checklist of Required Schedules

| | | | Yes | <u>No</u> |
|----------|---|----------|----------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | _1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2_ | <u> </u> | |
| 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 | | <u>X</u> _ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X |
| 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 | | <u> </u> |
| 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 | | _ <u>X</u> _ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u> X</u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | <u> </u> | |
| 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 | X | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 7, |
| | 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 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 40 | | х |
| 4- | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 18 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 19 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 20 | | X |
| 20 21 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H 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 | | X |
| 21 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 | | X |
| 23 | Did the organization report more than \$5,000 on Fart X, column (X), line 2: # Fes, "complete Schedule J. Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J. | 23 | Х | |
| 24a | Did the organization answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistor art viii, decition 2, questions 3, 4, or 31 in resistant answer resistant and resistant answer resistant answer resistant answer resistant and resistant answer resistant answer resistant and resistant and resistant answer resistant and resistant and resistant answer resistant and | | -22 | |
| ∠⊤a | last day of the year, 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 |
| h | 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 | | |
| 25a | | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | |
| _ | pnor year? If "Yes," complete Schedule L, Part I | 25b | | _X_ |
| 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 |
| 27 | 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 |
| | | Form | 990 | (2008) |

| | | | Yes | No |
|----|--|-----|-----|-----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | | | |
| а | 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 | Ì | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | _X_ |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ļ |
| | 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 | | X |
| 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 | | X |
| 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of 20 U.S. Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 29 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3<u>b</u> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. N/A 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter N/A 11 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against

12a

11b

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) THE ARTS COUNCIL, INC. 56-0526856 Pa Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | |
|-----|--|-------------|----------|------------------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O See instructions. | | | |
| 1a | | | | |
| b | Enter the number of voting members that are independent 1b 37 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X X X X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Х |
| 6 | Does the organization have members or stockholders? | 6 | | Х |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 7a_ | | _ X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | _ <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | Х |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 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 | 10 | х | |
| 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 | 11 | | X |
| Sec | tion B. Policies | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | .,,, |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 124 | | |
| | to conflicts? | 12b | х | |
| | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | IZU. | | |
| · | in Schedule O how this is done | 12c | | Х |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 14 | | Λ |
| 13 | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision. | 45- | х | |
| | The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? | 15a | ^ | Х |
| D | Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) | 15b | | |
| 16- | , , , , , , , , , , , , , , , , , , , | | | |
| IOa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| | taxable entity during the year? | 16a | | <u> </u> |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| 800 | exempt status with respect to such arrangements? | 16b | <u> </u> | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | nd fina | ıncıal | |
| | statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person of the person who possesses the books and person of the p | tion. | - | |
| | <u>VICTORIA HORNER - 336-722-2585</u> | | | _ |
| | 305 WEST 4TH STREET, SUITE 1-C, WINSTON-SALEM, NC 27101 | | | |

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

1a 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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------------------|-------------------------|-------------------------------------|--|----------------|--------------|------------------------------|----------|--|--|---|
| | per week | Individual trustee or director | Institutional trustee | | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| DARA FOLAN | | | | | | | | | | |
| CHAIR | 1.00 | X | _ | X | _ | - | _ | 0. | 0. | 0. |
| MICHAEL SUGGS | | | | | | | | | | |
| VICE CHAIR- ADMINISTRATI | 1.00 | X | | X | | - | _ | 0. | 0. | 0. |
| JIM MARTIN | 4 00 | | | | | | | | | • |
| VICE CHAIR- BOARD DEVELO | 1.00 | X | <u> </u> | X | <u> </u> | ├ | | 0. | 0. | 0. |
| TONYA DEEM | 1 00 | ., | | ,, | | | | | • | • |
| VICE CHAIR-AGENCY RELATI | 1.00 | X | - | X | | + | | 0. | 0. | 0. |
| CALVIN PATTERSON | 1 00 | | | 3,5 | | | | | 0 | |
| VICE CHAIR-COMM. RELATIO | 1.00 | X | | X | | | | 0. | 0. | 0. |
| HAL JOHNSON | 1.00 | . | | x | | | | 0. | 0. | _ |
| VICE CHAIR- FACILITIES HUNTER DOUGLAS | 1.00 | ^ | | ┢ | | \vdash | | 0. | 0. | 0. |
| SECRETARY | 1.00 | v | | X | | | | 0. | 0. | 0. |
| RICK SPANGLER | 1.00 | ^ | | ^ | <u> </u> | 1 | | 0. | | |
| TREASURER & CHAIR FINANC | 1.00 | Y | | x | | | | 0. | 0. | 0. |
| BILL BENTON | 2.00 | | | | <u> </u> | - | 1 | | • | • |
| AT LARGE EXECUTIVE MEMBE | 1.00 | x | | x | | | | 0. | 0. | 0. |
| DR. PEDRO MARTINEZ | | | | | | | | | | |
| AT LARGE EXECUTIVE MEMBE | 1.00 | x | | $ \mathbf{x} $ | | | | 0. | 0. | 0. |
| JANE DOUB | | <u> </u> | <u> </u> | | | ╁╌ | <u> </u> | | | |
| MEMBER GROUP REPRESENTAT | 1.00 | x | | X | | | | 0. | 0. | 0. |
| MICHAEL PULITZER | | | | | | | | | | |
| CHAIR- FUNDRAISING POLIC | 1.00 | x | | X | | | | 0. | 0. | 0. |
| TRIPP GREASON | | | | | | | | | | |
| CHAIR- MEMBERSHIP COMMIT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| BOB WHALING | | | | | | | | | - | |
| CHAIR- ADVOCACY COMMITTE | 1.00 | X | | X | | | | 0. | 0. | 0. |
| SIOBHAN OLSON | | | | | | 1 | | | | |
| CHAIR- MARKETING COMMITT | 1.00 | X | | X | | 1_ | <u> </u> | 0. | 0. | 0. |
| FRANCESCA AGNOLI | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | _ | lacksquare | 1 | _ | \vdash | 0, | 0. | 0. |
| DR. WILLIAM APPLEGATE | | | | | | | | _ | _ | _ |
| BOARD MEMBER | 1.00 | X | 1 | <u>L</u> | 1 | | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | nd l | High | nest | Compensated Employ | ees (continued) | |
|--|---------------------------------|----------|-----------------------|------|-----------|----------|----------|---|--|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | director | Institutional trustee | | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| MARY Z. BENTON | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | _ | | 0. | 0. | 0. |
| LIBBY BOOKE | | | | | l | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| SHELBY CHADEN | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | _ | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| W. RANDY EADDY BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| AURELIA ELLER BOARD MEMBER | 1.00 | | | | | | | 0. | 0. | 0. |
| VERONICA FILIPOWSKI | 1.00 | ^ | | | | 1 | ╁ | 1 | 0. | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| FERNANDO GARZON BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| JOHN GATES | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | - | ╄ | 0. | 0. | 0. |
| KEVIN HALL BOARD MEMBER | 1.00 | v | | | | | | 0. | 0. | 0. |
| ELDRIDGE C. HANES | 1.00 | ^ | | | \vdash | 1 | + | | <u></u> | <u> </u> |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| 1b Total | | | | | | ▶ | | 170,750. | 0. | 13,094. |
| 2 Total number of individuals (including those | e in 1a) who re | ceiv | ed n | nore | tha | ın \$1 | 100, | • | | |

| | compensation from the organization | | | |
|---|--|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to | | | |

the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| FRANK L BLUM CONSTRUCTION | CONSTRUCTION | |
| PO BOX 4153, WINSTON-SALEM, NC 27115 | SERVICES | 4,755,652. |
| CALLOWAY, JOHNSON, MOORE AND WEST, 119 | ARCHITECTURAL | |
| BROOKSTOWN AVE, SUITE 100, WINSTON-SALEM, | SERVICES | 339,111. |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including those in 1) who received m | | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 2

| | | (2008) THE A | ARTS COUN | CIL, INC | • | , | <u> 56-0526</u> | 5856 Page 9 |
|--|--------|---|--------------------------------|---------------|----------------------|---|---|---|
| Par | τ VI | III Statement of Rever | nue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | t c | d Related organizations e Government grants (contribut | nts, and | 3,312,153. | | | | |
| and | _ | Noncash contributions included in lines Total. Add lines 1a-1f | s 1a-1f \$ | | 3312153. | | | |
| Program Service Revenue | 2 a | o | | Business Code | | | | |
| Proc | • | All other program service reve | 2010 | | | | | |
| | ç | g Total. Add lines 2a-2f | silue | | | | | |
| | 3 | Investment income (including other similar amounts) | | est, and | 15,344. | | | 15,344. |
| | 4 5 | Income from investment of ta Royalties | x-exempt bona p | proceeds - | | - | | + |
| | 6 a | a Gross Rents | (i) Real 210725. 224820. | | · | | | |
| | c | Rental income or (loss) | <14095 | > | | | | |
| | | d Net rental income or (loss) Gross amount from sales of assets other than inventory | (ı) Securities | (ii) Other | <14,095. | > | | <14,095. |
| | ć | Less. cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) | | | | | | |
| Other Revenue | | Gross income from fundraisin including \$ contributions reported on line | of | | | | | |
| Other | • | Part IV, line 18 b Less' direct expenses c Net income or (loss) from fund | | | | | | |
| | Ł | a Gross income from gaming an Part IV, line 19 b Less: direct expenses | a b | | | | | |
| | 10 a | Net income or (loss) from gan Gross sales of inventory, less and allowances | returns a | | - | | | |
| | | Less cost of goods sold Net income or (loss) from sale | b es of inventory | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | | b | | | | | | |
| | | d All other revenue | | | | | | |
| | | e Total. Add lines 11a-11d | | | | | | |
| - 1 | 12 | Total Revenue. Add lines 1h, 2g, 3, | 4. 5. 6d. 7d. 8c. 9c. 1 | Oc and 11e | 3313402. | 0. | 0 | . 1,249. |

Form 990 (2008) THE ARTS COUNCIL, INC. Part IX | Statement of Functional Expenses

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

| | All other organizations must compl | lete column (A) but are | | ete columns (B), (C), and | (D). |
|----|---|-------------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S See Part IV, line 22 | 90,525. | 90,525. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the US | | | | |
| | See Part IV, lines 15 and 16 | 1,973,177. | 1,973,177. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 230,142. | | 30,871. | 199,271. |
| 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 salanes and wages | 594,592. | | 376,584. | 218,008. |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 51,553. | | 32,352. | 19,201. |
| 10 | Payroll taxes | 69,793. | | 44,301. | 25,492. |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 20,142. | | 20,142. | |
| С | Accounting | 15,500. | | 15,500. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 65,582. | | | 65,582. |
| f | Investment management fees | | | | |
| g | Other | 60,303. | | 15,803. | 44,500. |
| 12 | Advertising and promotion | 84,491. | | | 84,491. |
| 13 | Office expenses | 106,430. | | 51,421. | <u>55,009.</u> |
| 14 | Information technology | 44,725. | | 36,933. | 7,792. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 8,129. | | 8,129. | |
| 17 | Travel | 3,575. | | 2,900. | 675. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,732. | | 4,637. | 95. |
| 20 | Interest | 28,544. | | 28,544. | |
| 21 | Payments to affiliates | _ | | | |
| 22 | Depreciation, depletion, and amortization | 36,306. | | 36,306. | |
| 23 | Insurance | 16,929. | | 16,929. | |
| 24 | 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.) | | : | | |
| а | TODA ON DEGROOMES | 746,532. | | 746,532. | |
| b | BAD DEBT EXPENSE | 129,536. | | 129,536. | |
| c | PROMOTIONAL & SPECIAL E | 50,271. | | 0. | 50,271. |
| d | MISCELLANEOUS | 33,021. | | 20,005. | 13,016. |
| e | BANKING FEES | 7,705. | | 3,708. | 3,997. |
| f | All other expenses | 3,354. | | 2,787. | 567. |
| 25 | Total functional expenses. Add lines 1 through 24f | 4,475,589. | 2,063,702. | 1,623,920. | 787,967. |
| 26 | Joint Costs. Check here | ,, | | | , |
| - | SOP 98-2. Complete this line only if the organization | | ļ | | |
| | reported in column (B) joint costs from a combined | | İ | | |
| _ | educational campaign and fundraising solicitation | | | | |
| | | | | | 000 |

| rai | LA | Dalance Sheet | | | | | | | | |
|-----------------------------|-------|---|--------------|---------------------------|-------------------------------|----------|----------|----------------------|---------------|-------------|
| | | | | | (A) Beginning of year | | En | (B) d of | | |
| | 1 | Cash · non-interest-bearing | | | 2,149. | 1 | | 15 | 5,2 | 04. |
| | 2 | Savings and temporary cash investments | | | 1,684,447. | 2 | | | $\frac{2}{6}$ | |
| | 3 | Pledges and grants receivable, net | | | 9,411,295. | 3 | | | 4,7 | |
| | 4 | Accounts receivable, net | | | 171,949. | 4 | | | 9,6 | |
| | 5 | Receivables from current and former officers, d | lirectors, t | rustees, kev | | | | | | |
| | | employees, or other related parties. Complete F | | · | | 5 | | | | |
| i | 6 | Receivables from other disqualified persons (as | | | | | | | | |
| 1 | | 4958(f)(1)) and persons described in section 49 | | | | | | | | |
| | | Part II of Schedule L | | , | | 6 | | | | |
| ø | 7 | Notes and loans receivable, net | | | | 7 | | | | |
| Assets | 8 | Inventories for sale or use | | | - | 8 | | | | _ |
| As | 9 | Prepaid expenses and deferred charges | | | 122,581. | 9 | | 13 | 6,9 | 62. |
| | 10a | | 10a | 3,875,671. | | | | | | |
| | b | Less accumulated depreciation Complete | | | | | | | | |
| | _ | Part VI of Schedule D | 10b | 1,774,269. | 2,839,085. | 10c | 2, | 10 | 1,4 | 02. |
| | 11 | Investments - publicly traded securities | • | | 11,000. | 11 | | | 1,0 | |
| | 12 | Investments - other securities See Part IV, line | 11 | | 354,163. | 12 | | | 5,0 | |
| | 13 | Investments - program-related See Part IV, line | | - | | 13 | | | | |
| | 14 | Intangible assets | | | | 14 | | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 585,118. | 15 | 6. | 68 | 4,9 | 03. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ual line 34 |) | 15,181,787. | 16 | 18, | | | |
| | 17 | Accounts payable and accrued expenses | | | 309,615. | 17 | | | 6,2 | |
| | 18 | Grants payable | | | 18 | | | 6,4 | | |
| | 19 | Deferred revenue | | 19 | | | | 00 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | | - | |
| ຜູ | 21 | Escrow account liability Complete Part IV of So | chedule D |) | | 21 | | | | |
| Liabilities | 22 | Payables to current and former officers, director | | [| | | | | | |
| abi | | highest compensated employees, and disqualif | | | | | | | | |
| = | | of Schedule L | | | | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrel | lated third | d parties | 620,800. | 23 | 3, | 82 | 7,1 | 52 |
| | 24 | Unsecured notes and loans payable | | | | 24 | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D |) | | 415,289. | 25 | _ | | 8,3 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,345,704. | 26 | 5, | 33 | 9,1 | 95 |
| | | Organizations that follow SFAS 117, check h | nere 🕨 | X and complete | | | | | | |
| S | | lines 27 through 29, and lines 33 and 34. | | | | | | | | |
| Š | 27 | Unrestricted net assets | | | 1,350,001. | 27 | 3, | <u>97</u> | <u>6,6</u> | 14 |
| 3ala | 28 | Temporarily restricted net assets | | | 12,040,265. | 28 | 8, | <u>87</u> | <u>8,0</u> | 58 |
| Ā | 29 | Permanently restricted net assets | | | 445,817. | 29 | | 10 | <u>7,6</u> | 35 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, or | check he | re 🕨 🔲 and | | | | | | |
| ō | | complete lines 30 through 34. | | | | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | s | | | 30 | | | | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or e | equipment | t fund | | 31 | | | | |
| et/ | 32 | Retained earnings, endowment, accumulated in | ncome, o | r other funds | | 32 | | | | |
| Z | 33 | Total net assets or fund balances | | | 13,836,083. | | 12, | 96 | <u>2,3</u> | 07 |
| | 34 | Total liabilities and net assets/fund balances | | | <u> 15,181,787.</u> | 34 | _ 18, | <u>30</u> | <u>1,5</u> | 02 |
| Pa | rt XI | Financial Statements and Reporting | g | | | | | | | |
| | | | | | - | | _ | | Yes | No |
| 1 | Acco | ounting method used to prepare the Form 990 | Cas | h X Accrual | Other | | ŀ | | | |
| 2a | | e the organization's financial statements compile | | • | accountant? | | <u> </u> | <u>2a</u> | | X |
| þ | | e the organization's financial statements audited | - | • | | • | L: | 2b_ | X | <u> </u> |
| C | | es" to lines 2a or 2b, does the organization have | | | | e audıt, | | | | |
| | | ew, or compilation of its financial statements and | | • | | | · | 2c | X | - |
| 3а | | result of a federal award, was the organization re | equired to | o undergo an audit or aud | dits as set forth in the Sing | gle Aud | t [| | | |
| | | and OMB Circular A-133? | | _ | | | | 3 <u>a</u> | - | X |
| h | If "Y | es " did the organization undergo the required at | udit or au | dite? | | | 1 : | 3h | | 1 |

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

Open to Public

Inspection Name of the organization Employer identification number THE ARTS COUNCIL, INC. 56-0526856 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) 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.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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 Type III - Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

Total

| Schedule A (Form 990 or 990 EZ) 2008 T | <u>'HE ARTS C</u> Organizations | OUNCIL, I | NC • Sections 170 | (b)(1)(A)(iv) and | 56-0520 d 170(b)(1)(A)(v | 5856 Page 2 |
|---|------------------------------------|----------------------|---------------------------|---------------------|-----------------------------|----------------------|
| (Complete only if you checke | - | | | | | |
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| include any "unusual grants ") | 2,623,668, | 2,255,978. | 2,928,628. | 13,376,757. | 3,312,153, | 24,497,184, |
| 2 Tax revenues levied for the organ- | 2,020,000, | 2,233,370, | 2,520,020, | 13,310,131 | 3,312,133, | 24,457,104. |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | 2,623,668. | 2,255,978, | 2,928,628, | 13,376,757. | 3,312,153, | 24,497,184, |
| 5 The portion of total contributions | 2,023,000. | 2,233,910. | 2,320,020. | 13,370,737. | 3,312,133. | 24,457,104, |
| 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) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 24,497,184, |
| Section B. 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 | 2,623,668. | 2,255,978. | 2,928,628. | 13,376,757. | 3,312,153. | 24,497,184, |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties | 216 522 | 202 070 | FF0 | 460 400 | 206 262 | |
| and income from similar sources | 316,533. | 393,978. | 552,723. | 460,477. | 226,069. | 1,949,780 |
| 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 Total support. Add lines 7 through 10 | | | | | | 26 446 064 |
| 12 Gross receipts from related activities | etc (see instructi | one) | | | 12 | 26,446,964, |
| 13 First five years. If the Form 990 is for | | • | d fourth or fifth ta | ay year as a sectio | ` | |
| organization, check this box and sto | <u> </u> | o mot, docoma, tim | a, rourar, or marte | ix year as a score | | ▶□ |
| Section C. Computation of Pub | | rcentage | | | | <u></u> |
| 14 Public support percentage for 2008 | (line 6, column (f) d | ivided by line 11, o | olumn (f)) | | 14 | 92.63 % |
| 15 Public support percentage from 200 | | - | (7) | | 15 | 79.64 % |
| 16a 33 1/3% support test - 2008. If the | organization did no | ot check the box or | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | x and |
| stop here. The organization qualifies | as a publicly supp | orted organization | | | | $\triangleright [X]$ |
| b 33 1/3% support test - 2007. If the | organization did no | ot check a box on I | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| and stop here. The organization qua | lifies as a publicly | supported organiza | ation | | | ightharpoons |
| 17a 10% -facts-and-circumstances tes | st - 2008. If the org | anization did not o | heck a box on line | 13, 16a, or 16b, | and line 14 is 10% | or more, |
| and if the organization meets the "fa | cts-and-circumstar | ces" test, check th | nis box and stop h | ere. Explain in Pa | rt IV how the organ | ızatıon |
| meets the "facts-and-circumstances" | • | • | | • | | ▶∟⊥ |
| b 10% -facts-and-circumstances tes more, and if the organization meets t | - | | | | | |
| organization meets the "facts-and-cir | | | | • | | ▶□ |
| 18 Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | and see instructions | s ▶□ |

| Part III Support Schedule for | Organizations | Described in | Section 509(a |)(2) (Complete only | ıf you checked the bo | ox on line 9 of Part I. |
|---|---|---------------------------------------|-----------------------|----------------------|-----------------------|-------------------------|
| Section A. Public Support | | | т | | , | |
| 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | ; | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 · 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 Add lines 7a and 7b | | | | , | | |
| 8 Public support (Subtract line 7c from line 6) | | <u> </u> | | <u> </u> | <u> </u> | |
| Section B. 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 June 30, 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) | | 1 | | | F01(-\/0\ | |
| 14 First five years. If the Form 990 is for | ir the organization | s iirst, second, thi | ra, τουπη, or titth t | ax year as a section | on 501(c)(3) organiz | ation, |
| check this box and stop here Section C. Computation of Pub | lic Support Pe | rcentage | · | | | |
| 15 Public support percentage for 2008 | | | column (f) | | 15 | 0/ |
| Public support percentage for 2008Public support percentage from 200 | • | | | | 15 | % |
| Section D. Computation of Inve | | | <u> </u> | | 110 1 | |
| 17 Investment income percentage for 2 | | | | <u>-</u> | 17 | % |
| 18 Investment income percentage from | | · · · · · · · · · · · · · · · · · · · | | | 18 | % |
| 19a 33 1/3% support tests - 2008. If the | • | • | • | e 15 is more than | | |
| more than 33 1/3%, check this box | _ | | | | | . Is not |
| b 33 1/3% support tests - 2007. If the | e organization did r | not check a box or | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, ch | | - | | | - | ▶Щ |
| 20 Private foundation. If the organizati | on did not check a | box on line 14, 19 | a, or 19b, check t | | hadula A (Form 99 | 000 57) 000 |

Schedule D

. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

| _ | THE ARTS COUNCIL, | | 56-0526856 |
|-----|--|--|--|
| Pai | | | or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (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) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds may be u | sed only |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor or other impermissible priva | te benefit? Yes No |
| Pai | t II Conservation Easements. Complete if the org | janization answered "Yes" to Form 990, Par | t IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or p | | rically important land area |
| | Protection of natural habitat | Preservation of certified | · |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | ervation contribution in the form of a conse | rvation easement on the last day |
| | of the tax year | | · · · · · · · · · · · · · · · · · · · |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| h | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified historic stri | ucture included in (a) | 2c |
| | Number of conservation easements included in (c) acquired a | ` ' | 2d |
| 3 | Number of conservation easements included in (c) acquired a | | |
| 3 | year | eased, extinguished, or terminated by the o | rganization during the taxable |
| | · · · | nament in leasted | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | lodic monitoring, inspection, violations, and | |
| _ | enforcement of the conservation easements it holds? | | L Yes L No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, an | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | (A)(D)() |
| 8 | Does each conservation easement reported on line 2(d) above | e satisty the requirements of section 170(n) | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservati | - | |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes th | e organization's accounting for |
| Dai | conservation easements. It III Organizations Maintaining Collections of | f Art Historical Transuras or Oth | or Similar Assats |
| Га | Complete if the organization answered "Yes" to Form | • | ier Sillilar Assets. |
| | Complete if the organization answered Tes to Form | 990, Fart IV, lille 6 | |
| | K4h | | |
| та | If the organization elected, as permitted under SFAS 116, no | • | |
| | treasures, or other similar assets held for public exhibition, ed | • | c service, provide, in Part XIV, the text of |
| | the footnote to its financial statements that describes these i | | |
| b | If the organization elected, as permitted under SFAS 116, to | • | , |
| | or other similar assets held for public exhibition, education, o | r research in furtherance of public service, i | provide the following amounts relating to |
| | these items | | |
| | (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 art, historical treatment | - | gain, provide |
| | the following amounts required to be reported under SFAS 1 | 16 relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |
| | | | |

| | | S COUNCIL, | | | | 0.1 | | | <u> 26856</u> | |
|-----|---|---------------------------------|------------------------|----------------|-----------------------|------------|--------------------|-------------|---------------|----------------------|
| Pai | t III Organizations Maintaining C | | | | | | | | | |
| 3 | Using the organization's accession and other | r records, check any | of the f | following tha | t are a signifi | cant use | of its col | lection ite | ms (check | all |
| | that apply) | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | ıms | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further t | he organizatio | on's exe | mpt purpo | ose in Par | t XIV | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, h | storical trea | sures, or othe | er sımılaı | r assets | | | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | No_ |
| Pa | t IV Trust, Escrow and Custodia | | Comp | lete if organi | ızatıon answe | red "Ye | s" to Form | n 990, Par | t IV, line 9, | or |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | liary for | contribution | ns or other as | sets not | ıncluded | | _ | |
| | on Form 990, Part X? | | | | | | | | Yes | L No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing | table. | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | | | | . 🗀 | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Par | t V Endowment Funds. Complete | f organization answe | ered "Ye | s" to Form 9 | 990, Part IV, I | ne 10. | | | | |
| | | (a) Current year | (b) F | rior year | (c) Two year | s back | (d) Three y | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | 151,163. | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Investment earnings or losses | <2,513. | > | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | 9,551. | | | | | | | | |
| g | End of year balance | 139,099. | | | _ | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | ıs. | | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment ► 77.38 | % | | | | | | | | |
| С | Term endowment ▶ 22.62 | % | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ession of the organiza | ation tha | at are held a | ınd admınıste | red for t | he organiz | zation | _ | |
| | by: | | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(II), are the related organization: | s listed as required o | n Sche | dule R? | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | _ |
| Par | t VI Investments - Land, Building | gs, and Equipme | ent. Se | e Form 990 | , Part X, line | 10. | | | _ | |
| | Description of investment | (a) Cost or o basis (investr | | , , <i>,</i> | t or other (other) | (c) D | epreciation | on | (d) Book | value |
| 1a | Land | | | | 1,947. | | | | 851 | ,947. |
| | Buildings | | _ | | 0,314. | | 900,1 | 79. | | $\frac{7347.}{135.}$ |
| | Leasehold improvements | - | | | 2,412. | | 662,5 | | | ,831. |
| | Equipment | | | | 2,268. | | 186,6 | | | ,646. |
| | Other | | | | 8,730. | <u>-</u> | 24,8 | | | ,843. |
| | . Add lines 1a-1e (Column (d) should equal Fo | orm 990, Part X. colu | ımn (B). | | | | | | | ,402. |
| | | | | | | | | | | |

Schedule D (Form 990) 2008

| Cost of | Method of valuation r end-of-year market | | |
|---------|---|-------------|--------------|
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| Cost o | Method of valuation | | |
| | r end-of-year market | t value | |
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| | | (b) Book va | lue |
| | | 6,555, | <u>, 477</u> |
| | | 129, | <u>, 426</u> |
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| 20 224 | | | |
| - | mount 98,324. | 98,324. | 98,324. |

| Sche | dule D (Form 990) 2008 THE ARTS COUNCIL, INC. | | | | <u> 56-</u> | <u>0526856</u> | Page 4 |
|-------|---|-----------|--------------|-------------------------|--------------|------------------|--------------|
| . Par | t XI Reconciliation of Change in Net Assets from Form 990 to | Fina | ncial State | ements | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | 3,313 | ,402. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | _ | 4,475 | ,589. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | | | ,187. |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | | ,542. |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | | 6 | | | |
| 7 | Prior period adjustments | | | 7 | | | |
| 8 | Other (Describe in Part XIV) | | | 8 | | 290 | ,953. |
| 9 | Total adjustments (net) Add lines 4-8 | | | 9 | | | ,411. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | | 10 | | | 776. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | nts V | Vith Rever | | Retur | | , , , , , , |
| 1 | Total revenue, gains, and other support per audited financial statements | | | ido poi | 1 | 3,895 | 201 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | ' | 3,033 | , 201. |
| a | Net unrealized gains on investments | 2a | ر ا | 2,542 | | | |
| b | Donated services and use of facilities | 2b | | 9,521 | | | |
| | Recoveries of prior year grants | 2c | 33 | <i>J</i> , J <u>Z</u> I | 1 | | |
| C | • • • | | | | -{ | | |
| d | Other (Describe in Part XIV) | 2d | | | \dashv | 256 | 070 |
| e | Add lines 2a through 2d | | | | 2e | 3,538 | <u>,979.</u> |
| 3 | Subtract line 2e from line 1 | | | | 3 | 3,336 | , 444. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 1 . | 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | .22 | 4 000 | -[| | |
| b | Other (Describe in Part XIV) | 4b | <22 | 4,820 | | 204 | 000 |
| | Add lines 4a and 4b | | | | 4c | | <u>,820.</u> |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | | ACAL E | | 5 | 3,313 | <u>,402.</u> |
| | t XIII Reconciliation of Expenses per Audited Financial Statem | ents | with Expe | nses pe | r Hetu | , | 0.00 |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 4,768 | <u>,977.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 | | | | ! | |
| а | Donated services and use of facilities | 2a | 11 | 4,670 | • | | |
| b | Prior year adjustments | 2b | | | _ | | |
| C | Losses reported on Form 990, Part IX, line 25 | 2c | <u> </u> | | _ | | |
| d | Other (Describe in Part XIV) | 2d | <u> 17</u> | <u>8,718</u> | • | | |
| е | Add lines 2a through 2d | | | | 2e | | <u>,388.</u> |
| 3 | Subtract line 2e from line 1 | | | | 3 | 4,475 | <u>,589.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIV) | 4b | | | | | |
| С | Add lines 4a and 4b | | | | 4c | | 0. |
| | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | | | 5 | 4,475 | <u>,589.</u> |
| Pa | t XIV Supplemental Information | | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I | II, lines | 1a and 4; Pa | ırt IV, lınes | 1b and | 2b; Part V, line | 4, Part |
| X, Pa | rt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. | | | | | | |
| PAI | RT V, LINE 4: THE PURPOSE AND INTENDED USE | OF | THE OR | GANIZ | ATIO | N'S | |
| | | <u> </u> | | | | - | |
| ENI | DOWMENT FUNDS IS TO PROVIDE A PERMANENT EN | DOW | MENT TO | SUPP | ORT | THE FUT | URE |
| | | | | | | | |
| NEI | EDS OF THE ORGANIZATION. | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | - | | - | | |
| PAI | RT_XI, LINE 8 - OTHER ADJUSTMENTS: | | | | | | |
| | | | | | | | - |
| CAI | PITALIZED IN-KIND EXPENSES: 244851. | | | | | | |
| | | | | | | | |
| CHA | ANGE IN CASH SURRENDER VALUE OF DONATED LI | FE 3 | INSURAN | CE PO | LICY | : 46102 | • |
| | | | | <u> </u> | | | |

| Schedule D (Form 990) 2008 THE ARTS COUNCIL, INC. Part XIV Supplemental Information (continued) | 56-0526856 Page 5 |
|--|-------------------|
| Part XIV Supplemental Information (continued) | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| | |
| RECLASS: RENTAL EXPENSES: -224820. | |
| | |
| | |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS: | |
| RECLASS: RENTAL EXPENSES: 224820. | |
| | - |
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICY: -4 | 6102. |
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| SCHEDULE I | | | , | | | | OMB No 1545-0047 |
|---|---|----------------------------------|---|---|--|---|--|
| (Form 990) | | Grants and Governn | rants and Other Assistance to Organizations, Governments, and Individuals in the U.S. | to Organizations uals in the U.S. | _ | | 5008 |
| Department of the Treasury Internal Revenue Service | ▲ Comp | ► Complete if the organizatio | n answered "Yes," on F ► Attach to Form 990. | " on Form 990, Pa n 990. | ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. | | Open to Public Inspection |
| Name of the organization THE ARTS | COUNCIL. | INC. | | | | | Employer identification number 56-0526856 |
| n Grants a | and Assistance | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of | to substantiate th | | or assistance, the | grantees' eligibility | for the grants or assi | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | _ |
| criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | stance? | toring the use of grant | funds in the United | States | | | X Yes No |
| ۱Ë | Governments an | d Organizations in the | United States. C | omplete if the orga | nization answered "Y | es" 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 | \$5,000. Check the | s box if no one recipien | it received more th | an \$5,000 Use Pa | rt IV and Schedule I-1 | (Form 990) if additions | al space is needed |
| 1 (a) Name and address of organization or government | (p) 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 |
| NORTH CAROLINA SHAKESPEARE | | | | | | | \$5,550 ARTS IN EDUCATION |
| FESTIVAL - P.O. BOX 6066 - HIGH | | | | | | | GRANT & \$9,015 |
| POINT NC 27262 | 59-1725095 | 501(C)(3) | 14,565, | 0 | | | ADVERTISING ASSISTANCE |
| SITY OF NORTH CA. OF THE ARTS - E | 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 | A 01 (7) (3) | 76 | c | | | \$11,000 ARTS IN EDUCATION |
| TAIO? - MINSION-SALEM, NC ALLI | 000 | 751/2116 | 200,01 | | | | |
| PIEDMONT CRAFTSMAN | | | | | | | |
| 601 NORTH TRADE STREET | 56 0018342 | 501/07/31 | 030 19 | c | | | ARTS IN EDUCATION GRANT & |
| WINSION-SALEM NC 27101 | 7#00700-00 | 751751 | | | | | \$230,000 ORGANIZATIONAL |
| ~ | | | | | | | SUPPORT GRANT, \$8,000 |
| 201 N. BROAD STREET, SUITE 200 WINSTON-SALEM NC 27101 | 56-0692826 | 501(C)(3) | 242,500. | .0 | | | \$3,500 INNOVATIVE PROJECT |
| | | | | | | | \$29,162 ORGANIZATIONAL |
| | | | | | | | |
| WINSTON-SALEM - 301 WEST FOURTH STREET - WINSTON-SALEM NC 27101 | 58-1498864 | 501(C)(3) | 35,999, | 0 | | | ARTS IN EDUCATION GRANT & \$4,162 ADVERTISING |
| | | | | | | | \$54,000 ORGANIZATIONAL |
| CHILDREN'S THEATRE BOARD, INC. | | | | | | | SUPPORT GRANT, \$2,500 |
| 610 COLISEUM DRIVE | , | | | • | | | |
| 2 | 56-0939026 | 501(c)(3) | 62,525. | 0 | | | S S O 25 ADVERTISING |
| Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations | and government or s | ganizations | | | | | 3. |
| For Privacy Act and | ction Act Notice, | see the Instructions | for Form 990. | 7 | | | Schedule I (Form 990) 2008 |
| SEE PART IV FOR COLUMN (| IV FOR CO | | H) DESCRIPTIONS | X | | | |

Page 2 (f) Description of non-cash assistance (book, FMV, appraisal, other) 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. MONTHLY ATTENDANCE REPORTING ON ORGANIZATIONAL EVENT STATISTICS TO THE ARTS A SIX (6) MONTH FINANCIAL STATEMENT SHOULD BE SUBMITTED TO THE ARTS COUNCIL Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THEIR THE FOLLOWING INFORMATION AS REQUESTED IN LINE 2: ORGANIZATIONAL SUPPORT GRANT RECIPIENTS (d) Amount of non-cash assistance o 0 o 37,500 30,775 5,000 17,250 (c) Amount of cash grant (b) Number of recipients THE ARTS COUNCIL, BY FEBRUARY 1 OF EACH YEAR. COUNCIL VIA SURVEY MONKEY. SUBMITS (a) Type of grant or assistance PART I, EACH ORGANIZATION INNOVATIVE PROJECT GRANT Schedule I (Form 990) 2008 ARTS IN EDUCATION SCHEDULE I REGIONAL GRANTS GLENDA WHARTON CONTRACT: Part III

56-0526856

Schedule I (Form 990) 2008

AN OFFICIAL AUDIT MUST BE SUBMITTED ONE MONTH AFTER THE END OF THE

832102 12-18-08

SCHEDULE I-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).

OMB No. 1545-0047
2008
Open to Public .
Inspection

Open to P Inspecti Employer identification number

ADVERTISING ASSISTANCE, & ARTS IN EDUCATION GRANT ARTS IN EDUCATION GRANT \$160,000 ORGANIZATIONAL SUPPORT GRANT, \$101,943 SUPPORT GRANT & \$21,643 30,000 ORGANIZATIONAL SUPPORT GRANT & \$1,000 \$42,000 ORGANIZATIONAL SUPPORT GRANT & \$2,000 SUPPORT GRANT & \$3,000 \$65,000 ORGANIZATIONAL SUPPORT GRANT & \$7,330 DRGANIZATIONAL SUPPORT ADVERTISING ASSISTANCE \$90,000 ORGANIZATIONAL ADVERTISING ASSISTANCE DRGANIZATIONAL SUPPORT \$7,000 ORGANIZATIONAL (h) Purpose of grant or assistance \$1,000 DISCRETIONARY 56-0526856 **ISCRETIONARY** GRANT SRANT (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) valuation ା o, 히 ી o Ö 이 o (e) Amount of non-cash assistance 44,000 (d) Amount of cash grant 31,000 8,000 163,000 167,943 14,330 111,643 10,000 (c) IRC Code if applicable section 501(C)(3) 501(C)(3)501(c)(3)501(c)(3)501(c)(3) 501(C)(3)501(c)(3)56-1627179 501(C)(3) INC. 20-4918395 59-1771526 59-1743689 56-0587289 THE ARTS COUNCIL, 56-1274062 58-1518704 58-1348531 (p) EIN 305 WEST FOURTH STREET, SUITE 1-C LITTLE SYMPHONY OF FORSYTH COUNTY 235 N. CHERRY STREET, SUITE 100 NORTH CAROLINA BLACK REPERTORY COMPANY - 610 COLISEUM DRIVE -P.O. DRAWER F, SALEM STATION organization or government KERNERSVILLE LITTLE THEATRE (a) Name and address of PIEDMONT CHAMBER SINGERS HISPANIC ARTS INITIATIVE WINSTON-SALEM NC 27106 WINSTON-SALEM, NC 27103 WINSTON-SALEM, NC 27113 WINSTON-SALEM NC 27108 WINSTON-SALEM, NC 27120 WINSTON-SALEM NC 27101 WINSTON-SALEM, NC 27101 KERNERSVILLE, NC 27285 PIEDMONT WIND SYMPHONY 526 S. STRATFORD ROAD Name of the organization P.O. BOX 20573 P.O. BOX 15654 PIEDMONT OPERA P.O. BOX 822 OLD SALEM Part I

Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

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

Open to Public Inspection OMB No 1545-0047 2008

Employer identification number

| Name of the organization THE ARTS (| COUNCIL | INC. | | | | Employe 5 | Employer identification number 56-0526856 |
|--|------------------|--|--------------------------|-----------------------------------|---|--|---|
| | Assistance to Go | vernments and Organ | nizations in the U. | S. (Schedule I (For | m 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 |
| REXNOLDA HOUSE MUSEUM OF AMERICAN | | | | | | | \$65,000 ORGANIZATIONAL |
| ART - P.O. BOX 7287 - | | | | | | | SUPPORT GRANT & \$18,707 |
| WINSTON-SALEM NC 27109 | 56-0810676 | 501(C)(3) | 85,207. | 0 | | | ADVERTISING ASSISTANCE |
| RIVERRUN INTERNATIONAL FILM FESTIVAL - 305 WEST FOURTH STREET | | | | | | | \$60,000 ORGANIZATIONAL SUPPORT GRANT, \$8,000 |
| | | | | | | | INNOVATIVE PROJECT GRANT, |
| 27101 | 20-0254183 | 501(C)(3) | .000.69 | 0 | | | & \$1 000 DISCRETIONARY |
| < | | | | | | | \$150,000 ORGANIZATIONAL |
| 305 WEST FOURTH STREET, SUITE 1-C | 56-0596516 | 501(C)(3) | 153 500 | 0 | | | SUPPORT GRANT & \$3,500 INNOVATIVE PROJECT GRANT |
| | | | | | | | \$160,000 ORGANIZATIONAL |
| SOUTHEASTERN CENTER FOR | | | | | | | SUPPORT GRANT, \$12,500 |
| CONTEMPORARY ART - 750 MARGUERITE | | | | | | | INNOVATIVE PROJECT GRANT, |
| DRIVE - WINSTON-SALEM, NC 27106 | 56-0656890 | 501(C)(3) | 185,250. | 0 | | | \$10,000 ADVERTISING |
| THE LITTLE THEATRE OF | | | | | | | \$180,000 ORGANIZATIONAL |
| WINSTON-SALEM/TWIN CITY STAGE - | | | | | | | SUPPORT GRANT, \$3,000 |
| 610 COLISEUM DRIVE - | | | | | | | INNOVATIVE PROJECT GRANT |
| WINSTON-SALEM, NC 27106 | 56-0526835 | 501(C)(3) | 203,710. | 0 | | | & \$20,710 ADVERTISING |
| WINSTON-SALEM FESTIVAL BALLET | | | | _ | | | \$30,000 ORGANIZATIONAL |
| 305 WEST FOURTH STREET, SUITE 1-C | | | | | | | SUPPORT GRANT & \$5,000 |
| WINSTON-SALEM, NC 27101 | 56-1631225 | 501(C)(3) | 35 000. | 0 | | | INNOVATIVE PROJECT GRANT |
| WINSTON-SALEM CHILDREN'S CHORUS | | | | | | | \$8,000 ORGANIZATIONAL |
| P.O. BOX 15342 | | | | - | | | SUPPORT GRANT & \$5,304 |
| WINSTON-SALEM, NC 27113 | 56-2059778 | 501(C)(3) | 13,304. | 0 | | | ADVERTISING ASSISTANCE |
| | | | | | | _ | |
| WINSTON-SALEM DELTA FINE ARTS | | | | | | | \$30,000 ORGANIZATIONAL |
| 2611 NEW WALKERTOWN ROAD | 73.7787052 | 501(0)(3) | 35 000 | c | | | SUPPORT GRANT & \$3,500 INNOVATIVE PROJECT GRANT |
| ************************************** | d government or | Joi (2) | 14 222 | | | | • |

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

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

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

Open to Public OMB No 1545-0047 2008 Inspection

\$6,000 INNOVATIVE PROJECT GRANT & \$3,000 INNOVATIVE \$2,000 ARTS IN EDUCATION ADVERTISING ASSISTANCE (h) Purpose of grant or assistance \$6,227 ADVERTISING **Employer identification number** 56-0526856 PROJECT GRANT SSISTANCE (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of valuation Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) ୍ଦ୍ର Ö ା (e) Amount of non-cash assistance (d) Amount of cash grant 12, 227 5 000 8,227 SECTION 170 C1 (c) IRC Code if applicable section 501(C)(3) 38-3707584 | 501(C)(3) INC. 56-1481122 56-6000450 THE ARTS COUNCIL, (b) EIN WINSTON-SALEM YOUTH ARTS INSTITUTE THE ARTS COUNCIL ENDOWMENT FUND INC. - 305 WEST FOURTH STREET, organization or government (a) Name and address of 1006 SOUTH MARSHALL STREET WINSTON-SALEM NC 27101 WINSTON-SALEM NC 27101 WINSTON-SALEM, NC 27101 FORSYTH COUNTY LIBRARY 660 WEST FIFTH STREET THE ENRICHMENT CENTER 8 WEST THIRD STREET Name of the organization Parti

OTHER GRANT DESIGNATED

FOR ENDOWMENT

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127, 433

501(C)(3)

26-2596119

SUITE 1-C - WINSTON-SALEM, NC

27101

DISCRETIONARY

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2 000

501(C)(3)

56-1849234

DOWNTOWN WINSTON-SALEM PARTNERSHIP 500 WEST FOURTH STREET, SUITE 100 **JISCRETIONARY**

0

5 000

501(C)(3)

56-2160330

1380 N. MARTIN LUTHER KING JR.

WINSTON-SALEM, NC 27101

ARTS BASED ELEMENTARY SCHOOL

WINSTON-SALEM, NC 27101

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

Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

| Schedule I (Form 990) 2008 THE ARTS COUNCIL, INC. Part IV Supplemental Information | 56-0526856 Page 2 |
|--|----------------------------|
| ORGANIZATION'S FISCAL YEAR. | |
| A YEAR END FINANCIAL STATEMENT SHOULD BE SUBMITTED BY | |
| ARTS AND EDUCATION AND INNOVATIVE PROJECT GRANT RECIPIE | ENTS: |
| FINAL REPORTS THAT INCLUDE THE FOLLOWING INFORMATION: | |
| AMOUNT AWARDED | |
| AMOUNT SPENT | |
| PROJECT NARRATIVE: DESCRIPTION AND EVALUATION OF THE PROJECT NARRATIVE | ROJECT. DESCRIBE HOW |
| THE PROJECT WAS PUBLICIZED, WHAT OCCURRED AND HOW SUCCE | ESSFUL YOU THINK THE |
| PROJECT WAS. | |
| PARTICIPATION NARRATIVE: DESCRIPTION OF HOW PROFESSION | AL ARTISTS AND |
| ORGANIZATIONS WERE INVOLVED IN THE PROJECT. | |
| PARTICIPATION STATISTICS: PAID STAFF/VOLUNTEERS/AUDIENC | CE AND TOTAL |
| PARTICIPANTS. THE ORGANIZATIONS ALSO PROVIDE INFORMATION | ON ABOUT THE |
| RACIAL/ETHNIC MAKEUP AND AGE. | |
| PROJECT EXPENSES: ACCOUNT FOR PROJECT EXPENSES, THIS II | NCLUDES THE AMOUNT OF |
| GRANT FUNDS SPENT AS WELL AS OTHER CASH EXPENSE SPENT I | BY THE GRANT |
| RECIPIENT. | |
| REGIONAL ARTIST PROJECT GRANT: | |
| PROJECT NARRATIVE: A DESCRIPTION AND EVALUATION OF THE | PROJECT, INCLUDING |
| HOW THE GRANT IMPACTED YOUR CAREER AS AN ARTIST. | |
| PROJECT EXPENSES: A SUMMARY OF THE PROJECT EXPENSES AS | REFLECTED IN YOUR |
| SUBMITTED BUDGET. INCLUDE COPIES OF RECEIPTS. | |
| | |
| PART II, LINE 1, COLUMN (H): | |
| | Schedule I (Form 990) 2008 |

| Schedule I (Form 990) 2008 THE ARTS COUNCIL, Part IV Supplemental Information | INC. 56-0526856 Page 2 |
|---|---------------------------------------|
| NAME OF ORGANIZATION OR GOVERNMENT: | |
| UNIVERSITY OF NORTH CAROLINA SCHOOL OF | THE ARTS |
| \$11,000 ARTS IN EDUCATION GRANT & \$5,0 | 00 DISCRETIONARY |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: PI | EDMONT CRAFTSMAN |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$7 | 0,000 ORGANIZATIONAL SUPPORT |
| GRANT, \$8,000 ARTS IN EDUCATION GRANT | £ \$13,030 ADVERTISING ASSISTANCE |
| NAME OF ORGANIZATION OR GOVERNMENT: WI | NSTON-SALEM SYMPHONY |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$2 | 30,000 ORGANIZATIONAL SUPPORT |
| GRANT, \$8,000 ARTS IN EDUCATION GRANT, | \$3,500 INNOVATIVE PROJECT GRANT, & |
| 1,000 DISCRETIONARY | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: AS | SOCIATED ARTISTS OF WINSTON-SALEM |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$2 | 9,162 ORGANIZATIONAL SUPPORT |
| GRANT, \$2,675 ARTS IN EDUCATION GRANT | & \$4,162 ADVERTISING ASSISTANCE |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: CH | ILDREN'S THEATRE BOARD, INC. |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$5 | 4,000 ORGANIZATIONAL SUPPORT |
| GRANT, \$2,500 INNOVATIVE PROJECT GRANT | & \$6,025 ADVERTISING ASSISTANCE |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: RE | YNOLDA HOUSE MUSEUM OF AMERICAN ART |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$6 | 5,000 ORGANIZATIONAL SUPPORT GRANT |
| & \$18,707 ADVERTISING ASSISTANCE | · · · · · · · · · · · · · · · · · · · |
| \$65,000 ORGANIZATIONAL SUPPORT GRANT, | \$18,707 ADVERTISING ASSISTANCE, & |
| \$1,500 DISCRETIONARY | |
| | |
| NAME OF OPCANIZATION OF COVERNMENT. | |

| Part IV Supplemental Information SOUTHEASTERN CENTER FOR CONTEMPORARY ART (H) PURPOSE OF GRANT OR ASSISTANCE: \$160,000 ORGANIZATIONAL SUPPORT GRANT, \$12,500 INNOVATIVE PROJECT GRANT, \$10,000 ADVERTISING ASSISTANCE, \$2,500 DISCRETIONARY, & \$250 ED UHLIR PRESENTATION NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT GRANT, \$3,000 INNOVATIVE PROJECT GRANT & \$20,710 ADVERTISING ASSISTANCE |
|---|
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$160,000 ORGANIZATIONAL SUPPORT GRANT, \$12,500 INNOVATIVE PROJECT GRANT, \$10,000 ADVERTISING ASSISTANCE, \$2,500 DISCRETIONARY, & \$250 ED UHLIR PRESENTATION NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
| GRANT, \$12,500 INNOVATIVE PROJECT GRANT, \$10,000 ADVERTISING ASSISTANCE, \$2,500 DISCRETIONARY, & \$250 ED UHLIR PRESENTATION NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
| \$2,500 DISCRETIONARY, & \$250 ED UHLIR PRESENTATION NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
| NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
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| THE LITTLE THEATRE OF WINSTON-SALEM/TWIN CITY STAGE (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$180,000 ORGANIZATIONAL SUPPORT |
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| GRANT, \$3,000 INNOVATIVE PROJECT GRANT & \$20,710 ADVERTISING ASSISTANCE |
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SCHĘDULE J .(Form 990)

Compensation Information

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

2008

OMB No 1545-0047

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, line 23.

Open to Public Inspection

Employer identification number

THE ARTS COUNCIL, INC. 56-0526856 **Questions Regarding Compensation** Part I Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees X Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision X of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, X trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X a The organization? 5a b Any related organization? X 5b If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | | B) Breakdown of V | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | 9 | <u>0</u> | (E) | (F) |
|---------------|-------------|--------------------------|--|-----------------------------|--------------------------|------------------------|--------------------------------|--|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | Deferred compensation | Nontaxable benefits | Total of columns (B)(ı)-(D) | Compensation reported in prior Form 990 or Form 990-EZ |
| | Ξ | 140,750. | 30,000. | 0 | 0 | 13,094. | 183,844. | 0 |
| MILTON RHODES | | 0 | 0. | 0 | 0 | 0 | 0 | 0 |
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Schedule J (Form 990) 2008

•SCHEDULE J-2 •(Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

THE ARTS COUNCIL, INC.

Employer Identification number 56-0526856

| Part I Continuation of Officers, D | | | | | E~ | - la | wood and Higher | t Componented | | |
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| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
| Name and Title | Average | /_ | Position | | | | 1. A | Reportable | Reportable | Estimated |
| | hours per | (check all that apply | | | | app | iy) | compensation from | compensation from related | amount of other |
| | week | ŀ | | | ŀ | 83 | | the | organizations | compensation |
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| | | ndividual trustee or director | nstitutional trustee | Officer | oyee | Highest compensated employee | | | | organizations |
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| SUE HENDERSON | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| TOM INGRAM | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| HILARY KOSLOSKE | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHERYL LINDSAY | | | | | | | | | | |
| BOARD MEMBER | 1.00 | x | | | | | ŀ | 0. | 0. | 0. |
| WANDA MERSCHEL | | | | | | | | • | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| LEON PORTER | | | | | | | | | - | |
| BOARD MEMBER | 1.00 | v | | | | | | 0. | 0. | 0. |
| DR. DEBORAH ROSS REAVES | 1.00 | 72 | | | | | | | 0. | |
| BOARD MEMBER | 1.00 | v | i | | | | | 0. | 0. | 0. |
| SILVIA RODRIGUEZ | 1.00 | ^ | H | <u> </u> | _ | - | - | 0. | 0. | <u> </u> |
| BOARD MEMBER | 1.00 | v | l | | | | | 0. | 0. | 0. |
| RANDALL S. TUTTLE | 1.00 | ^ | 1 | 1 | | | | 0. | | <u> </u> |
| BOARD MEMBER | 1.00 | v | | | | | | 0. | 0. | 0. |
| WILLIAM F. WOMBLE, JR. | 1.00 | ^ | ╁ | ╁ | | | | 0. | 0. | |
| BOARD MEMBER | 1.00 | v | | | | | | 0. | 0. | _0. |
| MILTON RHODES | 1.00 | ┢ | | \vdash | | | - | | <u></u> | |
| PRESIDENT & CEO | 40.00 | | | | х | | | 170,750. | 0. | 13,094. |
| PRESIDENT & CEO | 40.00 | \vdash | ┢ | \vdash | ^ | | | 170,750. | <u> </u> | 13,094. |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

OMB No 1545-0047 Open to Public Inspection

| THE ARTS COUNCIL, INC. | 56-0526856 |
|---|-------------------|
| FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS RE | VIEWED BY THE |
| FINANCE COMMITTEE AND THE CEO BEFORE IT IS FILED WITH THE | IRS. |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DE | TERMINED AND |
| APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUST | EES AND IS BASED |
| ON SEVERAL FACTORS, INCLUDING (A) EVALUATIONS SUBMITTED A | NONYMOUSLY BY THE |
| MEMBERS IF THE BOARD OF TRUSTEES AND THE EXECUTIVE DIRECT | ORS OF THE FUNDED |
| PARTNERS; AND (B) HIS PERFORMANCE AS MEASURED AGAINST MET | RICS SPECIFIED IN |
| HIS EMPLOYMENT CONTRACT. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M | AKES IT GOVERNING |
| DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA | TEMENTS AVAILABLE |
| TO THE PUBLIC UPON REQUEST. | |
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