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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)

Inter	nal Revenue	Service	► The organization may have to use a copy of this return to sati	isfy state repo	rting require	ements	Inspection
<u>A</u>	For the 2009	calendar ye	par, or tax year beginning , and ending				
B (check if applicable		C Name of organization		1) Emplo	yer identification number
	Address change	use IRS	Dutchess County Arts Council	Inc			
	Name change	print or	Doing Business As			<u> 14-</u>	·6035153
	nitial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room	n/suite E		none number
\equiv		Specific	9 Vassar Street, Garden Level Suite				-454-3222
\equiv	Termination .	Instruc-	City or town, state or country, and ZIP + 4			Gross rece	eipts 782,569
	Amended return	tions.	Poughkeepsie NY 12601				
	Application pendi	ng i	and address of principal officer		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		a group return for
			njamin Krevolin Vassar Street, Garden Level Suite			affiliate H(b) Are all	affiliates
		1	ughkeepsie NY 12601		1	include	
_	Tax-exempt s		501(c) (3) ((insert no) 4947(a)(1) or 527			IT "NO,	" attach a list (see instructions)
-	Website: ▶		ertsmidhudson.org		———I.	d(c) Group	exemption number
	Type of organiza			I Year of t		2 4 T	M State of legal domicile NY
******		Summar		TE TOUR	offication = 0	~	14 Clate of legal dofflione = 2 =
	· · · · · · · · · · · · · · · · · · ·		ne organization's mission or most significant activities:				
<u>.</u>		•	cil's mission is to cultivate, promote and	d suppor	t the a	rts i	i .
(4E)			and Ulster counties.			•	
C) E					•	•	•
Activities & Governance	2 Checl	k this box 🕨	if the organization discontinued its operations or disposed of more	e than 25% of	its net asse	ts.	•
ည ဧ	3 Numb	er of voting	members of the governing body (Part VI, line 1a)			3	20
Se J	4 Numb	er of indep	endent voting members of the governing body (Part VI, line 1b)			4	20
. ∑			employees (Part V, line 2a)			5	5
Act .	6 Total	number of v	volunteers (estimate if necessary ECEIVES	•		6	45
	7a Total	gross unrel	ated business revenue from Part VIII, column (C), line			7a	
,	b Net u	nrelated but	siness tavable income from Form 000-T Photo 114 17			7b	0
1	0 0		d graphs (Port VIII line 100)		Prior Year	,305	Current Year 699, 547
9	8 Contr	ibutions and		.		,122	2,680
Revenue	9 Progr	am service	revenue (Part VIII, line 2b) ne (Part VIII, column (A), lines 3 QGDEN, UT eart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,049	3,998
æ	10 Invest	rovenue /P	Part VIII, column (A), lines 5.5d. Ro. 9c. 10c. and 11e)			,398	76,344
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,874	782,569
			ar amounts paid (Part IX, column (A), lines 1–3)			,475	320,075
			or for members (Part IX, column (A), line 4)			7	<u> </u>
- «		es, other co	222	,439	221,242		
UIU Ises	Ī		draising fees (Part IX, column (A), line 11e)			,404	
اک د Expens			expenses (Part IX, column (D), line 25) ▶ 132,450				
	17 Other	expenses ((Part IX, column (A), lines 11a–11d, 11f–24f)	<u></u>	128	,721	231,993
>	18 Total	expenses /	Add lines 13–17 (must equal Part IX, column (A), line 25)		769	,039	773,310
		nue less ex	penses. Subtract line 18 from line 12			,835	9,259
ខ្លួ				Beg	inning of Curre		End of Year
Net Assets Fund Balanc	20 Total	•	t X, line 16)	.		,060	380,992
	21 Total	-	eart X, line 26)	.		,504	152,918 228,074
			d balances. Subtract line 21 from line 20		213	,556	220,074
Net Asset	art II	Signatu					
9			ties of perjury, I declare that I have examined this return, including accompanying sustrue, correct, and complete. Declaration of preparer (other than officer) is based				
Sia.						1 6	/30/10
Sig He		Supportu	re of officer			Date	/ - 0/10
116				resider	nt	Date	
			print name and title				
		 -	·	Date	Check if		Preparer's identifying number
Pa	id	Preparer's signature	20.4/6	06/21/1	l self-	d ▶ 「	(see instructions) P00020592
	eparer's		Sedore and Company, CPAs		employer	EIN	14-1698408
Us	e Only	Firm's name if self-employ	(or yours	···· J .,		Phone	
		address, and	,,,	4			845-485-5510
May	the IRS dis	cuss this re	eturn with the preparer shown above? (see instructions)				X Yes No
							,

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Form **990** (2009)

Part IV Checklist of Required Schedules

_	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	:		
	Schedule C, Part II	4		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 similar funds or accounts where donors have	İ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1		.
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		x	
_	VII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.			
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	7		
13	Is the organization a school 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 United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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			İ
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X
		For	ո 990	(2009)

19? Note. All Form 990 filers are required to complete Schedule O.

	art IV Checklist of Required Schedules (continued)			age -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_ 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b	<u> </u>	
С	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	·		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? 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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1	
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	Ì
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	ľ		
	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,	00		-
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	.	 	<u> </u>
JZ	Schedule N, Part II	32	•	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	_	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34		. 33	 	
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	İ	x
35		34	 	
33	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25	1	x
20		35	 	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	x
27	organization? If "Yes," complete Schedule R, Part V, line 2	. 36	\vdash	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	x
00	Part VI	37	+	 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	i	I	I

Form 990 (2009)

Ma	If 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			
	U.S. Information Returns. Enter -0- if not applicable	-		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the appropriate containing the second state of the second stat	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	40		
22	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		•
	required to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	-{		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		х
£	benefit contract? Did the experiment during the year new promiting directly or indirectly on a personal hopefit contract?	76 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1,8		
	required?	7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>	-	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	L	<u> </u>
		Form	990	(2009)

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public.

organization > Lisa Fiorese

845-454-3222

9 Vassar Street, Garden Level Suite NY 12601

Poughkeepsie

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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	Posi	tion (C) k all i	that ap	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Cathy Temple										
Chair Person	2.00	X		X				0	0	0
Frank Castella,	Tr.					1				
Vice Chair	2.00	X		X	<u>L</u>			0	0	0
Dean Temple										
Vice Chair	2.00	X		X				0	0	0
Elmore Alexander		1								
Vice Chair/Treas.	2.00	X		X				0	0	0
Al Grant		1			ĺ					
Secretary	2.00	X		X				0	0	0
Steven B, . Evans										
Vice Chair	2.00	X		X				0	0	0
Sadhna Bhargava						i I				
Director	1.00	X						0	0	0
Rebecca Blahut				İ		1				
Director	1.00	X				Ш		0	0	0
Elizabeth M. Burg										
Director	1.00	X						0	0	0
J. Benjamin Gail	.ey									
Director	1.00	X						0	0	0
Elin Defrin						1 1				
Director	1.00	X						0	0	0
Tambra Dillon										
Director	1.00	X						0	0	. 0
Lydia Higginson										
Director	1.00	X			L			0	0	0
Kate Hymes										
Director	1.00	X			<u> </u>			0	0	0
Karen Michel										
Director	1.00	X			L_			0	0	0
Kelli Peduzzi										
Director	1.00	X	L	L	L			0	0	0
Christine Richard										
Director	1.00	X	l	l	l			l ol	0	0

Form 990 (20	09) Dutchess	County 2	Art	s	Co	un	ci.	1_	Inc 14-603				Pa	age 8
Part VII	Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, ar	d Highest Compensated	Employees (continued)	,			
Na	(A) amé and Title	(B) Average hours per		_	chec	_	that a	_	(D) Reportable compensation	(E) Reportable compensation	•	(F) Estimat amount		
•		, week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0	other ompens from the organization and relation	ation ne ition ited	
Anton Director	Rohrmeier	1.00	x						0	0	-			0
Alice	Seeger										_			
Director		1.00	X		ļ	ļ <u>.</u>			0	0				0
Snaron Director	ne Wellingto	1.00	X						0	o				0
	nin Krevoli													
Presider	it	40.00			X		<u> </u>		61,900	0		_	5,4	401
• •														
												·		
•												-		
1b Total		<u> </u>	L	l	1	1	1	<u>'</u>	61,900				5,4	401
	umber of individuals (in	cluding but not	lmite	ed to	thos	se lis	ted a	bov	ve) who received more than					
reporta	ble compensation from	the organization	n ▶	0								 -	 1	
									oyee, or highest compensa	ted			Yes	No X
4 For any		e 1a, is the sum	of re	port	able	con	npens	satio	on and other compensation es," complete Schedule J fo			3		
individu	ıal											4		X
	person listed on line 1 s rendered to the organ								ny unrelated organization for such person	or		5		X
•	ndependent Contract										<u>'</u>			
	ete this table for your fivensation from the organi		ensa	ated	ınde	pen	dent d	cont	tractors that received more	than \$100,000 of				
		(A) business address							Descrip	(B) otion of services		Cor	(C) npensal	10n
									· · · · · · · · · · · · · · · · · · ·					
		•		-			ted to	tho	ose listed above) who receiv	ved				
more the	nan \$100,000 in compe	ensation from the	e org	aniz	ation	<u> </u>					_	Form	990	(2009

Form 990 (2009) Dutchess County Arts Council Inc Part VIII Statement of Revenue (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (A) Total revenue (B) Related or exempt function (C) Unrelated business revenue revenue 1a Federated campaigns 1a 1b **b** Membership dues 45,161 c Fundraising events 1c 1d d Related organizations 484,390 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 169,996 34,462 g Noncash contributions included in lines 1a-1f 699,547 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2,680 2,680 2a Program Service Revenue f All other program service revenue Total. Add lines 2a-2f 2,680 Investment income (including dividends, interest, and 3,906 3,906 other similar amounts) Income from investment of tax-exempt bond proceeds Royatties (ı) Real (II) Personal 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) ₽ 7a Gross amount from (ı) Secunties (II) Other sales of assets 92 other than inventor b Less cost or other basis & sales exps c Gain or (loss) 92 92 92 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ 34,462 of contributions reported on line 1c) See Part IV, line 18 76,344 **b** Less direct expenses 76,344 76,344 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue e Total. Add lines 11a-11d 0 782,569 83,022 Total Revenue. See instructions

Part IX Statement of Functional Expenses

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

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

	All other organizations must es	mplete column (A) but are		e coldinas (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		,	5 -:-: Oxponess	
•	organizations in the U.S. See Part IV, line 21	320,075	320,075		
2	Grants and other assistance to individuals in		-		
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,300	37,184	15,983	14,133
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 500	CP 040		
7	Other salaries and wages	128,729	65,747	36,390	26,592
8	Pension plan contributions (include section 401(k)	200	4.50		
	and section 403(b) employer contributions)	382	152	153	77
9	Other employee benefits	9,879	5,104	2,722	2,053
10	Payroll taxes	14,952	7,866	3,970	3,116
11	Fees for services (non-employees):	77 246	77 246		
a	Management	77,346	77,346		····
b	Legal	2 204	1 202	606	176
C	Accounting	2,284	1,202	606	476
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
Ť	Investment management fees	10,534	5,542	2,797	2 105
9	· · · · -	5,147	5,147	2,191	2,195
12	Advertising and promotion	19,036	10,015	5,054	3,967
13	Office expenses	19,036	10,015	3,034	3,901
14	Information technology				<u>.</u>
15	Royalties	15,845	0 336	4,207	3,302
16	Occupancy	4,155	8,336 2,186	1,103	866
17	Travel	4,133	2,100	1,103	800
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,150	2,183	1,102	865
19	Conferences, conventions, and meetings	4,130	2,103	1,102	802
20	Interest				<u> </u>
21	Payments to affiliates	1,271	668	338	265
22	Depreciation, depletion, and amortization	4,664	2,454	1,238	972
23	Insurance	3,003	2,333	1,230	
24	Other expenses Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а		22,388			22,388
a b	Event Expenses Arts Award	21,869			21,869
c	Event Expense Craft Show	11,192			11,192
d	Advertising	9,000			9,000
e	Telephone	5,589	2,940	1,484	1,165
f	All other expenses	17,523	7,805	1,761	7,957
25	Total functional expenses. Add lines 1 through 24f	773,310	561,952	78,908	132,450
26		,	302/302		
_0	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA			 		Form 990 (2009)

		,		(A)		(B)				
	-:			Beginning of year		End of year				
	1	Cash—non-interest bearing		9,460	1	18,114				
- 1		Savings and temporary cash investments	-	381,193	2	339,847				
		Pledges and grants receivable, net		0 620	3					
- 1		Accounts receivable, net	. -	2,639	4	2,919				
1	5	Receivables from current and former officers, directors, trustees, key								
İ		employees, and highest compensated employees Complete Part II of								
	_	Schedule L	·		5					
- '	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	ŀ							
က္က ၂	_	Part II of Schedule L			6					
Sel	_	Notes and loans receivable, net	ŀ		7					
ä	8	Inventones for sale or use	F	F 030	8	E 440				
` '		Prepaid expenses and deferred charges	·	5,832	9	5,449				
1	0a	Land, buildings, and equipment cost or	350							
			350 826	1 025	40	E24				
١.			020	1,835 14,101		524 14,139				
1		Investments—publicly traded securities		14,101	11	14,139				
		Investments—other securities. See Part IV, line 11			12					
	3	Investments—program-related. See Part IV, line 11			13					
		Intangible assets	H		14					
		Other assets See Part IV, line 11	·	415,060	15	390 002				
	6	Total assets. Add lines 1 through 15 (must equal line 34)	•	16,343	16	380,992 17,981				
		Accounts payable and accrued expenses		1,650	17	17,901				
		Grants payable		178,700	18	120 027				
	9	Deferred revenue		178,700	19	129,837				
		Tax-exempt bond liabilities		****	20					
		Escrow or custodial account liability Complete Part IV of Schedule D	· -		21	 				
┋╽╸	22	Payables to current and former officers, directors, trustees, key								
ᄪ		employees, highest compensated employees, and disqualified	f							
		persons. Complete Part II of Schedule L			22					
		Secured mortgages and notes payable to unrelated third parties	·		23					
		Unsecured notes and loans payable to unrelated third parties	H	4,811	25	5,100				
- 1	25 26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	· · · ·	201,504	26	152,918				
_	.0	Organizations that follow SFAS 117, check here ▶ X and		201,304	-20	132,310				
ġ		complete lines 27 through 29, and lines 33 and 34.								
	7	Unrestricted net assets	ı	212,806	27	222,491				
e 2		Temporarily restricted net assets	• }	750	28	5,583				
B 2		Permanently restricted net assets	• •	750	29					
5 ^	.5	Organizations that do not follow SFAS 117, check here ▶	·		25	·				
ᆫ		and complete lines 30 through 34.								
Net Assets or Fund Balances	0	Capital stock or trust principal, or current funds	İ		30					
3		Paid-in or capital surplus, or land, building, or equipment fund	ŀ		31					
SSI		Retained earnings, endowment, accumulated income, or other funds	·		32					
7 3	3	Total net assets or fund balances	• •	213,556	33	228,074				
യി		Total liabilities and net assets/fund balances	}	415,060		380,992				

Form **990** (2009)

Form	1 990 (2009) Dutchess County Arts Council Inc 14-6035153		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 330 of Form 330-Ez. P 366 38 parate instructions.

Dutchess County Arts Council Inc

Employer identification number 14-6035153

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5											
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
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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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
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 X 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											
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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											
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											
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											
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section										
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
a Type I b Type II c Type III—Functionally integrated d Type III—Other											
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											
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
following persons?	V N-										
(,, , , , , , , , , , , , , , , , , , ,	Yes No										
and (iii) below, the governing body of the supported organization?											
(ii) A family member of a person described in (i) above?											
(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h Provide the following information about the supported organization(s)											
(ii) Name of supported organization (iii) EIN (iiii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount organization (described on lines 1–9 in col (i) listed in your the organization in organization in col support											
above or IRC section governing document? col (i) of your (i) organized in the											
(see instructions)) support? US?											
Yes No Yes No											

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2009 Dut	cness Cou	inty Arts	Council	inc 14	1-6032123	Page 2					
Pa	Support Schedule for O (Complete only if you che)(1)(A)(iv) and	170(b)(1)(A)(vi)					
Sec	tion A. Public Support											
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")											
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3											
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>									
	tion B. Total Support	<u>.</u>	,	,								
Cal	endar year (or fiscal year beginning in) 🕨 👚	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4											
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activities, etc.	(see instructions)				12						
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)						
	organization, check this box and stop her		·				•					
Sec	tion C. Computation of Public Su	upport Percen	tage			· · · · · · · · · · · · · · · · · · ·	 					
14	Public support percentage for 2009 (line 6	i, column (f) divide	d by line 11, colum	nn (f))		14	<u> </u>					
15	Public support percentage from 2008 Sch	edule A, Part II, lin	ne 14			15	<u> </u>					
16a	33 1/3 % support test—2009. If the organ	iization did not che	eck the box on line	13, and line 14 is	33 1/3 % or more,	check this box						
	and stop here. The organization qualifies	as a publicly supp	orted organization				. ▶ 📙					
b	33 1/3 % support test—2008. If the organ	ization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or ı	more, check this						
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ition .			. ▶ 📙					
17a	10%-facts-and-circumstances test—200	9. If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	e 14 ıs 10% or						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the											
	organization meets the "facts-and-circums	stances" test. The	organization qualif	ies as a publicly si	upported organiza	tion						
b	10%-facts-and-circumstances test—200	-										
	more, and if the organization meets the "fa			•	•		. \Box					
	organization meets the "facts-and-circums			· -	• •	•	. •					
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee instructions	. ▶ ⊔					

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

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	549,803	552,391	591,696	728,173	699,547	3,121,610
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,405	44,489	38,688	57,167	82,930	264,679
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			:			
6	Total. Add lines 1 through 5	591,208	596,880	630,384	785,340	782,477	3,386,289
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6.)						3,386,289
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	591,208	596,880	630,384	785,340	782,477	3,386,289
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,000	9,760	13,529	10,049	3,906	41,244
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	4,000	9,760	13,529	10,049	3,906	41,244
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
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.)	595,208	606,640	_643,913			3,427,533
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)	▶ □
Sec	ction C. Computation of Public Su		ane	<u> </u>	······································		
15	Public support percentage for 2009 (line 8			n (f))		15	98.80%
16	Public support percentage from 2008 Scho	, ,	•		•	16	98.80%
	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2009 (li			, column (f))		17	1%
18	Investment income percentage from 2008				_	18	1 %
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b						▶ X
b	33 1/3 % support tests—2008. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check the	= = = = = = = = = = = = = = = = = = =	=	-		=	▶ _
20	Private foundation. If the organization did	l not check a box o	n line 14, 19a, or	19b, check this bo	x and see instructi	ons	<u>,▶ </u>

	orm 990 or 990-EZ) 2009					Inc	14-60351		Page 4
Part IV	Supplemental Info Part II, line 17a or								
•									
•							•		٠
•				٠	٠	•	•		•
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public

Employer identification number

Dutchess County Arts Council Inc 14-6035153 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ __ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched		County Art				<u> 14-603</u>		Page 2
Par								ts (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check a	iny of the follov	ving that ar	e a significan	t use of its	
a [Public exhibition	d 🔲	Loan or e	xchange progra	ams			
b [Scholarly research	е 🗌	Other _	_	- 			
c [Preservation for future generations							
	Provide a description of the organization's o	collections and explain	n how they	further the org	ganization's	exempt pur	oose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as p	art of the	organization's	collection?	•		Yes No
Par	t IV Escrow and Custodial Ar					nswered "`	Yes" to For	n 990, Part
	IV, line 9, or reported an a	mount on Form	<u>990, Pa</u>	rt X, line 21	•			
1a	Is the organization an agent, trustee, custoo	dian or other intermed	iary for co	entributions or o	other asset	s not		
1	ıncluded on Form 990, Part X?	•						Yes No
b	If "Yes," explain the arrangement in Part XIV	V and complete the fo	llowing ta	ble				
								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 I	Form 990, Part X, line	21?					Yes No
	If "Yes," explain the arrangement in Part XIV							<u> </u>
Par	t V Endowment Funds. Com	<u>plete if organizat</u>	ion ansv	<u>wered "Yes"</u>	" to Form	<u>1990, Parl</u>	<u>t IV, line 10.</u>	
		(a) Current year		(b) Pnor year	(c) Two	years back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains,							
,	and losses .							
d	Grants or scholarships							
е	Other expenditures for facilities		1					
	and programs .							
f.	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held a	s					
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %	,						
C	Term endowment ▶ %							
3a	Are there endowment funds not in the poss	ession of the organiza	ation that a	are held and ad	dministered	for the		
	organization by.							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations					_		3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required (n Schedu	le R?		· 		3b
4	Describe in Part XIV the intended uses of the	ne organization's end	owment fu	nds.				
Par	t Vi Investments—Land, Build	dings, and Equi	oment. S	See Form 9	90, Part	X, line 10.		
	Description of investment	(a) Cost or other (investment		(b) Cost or basis (oth	ľ	(c) Accur depred	ı	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			3	0,350		29,826	524
	Other							
	Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colum	n (B), line 10(c	;).)		. ▶	524

	om 990) 2009 Dutchess County Arts		14-6033133	Page 3
Part VII	Investments—Other Securities. See Form 99 (a) Description of security or category	(b) Book value	(c) Method o	valuation
	(including name of security)	(b) book value	Cost or end-of-ye	
Financial deriv		-		
	quity interests			- · · · · · · · · · · · · · · · ·
-	quity interests		··- , <u>-</u>	
Other				
		•		
		·		
		·		
				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12)	.]		
Part VIII	Investments—Program Related. See Form 9	90. Part X. line 13.		
	(a) Description of investment type	(b) Book value	(c) Method o	valuation
	(-)	(.,,	Cost or end-of-year	
		- 	 	
				
				 -
				
	····			 .
	···			
	·			
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
1 60 (170	(a) Description			(b) Book value
	(a) Description			(b) Dook value
				
				
				
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990, Part X, line 2	25		7.
*******************************	(a) Description of liability	(b) Amount		
1.		(b) Amount		
Federal incom				
Agency	Funds	5,100		
	····			
_				
		 		
		 		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25)	5,100		
2. FIN 48 Fo	otnote In Part XIV, provide the text of the footnote to the organization	anızatıon's financıal statemer	nts that reports the	
	liability for uncertain tax positions under FIN 48.			

	dule D (Form 990) 2009 Dutchess County Arts Council Inc 14-603515		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	782,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	773,310
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,259
4	Net unrealized gains (losses) on investments	4	-54
5	Donated services and use of facilities	5	4,020
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,966
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,225
_Pa	It XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	786,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -54		
b	Donated services and use of facilities 2b 4,020	1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	i	
е	Add lines 2a through 2d	2e	3,966
3	Subtract line 2e from line 1	3	782,569
4	Amounts included on Form 990, Part-VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	ŀ	
С	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	782,569
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	1	
1	Total expenses and losses per audited financial statements	1	773,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
D	Pnor year adjustments	1	
C	Other losses 2c 2d 2d	1	
a		,	
e	Add lines 2a through 2d	2e	773,310
3	Subtract line 2e from line 1	3	113,310
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIV.)	4-	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4a (This must equal Form 900, Bort I, line 48.)	4c 5	773,310
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) In XIV Supplemental Information	<u> </u>	
	It XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete		
uus p	part to provide any additional information.		
			-
_			_

Schedule D (Fo	orm 990) 2009	Dutchess (County Arts	Council	Inc	14-6035153	Page 5
Part XIV	Suppleme	Dutchess (ntal Information	(continued)				
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Open To Public

Name of the organization Employer identification number Dutchess County Arts Council Inc 14-6035153 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Page 2

P	art i		vents. Complete if the organical complete in the organical complete in			
	•	more trian y l	(a) Event #1 Golf Tournament	(b) Event #2 Arts Awards	(c) Other events	(d) Total events (add col (a) through
e			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts Less: Charitable	53,630	39,642	28,233	121,505
	~	contributions	18,560	10,390	16,211	45,161
	3	Gross revenue (line 1 minus line 2)	35,070	29,252	12,022	76,344
	4	Cash prizes				
	5	Noncash prizes .			-	
Direct Expenses	6	Rent/facility costs				
it Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
<u> </u>	10 11	Net income summary. C	y. Add lines 4 through 9 in column (ombine line 3, column (d), and line plete if the organization ans	10	Part IV line 10, or ren	76,344
F	art i	than \$15,000	on Form 990-EZ, line 6a.	swered res to roth 990,	raitiv, fille 19, of 1ep	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				············
Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs				
	5	Other direct expenses				••••
	6	Volunteer labor	Yes %	Yes % □ No	Yes . %	
	7	Direct expense summary	y. Add lines 2 through 5 in column	(d)		
	8	Net gaming income sum	mary. Combine line 1, column d, a	nd line 7	▶	
9	Ent	ter the state(s) in which th	ne organization operates gaming ac	ctivities:		Yes No
a	ls t		to operate gaming activities in each			9a
10a b		ere any of the organization Yes," Explain:	n's gaming licenses revoked, suspe	ended or terminated during the tax	year?	10a
11		- '	te gaming activities with nonmemb	•		11
12		the organization a grantor, med to administer charital	, beneficiary or trustee of a trust or ble gaming?	a member of a partnership or othe	er entity	12

Sche	dule G (Form 990 or 990-EZ) 2009	Dutchess	County	Arts	Council	Inc	14-60	<u>)35153 </u>	P	<u>'age 3</u>
	· · · · · · · · · · · · · · · · · · ·				-				Yes	No
13	Indicate the percentage of gaming acti	vity operated in:								
а	The organization's facility						13a	%		
b	An outside facility						13b	%		
14	Provide the name and address of the	erson who prepare:	s the organizat	ion's gamı	ng/special event	s books				
	and records:									
	Name ▶									
	Address ▶				•					
15a	Does the organization have a contract	with a third party fro	om whom the o	rganizatio	n receives gamir	ng				
	revenue?							15	ia_	ļ
b	If "Yes," enter the amount of gaming re	evenue received by	the organizatio	n ▶ \$.			and the			
	amount of gaming revenue retained by	the third party	\$. <i>.</i> .					
С	if "Yes," enter name and address of th	e third party								
	Name		••	-						
	Address •		•							
16	Gaming manager information:									
	Name ▶ .									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	Director/officer Em	ployee	Independer	t contracte	or					
17	Mandatory distributions:									
а	Is the organization required under stat	e law to make charit	table distributio	ns from th	e gaming procee	eds to				
	retain the state gaming license?							17	'a	
b	Enter the amount of distributions requi	red under state law	distributed to d	ther exem	pt organizations	or spent				
	in the organization's own exempt activ	ities during the tax y	rear ▶ \$							

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 14-6035153 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Dutchess County Arts Council Inc General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Name of the organization

å

Yes

×

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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additional s	pace is I	needed				e is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bardavon 1869 Opera House							
35 Market St.							Funded Member
Poughkeepsie NY 12601	14-1585490	က	32,000				
Barrett Art Center						_	
55 Noxon St.							Funded Member
Poughkeepsie NY 12601	14-6027959	3	7,100				
Center for Performing Arts Rhinebe	90				•		
							Funded Member
Rhinebeck NY 12572	22-3051271	3	8,900				
Children's Media Project							
							Funded Member
Poughkeepsie NY 12601	14-1775746	3	10,500				
Cunneen-Hackett Arts Center							
9 Vassar St.							Funded Member
Poughkeepsie NY 12601	14-1630728	က	5,400				
Mid-Hudson Childrens' Museum							
75 N. Water St.							Funded Member
Poughkeepsie NY 12601	22-3021355	9	9,500				
Mill Street Loft							
Ave.	•				-		Funded Member
Poughkeepsie NY 12601	22-2538177	က	12,850				
Upstate Films							
P.O. Box 324							Funded Member
Rhinebeck NY 12572	14-1546573	က	8,750				
Ars Choralis Inc.							
P.O. Box 903							UC Cultural Fund
Woodstock NY 12498	22-2976123	က	7,000				
2 Enter total number of section 501(c)(3) and government organizations	nent organizations						₽ 16

Enter total number of section 30 (c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	Complete this part to p	rovide the informati	on required in Part I,	line 2, and any other additi	onal information.
:	. :	· ·	:	· · · · ·	
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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for

Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization Distribuse County	Arts Com	Council Inc				Em 14	Employer identification number 14–6035153
s and Other	Assistance to	o Governments	and Organization	ons in the Unite	d States (Sche	dule I (Form 990)	, Part II.)
ļ	(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	
Bardavon 1869 Opera House 35_Market St	14-1585490	8	000'9				UC Cultural Fund
Center for Photography at Woodstock 59 Tinker St	14-1592639	٤	000'1				UC Cultural Fund
Shadowland Theatre 157 Canal St	14-1678317	3	000'L				UC Cultural Fund
Unison Arts Center 68 Mountain Rest Rd	22-2134692	ε	5,500				UC Cultural Fund
! 							
1 1 1 1 1 1 1							
1 1 1 1 1 1 1							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Individual	n of Grants and Other Assistance to Individu	riduals in the United States (Scl	s in the United States (Schedule I (Form 990), Part III.)	990), Part III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

▶ 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

Dutchess County 1										6035153					
Part I	Excess Benefit Transactions (sector Complete if the organization answered "Yes"				ia or 25b, or Form 990-EZ, Part V, line 40b.										
1	(a) Name of disqualified person			ĺ		(b) Descriptio	n of transaction				<u> </u>	Correct			
<u> </u>											Yes	+	No		
<u> </u>							-					+-			
									-						
	he amount of tax imposed on the organization m section 4958	anage	rs or disc	qualified perso	ons during	g the year		▶ \$	·						
3 Enter ti	he amount of tax, if any, on line 2, above, reimb			ganization				▶ \$							
Part II	Loans to and/or From Interested F Complete if the organization answered "Yes"			Part IV line 2	6 or Form	n 990-F7 Pa	rt V line 38a								
((a) Name of interested person and purpose	(b) L or fro	oan to	(c) Ongin principal am	al		ance due	(e) in (default?	by bo	proved ard or arttee?	(g) W agreer			
		⊢ i	From					Yes	No	Yes	No	Yes	No		
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		┿						<u> </u>	 						
-															
						ļ							<u> </u>		
otal					>	\$		ļ.,							
Part III	Grants or Assistance Benefitting Complete if the organization answered "Yes"				7										
	(a) Name of interested person			(b) Relation	•	en interested p	erson and the	(c) A	√moun	it and t	ype of	assist	ance		
				 				┼							
				+				ļ							
Part IV	Business Transactions Involving Complete if the organization answered "Yes"				8a, 28b,	or 28c.	-	<u>.</u>			<u></u>				
	(a) Name of interested person			hip between rson and the	(c) Amount of transaction		(d) Description of tra		of tran	saction	n	of reve	Shanng org nues?		
R&C Clea	ening	Воя	rd Me			1,200 Donate		d Cleaning				Yes	No X		
													<u> </u>		
												\vdash	 		
		L		_	ļ							-	+		

Department of the Treasury

SCHEDULE M (Form 990)

Noncash Contributions

► Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Dutchess County Arts Council Inc 14-6035153 Types of Property (a) (b) (c) (d) Check if Number of Contributions Method of determining Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art 2 Art---Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes Intellectual property 9 Secunties—Publicly traded 10 Securities—Closely held stock 11 Securities-Partnership, LLC, or trust interests Securities---Miscellaneous 12 Qualified conservation contribution---Historic structures Qualified conservation contribution-Other Real estate—Residential 15 Real estate---Commercial 16 Real estate--Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 34,462 25 Other ►(Other ▶(26 27 Other ►(28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Form	m 990) 2009 Dutchess County Arts Council Inc 14-6035153 Page Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	<u>2</u>
•		_
•		
•		
• •		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

lame of the organization Dutchess County Arts Council Inc	Employer identification number 14-6035153
Form 990, Part VI, Line 11A - Organization's Process to	Review Form 990
Draft copy provided to board members for review and appr	oval before filing.
Form 990, Part VI, Line 12c - Enforcement of Conflicts P	olicy
Compliance is maintained by requiring annual written sta	tment.
Form 990, Part VI, Line 15a - Compensation Process for T	op Official
Annual salary review of President conducted by personnel	committee.
Form 990, Part VI, Line 19 - Governing Documents Disclos	ure Explanation
Upon request.	
· · · · · · · · · · · · · · · · · · ·	
•• •• •• •• •• •• •• •• •• •• •• •• ••	
	• • • • • • • • • • • • • • • • • • • •

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return.

Name	(s) snown on return Dutches	s County A	Arts Counc	cil :	Inc			14-		5153
Busin	ess or activity to which this form relates			<u></u>		-				
_I	ndirect Depreciati									
Pa	rt Election To Expen	se Certain Prop	erty Under Se	ction	179		_	_		
	Note: If you have a				before you	com	iplete Pa	art I.		050 000
1	Maximum amount See the instruc	-		esses				-	1	250,000
2	Total cost of section 179 property		-						2	800,000
3	Threshold cost of section 179 prop	=			ions)		-		3	800,000
4	Reduction in limitation. Subtract lir		•					. }	5	
5	Dollar limitation for tax year Subtract lim		or less, enter -0- it ma T		<u>g separately, s</u> t (business use			lected cost	-5	
6	(a) Description	1 or property		(b) Cos	((business use	: Oilly)	(6)	iected cost	-	
-	Listed assessed: Enter the amount	from line 20				7				
7	Listed property. Enter the amount Total elected cost of section 179 p	•	te in column (c) lu	noc 6 an	ነ ሐን	- 1			8	
8 9	Tentative deduction. Enter the sm	, ,	• •	ies v ari	·	• •	• •		9	
10	Carryover of disallowed deduction			•		•	•	ŀ	10	
11	-	•		ss than :	 zero) or line !	5 (see	instruction	ıs)	11	
12	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11						.	12		
13	Carryover of disallowed deduction				.	13				
	: Do not use Part II or Part III below									
Pa	rt II Special Depreciati	on Allowance a	nd Other Depi	reciati	on (Do no	t inc	lude liste	ed prope	erty.)	(See instr.)
14	Special depreciation allowance for									
	during the tax year (see instruction								14	
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACR								16	1,271
Pε	urt III MACRS Depreciat	ion (Do not incl	ude listed prop	erty.)	(See instr	uctio	ns.)			
			Secti	on A						
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	efore 20	09				17	0
18	If you are electing to group any assets p									
	Section B—/	Assets Placed in Se			T	Gene	ral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only-see instruc	ent use	(d) Recovery period	(e) C	convention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	1				ļ				
b	5-year property	1				ļ				
<u> </u>	7-year property	<u> </u>				<u> </u>				
<u>d</u>	10-year property	1								
ө	15-year property	}				ļ				
f	20-year property	1			ļ . 					
<u>g</u>	25-year property				25 yrs.	ļ		S/L		
h	Residential rental				27.5 yrs.		MM	S/L		
	property				27.5 yrs.		MM	S/L		
i	Nonresidential real				39 yrs.	 	MM	S/L		
	property				<u> </u>		MM	S/L		
		ssets Placed in Sen	vice During 2009 1	ax Yea	r Using the A	Altern	ative Depr	·	yster	n
<u>20a</u>	Class life	1				-		S/L		
	12-year		<u> </u>		12 yrs.	-		S/L		
_	40-year		<u> </u>		40 yrs.	<u> </u>	MM	S/L		<u></u>
	art IV Summary (See ins								-	
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12,						iter nere			1 271
•-	and on the appropriate lines of you					s	1	· · ·	22	1,271
23	For assets shown above and place		me current year, e	nter the		22				
	portion of the basis attributable to	Section 203A COSTS	<u> </u>			23	L			<u> 1</u>

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name	(s) shown on return Dutches	tifying number -6035153						
Busin	ess or activity to which this form relates							
	ndirect Asset							
Pa	et Election To Expen	se Certain Prop	erty Under Sect	ion 179				
	Note: If you have a	any listed proper	ty, complete Par	t V before you	u complete Pa	art I.		,
1	Maximum amount See the instruc	ctions for a higher lim	it for certain business	es .		_	_1_	250,000
2	Total cost of section 179 property	placed in service (se	e instructions)		•		2	
3	Threshold cost of section 179 prop	perty before reduction	n in limitation (see ins	tructions)			3_	800,000
4	Reduction in limitation Subtract lin	ne 3 from line 2 If ze	ro or less, enter -0-				4	
_5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o					5	
6	(a) Description	n of property	(b)	Cost (business use	only) (c) E	lected cost		
				 				
								-
7	Listed property. Enter the amount	•			7		T	
8	Total elected cost of section 179 p			6 and 7			8	
9	Tentative deduction. Enter the sm		•				9	
10	Carryover of disallowed deduction	•					10	
11	Business income limitation. Enter		,		5 (see instruction	s)	11	
12	Section 179 expense deduction. A	·		han line 11	 		12	
13	Carryover of disallowed deduction			<u> </u>	13			<u> </u>
******	: Do not use Part II or Part III below			1 41 × 1D · · ·	4 : 1: - 1: - 1: - 4:	- al		\(\(\mathrea{C} = \text{in the }\)
-	ert II Special Depreciati					ea prop	<u>еπу.,</u> Г	(See instr.)
14	Special depreciation allowance for		ther than listed prope	rty) placed in ser	vice			
	during the tax year (see instruction	•		•			14	
15	Property subject to section 168(f)(•			•		15	1,271
16	Other depreciation (including ACR		ida liatad arabar	h.) (Coo inct	···otiona \		16	1,211
Pa	art III MACRS Depreciat	ion (Do not inci	<u>uae iistea proper</u> Section		uctions.)			
	MACDO dad advana farancia						147	
17	MACRS deductions for assets pla					. 🗖	17	<u> </u>
<u>18</u>	If you are electing to group any assets p		tne tax year into one or m				vstem.	
	000.00.0	(b) Month and year	(c) Basis for deprecia				,	
	(a) Classification of property	placed in	(business/investment	use (", "orad	(e) Convention	(f) Met	thod	(g) Depreciation deduction
100	3-year property	service	only-see instruction	s) F				
<u>19a</u> b		-						
	5-year property	1						
<u>c</u>	7-year property 10-year property	1						
	15-year property							
	20-year property							
_ <u>'</u>	25-year property	1		25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
"	property			27.5 yrs.	MM	S/L		
	Nonresidential real			39 yrs.	MM	S/L		
'	property			35 yıs.	ММ	S/L		
	· · · · · · · · · · · · · · · · · · ·	ssets Placed in Serv	rice During 2009 Tax	Year Using the	' 			m
20a	Class life			l l		S/L		<u></u>
<u>zva</u>		1		12 yrs.	<u> </u>	S/L		
	40-year	†		40 yrs.	MM	S/L		
	art IV Summary (See ins	structions \	1	1 -to yis.	T IANAI		-	<u> </u>
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12,		 lines 19 and 20 in col		 21 Enter here	• ••	1	
	and on the appropriate lines of you	-					22	1,271
23	For assets shown above and place				Ĭ		1. 44	
	portion of the basis attributable to	-	Junione your, office		23			
								4500

Form **8868**(Rev April 2009)

Donardment of the Transu

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Interna	al Revenue	Service	<u> </u>		ile a separate app	Discasion for each re				
• If	you are fi	ling for an Aut	tomatic 3-Month Extensi	on, compl	lete only Part I ar	d check this box			••	► X
• if	you are fi	ling for an Add	ditional (Not Automatic)	3-Month E	Extension, compl	ete only Part II (on p	age 2 of this form).		
Do no	ot comple	ete Part II unic	ess you have already beer	granted a	an automatic 3-mo	nth extension on a pi	reviously filed For	m 8868		
Pa	rt I	Automati	c 3-Month Extensio	n of Tim	ne. Only subm	it original (no co	pies needed)			
A cor Part I		equired to file	Form 990-T and requestin	g an auton	natic 6-month exte	ension—check this bo	ox and complete			▶ □
	•								•	
	-	rations (includi me tax returns	ing 1120-C filers), partners s.	inips, REM	IICs, and trusts m	ust use Form 7004 to	request an exten	sion of		
Elect	ronic Fili	ng (e-file). Ge	enerally, you can electronic	ally file Fo	rm 8868 if you wa	nt a 3-month automa	tic extension of tir	ne to file		
one o	of the retur	ms noted belo	w (6 months for a corporat	tion require	ed to file Form 990)-T). However, you ca	annot file Form 88	68		
electr	ronically if	(1) you want t	he additional (not automat	ic) 3-mont	h extension or (2)	you file Forms 990-B	L, 6069, or 8870,	group		
returr	ns, or a co	mposite or co	nsolidated Form 990-T In:	stead, you	must submit the f	ully completed and si	gned page 2 (Par	t II) of For	m	
8868	. For more	details on the	e electronic filing of this for	m, visit ww	w.irs.gov/efile and	d click on e-file for Ch	arities & Nonprof	ts.		
Type print		Name of Exe	empt Organization					Employe	er identification	number
File by	/ the	Dutche	ess County Ar	ts Co	uncil Inc	<u> </u>		14-6	035153	
filing y	ue date for ling your See 9 Vassar Street 9 Vassar Street									
	structions City, town or post office, state, and ZIP code. For a foreign address, see instructions									
		Poughk	eepsie	1	NY 12601					
Chec	k type of	return to be	filed (file a separate applic	ation for e	ach return).					
X	Form 990	0			Form 990-T (c	orporation)			Form 47	20
Ш	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227								27	
Ш	Form 990-EZ Form 990-T (trust other than above) Form 6069								69	
Ш	☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870									
							 			
● T	he books	are in the care	e of ▶							
						_				
_	elephone	•			FAX No.					. \square
_	•		not have an office or place							. ▶ 📙
			irn, enter the organization'					If this is		
	•	roup, check th	—		art of the group, cl	neck this box	▶ ∐ and	attach		
		•	Is of all members the exter			000 T)				
1	•		3-month (6 months for a control of the description of the file the exempt organized)	•	•	•				
		rganization's re								
		calendar year								
	▶ ∐ ¹	tax year begin	ning , a	ind ending		. ·				
2	If this tax	year is for les	ss than 12 months, check i	reason:	Initial return	Final return	Change	in account	ing period	
3a			Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the	e tentative tax,			_	
			e credits. See instructions.	-4	£ d - 61			3a	\$	
b	• •	-	Form 990-PF or 990-T, er	-		nd estimated tax		0.		
_			de any prior year overpayn			an or if sometimed		3b	\$	
C			t line 3b from line 3a. Inclu		=					
		vitn FTD coup . See instruction	on or, if required, by using	EFIFS (E	lectionic rederal	ı ax rayınent		3c	s	
Caut			make an electronic fund w	thdrawal w	with this Form 896	8 see Form 8453-FC	and Form 8870		Ψ	
_	ayment ins		make an electronic lung w	iciciawai V	7101 0110 1 0//// 000	0, 300 i 0iiii 0405 EC	, and i only our 5-			