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990 Form

### **Return of Organization Exempt From Income Tax**

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

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

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	4 F	or the	2009 calen	dar year,					, 2009, and	ending_			, 20
E	<b>3</b> c	heck if	applicable	Please	C Name of	organization ADAMS	COUNTY ART	S COUNCI	L			ם	Employer identification no.
	_ A	ddress	change	use IRS label or	Doing Bu	isiness As							23-2735477
	N	ame ch	ange	print or	Number a	and street (or P O box	if mail is not delivere	ed to street addr	ess)	Roo	om/suite	E	Telephone number
Ī	ın	itial ret	um	type. See	18 CAF	RLISLE STREE	T				202	1	(717) 334-5006
Ī	<b>=</b> τ	erminat	ed	Specific Instruc-	City or to	wn, state or country, a	and ZIP + 4					G	Gross receipts
ř	=		d return	tions.	1 '	BURG, PA 17						1	s 318,187
Ī	╡		on pending	F Name	e and address	of principal officer							<del></del>
_			<b>, -</b>							H(a	i) is this a grow affiliates?	up retui	m for Yes X No
	T:	ay-exer	npt status	<b>X</b> 501(c) (	3 ) 4 (11	nsert no ) 49	47(a)(1) or	527	<del></del>				• • • • • • • • • • • • • • • • • • • •
			▶ N/A	<u> </u>	<u> </u>		(-/(-/			Hic	If "No," attac	th a list	tiud 1/1 Yes No t (see instructions) number
=				Corporation	on Trust	Association	Other ►	-	L Year of formation	1993	M State of		
ŕ	Pår		Summai		11 11431		Other P		E real or formation		Mr Otate C	legar	dominate
_		1			manization's	s mission or most	significant activi	ties E	PROMOTE THE	ARTS	IN ADAMS	CO	<del></del>
2010		`	briding dood	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gamzanon	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oig.iiioaiii doiivi						
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ۯ ,	v e	2	Chack this h	nov N D c	of the omani	ization discontinue	nd its operations	or disposed	of more than 26	0/ of to t	ant ancets		
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<u> </u>	e	5			•	V, line 2a) · · ·						5	4
₹ °	•	6				nate if necessary)						6	
<b>A</b>		1	•			evenue from Part					••••	7a	0
SCANNED		<u>b</u>	Net unrelate	ed busines	s taxable in	come from Form	990-1, line 34			· · · · ·	• • • •	7b _	0
(J)	R	_				[	RECE	IVED		-	Prior Year		Current Year
	е	8	Contribution	is and grar	nts (Part VII	II, line 1h)				·	207,		129,895
	v e	9	Program ser	rvice rever	nue (Part VI	III, line 2g)	ol	• • • • • •	ן עטן	·	130,	$\rightarrow$	115,946
	n u	10	investment i	income (Pa	art VIII, colu	umn (A), lines 3	and MAY 2	4. 2010	[ <u>연</u> · · · · ·	•		918	7,494
	e	11				(A), lines 5, 6d, 8			1 1111	`	<u>-</u>	691	59,293
_		12				gh 11 (must equal				·	375,		312,628
		13				(Part IX, column (				·	16,	676	18,200
	E	14	-			Part IX, column (A							0
	X P	15										320	111,995
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	n s	b		• .	,	IX, column (D), lin	· ·		57,200	ļ	· · · · · · · · · · · · · · · · · · ·		
	e s	17	•	•		(A), lines 11a-11c	-, ,			·	240,	_	196,868
	•	18	•			(must equal Part		-	• • • • • • • •	·	354,	$\rightarrow$	327,063
_		19	Revenue les	ss expense	es Subtrac	t line 18 from line	12 • • • • •	• • • • •	<u> </u>	· <u> </u>	21,	264	(14,435
	let									Beginnir	ng of Current Y	-	End of Year
a		20	Total assets	,				• • • • • •	· · · · · · · · ·	·	131,		103,417
	undi al-	21	Total liabilitie	•				• • • • • •		·		690	47,957
	nces	22	Net assets o	or fund bala	ances Sub	otract line 21 from	line 20 · · · ·	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>·                                    </u>	69,	895	55,460
L	<u>Par</u>	<u> </u>	Signatu										
			Under penalti	ies of penjury, is true, co <del>rrec</del>	/, I declare that	I have examined this to Declaration of prep	return, including acci arer/other than offici	ompanying sche er) is based on a	edules and statement all information of whi	ts, and to the	e best of my kn has any knowl	owledg edae	je
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S	Sign				urle,	رس مع	J-0-007	$\subseteq$				<u></u>	3 11-10
H	lere		Signatur	re of officer	1-17	· " -	7		_			Date	•
			9	SAR A	LENE		ROWR	1 rea	surer				
_			Type or	r print name a	and title					_			
_			Preparer's	IN	$\sim$	A		Date		eck if	1 .		ntifying number
	aid		signature		VII	~ <i>C D</i> }\			set em	r- ployed ►	X (see ins	uruction	nis)
	repa	rer's		<u>_ \\</u>	$\triangle M$	D/H		<u>\\\</u>	14/10		<u></u>	<u>ر را</u> د	1-11eldo
	iepa Ise O		Firm's name	(or voure	<b>Depo</b> r	rah J Zearfo	ss CPA			EIN	, _ <b>&gt;</b> ,		
Ŭ		,	if self-employ	red),	22 h	Main Street			10	<b>]</b> 7	5-291	765	-47
			address, and	2 ZIP + 4	Berli	in, PA 15530			A	Phone	no ▶814	-267	-9981
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

For	n 990 (2009) ADAMS COUNTY ARTS COUNCIL	23-2735477	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	PROMOTE THE ARTS IN ADAMS CO.		
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · · U Yes	X No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□ <b>v</b>	(F) 11.
	services?	· · · · L Yes	X No
_	if "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
40	(Code ) (Expenses \$ 264,882 including grants of \$ 18,200 ) (Revenue	•	
444	(Code ) (Expenses \$ 264,882 including grants of \$ 18,200 ) (Revenue PRESENTATIONS AND PROMOTION OF THE ARTS TO THE	<b>a</b>	,
	GENERAL PUBLIC AND SCHOOL CHILDREN IN ADAMS COUNTY		
	GENERAL PUBLIC AND SCHOOL CHILDREN IN ADAMS COUNTI		
			<del></del>
		<del></del>	
		·· <del>·</del>	
			<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			············
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ▶ 264,882		

EEA

Form 990 (2009)

Pa	rt 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,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	_X	
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)		Δ./	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N,	N
6	Did the organization maintain any donor advised funds or any similar funds or 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		Х
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	_	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		_	
	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,			
	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11	Х	
●.	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	*	5.5	- ,
•	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	in 🎉 t	i A	3r :
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1,500	12	3' '
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		£å	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	in the	. 🎉	2
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	.¥) -	ر د د د	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			şi. 200
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	5. 8.		
	the organization's liability for uncertain tax positions under FiN 48? If "Yes," complete Schedule D, Part X		d	ž ,
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	, i	^	<b>_</b>
	Schedule D, Parts XI, XII, and XIII	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	7.7994	4	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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,	ایرا		
	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	4-		
	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	40		,,
4-	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	,,		
40	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	4.0	,,	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├─
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		٠,
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

23-2735477

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			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		<u>X</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	Х	
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			
	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			
	\$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 period exception?	24b		
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				
204	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		<u>X</u>
Ь				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25L		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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		<u>X</u>
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?			
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Air
	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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
C	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,			
	Part IV	28c		<u> </u>
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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del> -		
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	<del></del>		
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
		-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	<u> </u>	<u>X</u>
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	<u> </u>	<u>X</u>
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	<u></u>	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	FFA		990 (	2009)

ra	tt v Statements Regarding Other IRS Fillings and Tax Compilance			
4.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No *
1a	U.S. Information Returns Enter -0- if not applicable		,	į,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		ŀ	ا
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	. "	.,3	, and a
·	gaming (gambling) winnings to prize winners?	1c	х	, ii
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-43	*;
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 4	``,		Š
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	18
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	~		887
	instructions)	Š.	Seiz,	· 🕹
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	per	. "	1
	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	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<b>~</b>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a	,	Х
b	If "Yes," enter the name of the foreign country	- 4	}	(H)
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	4>	i ilos	1
	and Financial Accounts.		**	\$3°
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		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	i l	الد	مدا
	Prohibited Tax Shelter Transaction? · · · · · · · · · · · · · · · · · · ·	5c	N	R
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		l n	10
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b	10)	W
7	Organizations that may receive deductible contributions under section 170(c).	7	ž-	4: 7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>		l <sup>4</sup>
_	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\mathcal{A}$	/A-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?	10		<u>X</u>
a	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •		ica ica	<b>S</b> ir g
е	benefit contract? • • • • • • • • • • • • • • • • • • •	7e	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\vdash$	X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N)	k^^
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			<del> </del>
••	required? • • • • • • • • • • • • • • • • • • •	7h	N	M-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<b> </b>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<b>*</b> 3	\$-3	×
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · 10a	*	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		<i>'</i>	,
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 )	<u> </u>		<del> </del>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	M	₩_
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>		2255
	EEA	Form	1 990 (	(2009)

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Par			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in		
	Schedule O See instructions		
Sect	tion A. Governing Body and Management	Т	Т
4.	Enter the number of voting members of the governing body	Yes	No
1a b	Enter the number of voting members that are independent	18º	*
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		j.
	any other officer, director, trustee, or key employee? • • • • • • • • • • • • • • • • • •	-71	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	+	<del>-</del> ^-
	supervision of officers, directors or trustees, or key employees to a management company or other person? • • • • • • • • • • • • • • • • • • •		x
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<del> </del>	$\frac{\hat{x}}{x}$
	Did the organization become aware during the year of a material diversion of the organization's assets? 5	<del> </del>	X
	Does the organization have members or stockholders? 6	<del>                                     </del>	X
	Does the organization have members, stockholders, or other persons who may elect one or more members	<del>                                     </del>	
	of the governing body?		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following	Seg.	1
а	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
	ion B. Policies (This Section B requests information about policies not required by the Internal		
	nue Code )		
		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	A /	1
	affiliates, and branches to ensure their operations are consistent with those of the organization? • • • • • • • • • • • • • • • • • • •	V	VA_
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		
	form?		X,
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u> </u>	<del></del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		
	rise to conflicts? • • • • • • • • • • • • • • • • • • •	X	<b>├</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.   <u></u>	
	describe in Schedule O how this is done		<del> </del>
	Does the organization have a written whistleblower policy?		
	Does the organization have a written document retention and destruction policy? • • • • • • • • • • • • • • • • • • •	X	P 1
	Did the process for determining compensation of the following persons include a review and approval by		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		
_	Other officers or key employees of the organization	+-41	<del> </del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	1	5
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u></u>
	with a taxable entity during the year? · · · · · · · · · · · · · · · · · · ·	†	X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	<b>-</b>	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		
	the organization's exempt status with respect to such arrangements?	A	A
	ion C. Disclosure	T T Y	<del></del>
	List the states with which a copy of this Form 990 is required to be filed PA		
	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		
ſ	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, and financial 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 ▶ CHRISTINA GLATFELTER (717)334-5006		
	18 CARLISLE STREET GETTYSBURG, PA 17325		

# 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

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	0	(B) (C)							(D)	(E)	(F)
Name and Title		rage		T		1	hat appl		Reportable	Reportable	Estimated
		s per eek	I t d nrure vi e e o du o r	n r s u t s i t t e	f f C e	Key employee	Homployee test	F o r m e r	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
HOLLY PURDY	AS				1						
PRESIDENT	REG	عسيط	Х		X						
WENDY HEIGES											
VICE PRES.			Х		l x						
BRENDA MCCABE											
RECORDING SECRETARY			Х		l x						
DARLENE BROWN											
TREASURER			Х		l x						
CHRISTINA GLATFELTER											
EXECUTIVE DIR		ļ				l x			50,910		10,911
JUDIE BUTTERFIELD											
DIRECTOR			Х								
LEONARD LOSKI											
DIRECTOR		Ī	Х								
PHILLIP MURRAY											
DIRECTOR			Х		1						
LOUISE GARVERICK											
DIRECTOR			Х				1				
LINDA ATIYEH											
DIRECTOR			Х								
STUART S KRAVITS	_ †		,-								
SECRETARY		1	_ x_								
LARRY MUSSELMAN											
DIRECTOR			Х								
AIMEE MURPHY											
DIRECTOR			х								
KATE RICE	-   -										
DIRECTOR			х								
MAGGIE GLADSON											
DIRECTOR			х								
JENNIFER LEVAN			_ <u>-</u>		Γ		1				
DIRECTOR			х								

Pi	Irt VII Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d Hi	ighe	st C	ompei	nsat	ed Employees (co	ntınued)			
	(A)	(B)			(	C)			(D)	(E)		<b>(F)</b>	
	Name and Title	Average hours per week	1 + 4			K	H c e	F	Reportable compensation from	Reportable compensation from related		Estimate amount of other	of
	•		nri du ecte or u o l	t t t e e	cer	y employee	gmpleeny teeny tae ted	m	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	ompensa from the organizate and relate organizate	e tion ted
													<u> </u>
										_			
1b	Total								50,910		0	10,	911
_	Total number of individuals (including but not limited to reportable compensation from the organization	tnose listed	above	e) w	no re	ecen	/ea ma	ore t	nan \$100,000 in		0		
3	Did the organization list any former officer, director or t	trustee, key	emplo	yee,	or h	ighe	est con	nper	nsated		[ ·	Yes	No E
	employee on line 1a? If "Yes," complete Schedule J for	r such individ	laut				• • •		• • • • • • • •		3		Х
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater than										*	*	. Šą
	individual · · · · · · · · · · · · · · · · · · ·	• • • • • •	• • •	• •	• •	• •	• • • •		• • • • • • • • •		. 4		Х
5	Did any person listed on line 1a receive or accrue com services rendered to the organization? If "Yes," comple	•		-			-				. 5	-	37
Sac	etion B. Independent Contractors		3 101	Suci	i pe	3011							<u> </u>
1	Complete this table for your five highest compensated compensation from the organization		t contr	acto	ors th	at re	eceive	d mo	ore than \$100,000	of			
	(A)								(B)			(C)	
	Name and business address	·							Description of s	ervices	Cor	npensatio	on
2	Total number of independent contractors (including bur more than \$100,000 in compensation from the organiz		to thos	e lis	sted	abo	ve) wh	o re	ceived		,		

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Part VIII Statement of Revenue (C) (D) (A) **(B)** \* Revenue excluded from tax Unrelated Total revenue Related or business exemp function under sections 512, 513, or 514 revenue 1a Federated campaigns . . . . . . . 1a 1 30,544 1b Contri-1c C Fundraising events burtions, 1d aifts. d Related organizations . . . . . . grants 66,741 Government grants (contributions) . . 1e . April 2 1/4 and other All other contributions, gifts, grants, similar 32,610 1f and similar amounts not included above announts Noncash contributions included in lines 1a-1f \$ 129,895 Total. Add lines 1a-1f **Business Code** 3,500 711300 3,500 2a NEW YEAR'S EVE 21,316 711300 21,316 b IMAGINATION STATION Program 711300 28,750 28,750 c ROOTS AND WING Service d ACTS OF KINDNESS PROD 711300 52,593 52,593 Revenue 4,685 4,685 711300 e JURIED ART EXHIBITION 5,102 711300 5,102 f All other program service revenue · · · · · · 115,946 g Investment income (including dividends, interest, and 7,362 7,362 Income from investment of tax-exempt bond proceeds (II) Personal (i) Real 6a Gross Rents . . . . . . . b Less rental expenses · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · ▶ 7a Gross amount from sales of (i) Securities 5,633 assets other than inventory b Less cost or other basis 5,501 and sales expenses 0 132 c Gain or (loss) 132 132 . . . . . . . . . . . . . . . . . d Net gain or (loss) · · · 8a Gross income from fundraising events (not including R of contributions reported on line 1c) 56,093 See Part IV. line 18 . . . . . . . θ b Less direct expenses .... b n 56,093 56,093 c Net income or (loss) from fundraising events · · · · · · ▶ ( ) 135 9a Gross income from gaming activities See Part IV, line 19 · · · · · · · a b Less direct expenses · · · · · · b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less 89 returns and allowances · · · , <u>, , ,</u> , 58 b Less: cost of goods sold . . . . . . b 31 31 c Net income or (loss) from sales of inventory · · · · · · ▶ **Business Code** Miscellaneous Revenue 3,013 11a UNREALIZED GAIN-INVESTM 900099 3,013 711300 156 156 **b MISCELLANEOUS INCOME** d All other revenue . . . . 3,169 e Total. Add lines 11a-11d 182,733 312,628 12 Total revenue. See instructions

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Statement of Functional Expenses

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

	All other organizations must complete coluret include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to governments and			Note: No	. W
	ganizations in the U.S. See Part IV, line 21				
	rants and other assistance to individuals in	10.000	10 000	***	
	e U.S. See Part IV, line 22 · · · · · · · · · · · · ·	18,200	18,200		·
	rants and other assistance to governments,				
	ganizations, and individuals outside the			tin 1 Mary 1 mars	
	S See Part IV, lines 15 and 16 · · · · · · · · ·			<b>y</b> / (34).	
	enefits paid to or for members • • • • • • • • • • • •			·	15
5 C	ompensation of current officers, directors,				
tri	ustees, and key employees • • • • • • • • • • • • • • • • • •	48,510	36,383	1,455	10,672
6 C	ompensation not included above, to disqualified				
p€	ersons (as defined under section 4958(f)(1)) and				
p€	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	42,287	31,715	1,269	9,303
<b>8</b> P	ension plan contributions (include section 401(k)				
ar	nd section 403(b) employer contributions)				
	ther employee benefits	13,311	9,983	399	2,929
	ayroll taxes · · · · · · · · · · · · · · · · · · ·	7,887	5,915	237	1,735
	ees for services (non-employees):				
	anagement · · · · · · · · · · · · · · · · · · ·				
	egal · · · · · · · · · · · · · · · · · · ·				
	counting		· · · · · · · · · · · · · · · · · · ·		
	bbbying · · · · · · · · · · · · · · · · · · ·				<u> </u>
	rofessional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	5	
	vestment management fees · · · · · · · · · · ·				
_	ther	4,409	3,307	132	970
•	F	5,078	3,809	152	1,117
	dvertising and promotion	15,919	11,939	478	3,502
	ffice expenses	13,919	11,333	4,0	3,302
	formation technology · · · · · · · · · · · · · · · · · · ·		<del> </del>		
	oyalties · · · · · · · · · · · · · · · · · · ·		·		-
	ccupancy	105	120	5	A1
	avel · · · · · · · · · · · · · · · · · · ·	185	139	5	41
	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials • • • • • _				
19 C	onferences, conventions, and meetings · · · · · · ·				
<b>20</b> In	terest				0
21 P	ayments to affiliates • • • • • • • • • • • • • •				
22 D	epreciation, depletion, and amortization •••••••				
<b>23</b> In	surance · · · · · · · · · · · · · · · · · L	3,720	2,790	112	818
<b>24</b> O	ther expenses Itemize expenses not				
c	overed above (Expenses grouped together			- ,¿., iš.,	樓
aı	nd labeled miscellaneous may not exceed	Ÿ Ť	***	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 4
59	% of total expenses shown on line 25 below )				
a Si	EE ATTACHED	167,557	140,702	742	26,113
b _		-			
c –		-			
d _					
- e					
_	ll other expenses				
	otal functional expenses. Add lines 1 through 24f	327,063	264,882	4,981	57,200
	oint Costs. Check here ▶ If following				1 7 2 3
	OP 98-2 Complete this line only if the				
01	ganization reported in column (B) joint costs				
	om a combined educational campaign and				
fu	ndraising solicitation · · · · · · · · · · · · · · · · · · ·	<del></del>			Form <b>990</b> (2009

Part	Χ	Balance Sheet				
•			(A)			(B)
			Beginning of year		<u>E</u>	nd of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1		
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	87,273	2		19,537
	3	Pledges and grants receivable, net · · · · · · · · · · · · · · · · · · ·		3		
	4	Accounts receivable, net	4,796	4		1,176
İ	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees Complete Part II of	·		ř	,
		Schedule L $\cdots$		5		
	6	Receivables from other disqualified persons (as defined under section	4); · 40 ·	3ê	, Garage	*! (i) .
.		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	, »	77		
A		Part II of Schedule L		6		
s	7	Notes and loans receivable, net		7		
θ	8	Inventories for sale or use	3,597	8		3,481
s	9	Prepaid expenses and deferred charges	1,150	9		_
	10a	Land, buildings, and equipment cost or		×	,	
		other basis Complete Part VI of Schedule D · · · · · 10a 40,614		<u></u>		1
	b	Less accumulated depreciation • • • • • • • • 10b		10c		40,614
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11		
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	34,769	12		38,609
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13		<u>-</u> -
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	131,585	16		103,417
-	17	Accounts payable and accrued expenses	1,088	17		788
	18	Grants payable		18		
.	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·	60,602	19		47,169
-	-	Tax-exempt bond liabilities	00,002	20		
a	20	·		21		<del></del> -
b	21	Escrow or custodial account liability Complete Part IV of Schedule D	14 8		128	. 40.
i	22	Payables to current and former officers, directors, trustees, key	in the state of		15 m	at M
!		employees, highest compensated employees, and disqualified		22	<del> </del>	
		persons Complete Part II of Schedule L		23	<del></del>	
е	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	<del>                                     </del>	
s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		25	<u> </u>	<del> </del>
	25	Other liabilities Complete Part X of Schedule D	61 600	26		47,957
_	26	Total liabilities. Add lines 17 through 25	61,690	10.0	-sab	
		Organizations that follow SFAS 117, check here	M. A.		**	🍂 A A
F		complete lines 27 through 29, and lines 33 and 34.			ļ <del></del>	16 051
u n	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	39,220	27		16,851
ä	28	Temporarily restricted net assets	(9,325)	28	<u> </u>	(1,391
_	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·	40,000	29	au ·	40,000
B		Organizations that do not follow SFAS 117, check here	397	77	and .	K A
Ĭ		and complete lines 30 through 34.		À		
a n	30	Capital stock or trust principal, or current funds		30		
c	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ	
	32	Retained earnings, endowment, accumulated income, or other funds		32		
s	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	69,895	33		55,460
	34	Total liabilities and net assets/fund balances	131,585	34		103,417

Pa	Part 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 methods of accounting from a prior year or checked "Other," explain in	ľ								
	Schedule O									
<b>2</b> a	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	Х							
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	Х							
	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			,?e						
	issued on a consolidated basis, separate basis, or both	<b>\$</b>	<b>33</b> 7							
	Separate basis Consolidated basis Both consolidated and separate basis	"	,,,							
За	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		х						
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<del></del>						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	[ <i>X ]),</i>	0						
	EEA	Form	990 (	2009)						

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury-

Internal Revenue Service

**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

2009

Open to Public Inspection

		eorganization County Arts Co	INCTI							735477			
					ations mus	t complete	this part \	Coo inote					
<u>iPa</u>				y Status (All organizuse it is (For lines 1 thro				See msn	uctions				
_	orga	•		,	•		•	vi)					
1	님			ssociation of churches d		Section	/ U(D)( 1)(A)	K1).					
2	$\vdash$			)(A)(ii). (Attach Schedule	•	4 <b>70</b> /6\	(4)/A)/!!!\					1	
3	$\vdash$			vice organization descri				<b>-0</b> /1-3/43/4	· -		- 11		
4			organization opera	ted in conjunction with a	nospital d	escribed in	section 1	/U(D)(1)(A	.)(III). Entei	tne nospit	ars nam	ie,	
		city, and state											_
5				it of a college or univers	ity owned o	or operated	by a gove	rnmental	unit descri	bed in			
		section 170(b)(1)(A)		•									
6	$\sqcup$	A federal, state, or lo	ocal government or	governmental unit desc	ribed in se	ction 170(t	o)(1)(A)(v).						
7	$\mathbf{x}$	An organization that	normally receives	a substantial part of its s	support from	m a govern	mental un	it or from	the genera	l public			
		described in section	170(b)(1)(A)(vi). ((	Complete Part II)									
8		-		170(b)(1)(A)(vi). (Comp		-							
9		An organization that	normally receives	(1) more than 33 1/3%	of its suppo	ort from cor	ntributions	, member	ship fees, a	and gross			
		receipts from activiti	es related to its exe	empt functions - subject	to certain e	exceptions,	and (2) no	more that	an 33 1/3%	of its			
		support from gross i	nvestment income	and unrelated business	taxable inc	come (less	section 51	1 tax) from	m business	es			
		acquired by the orga	anızatıon after June	30, 1975 See section	509(a)(2). (	Complete I	Part III)						
10		An organization orga	anized and operate	d exclusively to test for p	public safe	ty See sec	tion 509(a	)(4).					
11		An organization orga	anized and operate	d exclusively for the ber	nefit of, to p	erform the	functions	of, or to c	arry out the	•			
		purposes of one or r	more publicly suppo	orted organizations desc	ribed in se	ction 509(a	a)(1) or sec	ction 509(	a)(2) See	section			
		509(a)(3). Check the	box that describes	the type of supporting of	organizatio	n and com	plete lines	11e throu	igh 11h				
		a Type I	b 🗌 Тур	ell c	_ Type III-	-Functional	lly integrat	ed	d	Type I	II-Other		
θ		By checking this box	c, I certify that the o	rganization is not contro	lled directly	y or indirec	tly by one	or more d	ısqualıfied				
		persons other than f	oundation manage	rs and other than one or	r more pub	licly suppoi	rted organ	zations d	escribed in	section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IR	S that it is a	a Type I, Ty	pe II, or T	ype III sup	porting				
		organization, check	this box										•[
g		Since August 17, 20	06, has the organiz	zation accepted any gift	or contribu	tion from a	ny of the						
		following persons?	_										
			directly or indirectly	controls, either alone o	r together v	with persor	s describe	ed in (ii)				Yes N	Vio
		• •	•	y of the supported organ	_						11g(i)	1	丆
				cribed in (i) above? ••							11g(ii)	5	~
		•	•	n described in (i) or (ii) a							11g(iii)	5	Ť
h		•	• •	the supported organiza								<del></del>	<u> </u>
	₩ N	lame of supported	(ii) EIN	(iii) Type of organization	<del>, ' '</del>	organization	(v) Did yo	ou notify	(vi)	s the	(vii)	Amount of	
	.,	organization		(described on lines 1-9	in col (i) lis	sted in your	the organ		organizat		s	upport	
				above or IRC section (see instructions))	governing	document?	col (i) sup	or your port?	(i) organii U	zea in the S?			
				(444 144 144 144 144 144 144 144 144 144	Yes	No	Yes	No	Yes	No			
									-				_
							;		ŀ				
			,						ļ				
							i						
									Ī -				
		•											_
					<u> </u>								
			; <sup>g</sup>	î 4	λ,	1,	j. i	° ور	. \$4	ķ			
T - 4-			1		1 >	1	l	1	i	1	l		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (b) 2006 (d) 2008 (a) 2005 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (c) 2007 Gifts, grants, contributions, and membership fees received (Do not 134.783 129,895 include any "unusual grants") 135,799 134,855 168,804 704,136 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 134,783 135,799 134,855 168,804 129,895 704,136 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... 704.136 Public support. Subtract line 5 from In 4 Section B. Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2006 704,136 134,783 135,799 134,855 168,804 129,895 Amounts from line 4 · · · · · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 3,486 713 3,447 2,918 10,507 21,071 sources 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 143 260 38 156 597 (Explain in Part IV) . . . . . . . 725,804 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 1,457,817 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here **Section C. Computation of Public Support Percentage** 97.01 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . 15 98.31 % 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a  $\triangleright x$ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20

23-2735477 ADAMS COUNTY ARTS COUNCIL Page 3 Schedule A (Form 990 or 990-EZ) 2009 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) Section A. Public Support (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b . . . . . . . . . . Public support (Subtract line 7c from line 6) • • • • • • • • • • • • • • • **Section B. Total Support** (f) Total (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 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 · · · Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) . . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . . Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name	of the organization		Employer identification number
AD.	AMS COUNTY ARTS COUNCIL		23-2735477
Pa		dvised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, F		
		(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 advisor	rs in writing that the assets held in donor advise	ed
	funds are the organization's property, subject to the org		
6	Did the organization inform all grantees, donors, and do		
	used only for charitable purposes and not for the benefit		
	•		
Pa		f the organization answered "Yes" to Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation		torically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	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
а	Total number of conservation easements · · · · ·		2a
b	Total acreage restricted by conservation easements •		· · · 2b
С	Number of conservation easements on a certified histor		· · · 2c
d	Number of conservation easements included in (c) acqu	ured after 8/17/06	· · · 2d
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by the	organization during
	the tax year		
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the		_
	violations, and enforcement of the conservation easeme		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easements du	ring the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements during	the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? • • • • •		
9	In Part XIV, describe how the organization reports cons		
	balance sheet, and include, if applicable, the text of the		ints that describes
	the organization's accounting for conservation easement		
Pa		ions of Art, Historical Treasures, o	r Other Similar Assets.
40	Complete if the organization answered "Yes" to If the organization elected, as permitted under SFAS 11		Janca sheet works of
1a	art, historical treasures, or other similar assets held for		
	provide, in Part XIV, the text of the footnote to its finance		- Table Service;
b	If the organization elected, as permitted under SFAS 11		re sheet works of art
	historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items	ic exhibition, education, or rescaron in future a	noo of public scryloo,
	(i) Revenues included in Form 990, Part VIII, line 1 •		<b>&gt;</b> s
	(ii) Assets included in Form 990, Part X · · · · · ·		<b>»</b> *
2	If the organization received or held works of art, historic	at treasures, or other similar assets for financia	I gain provide the
-	following amounts required to be reported under SFAS		gam, provide tile
•	Revenues included in Form 990, Part VIII, line 1 · · ·		<b>&gt;</b> \$
a	Assets included in Form 990, Part X · · · · · · · ·		· · · · · · · · <b>&gt;</b> s
b	Assets included in Form 550, Part A TTTTTTT		

Sche	dule D (Form 990) 2009 ADAMS COUNTY AR	TS COUNCIL					23	-2 <u>73</u> 54	77	Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Historical	Treasu	ires, or	Othe	r Simi	lar As	sets (co	ntinued) 🔨
3	Using the organization's acquisition, accession									
	collection items (check all that apply)									
а	Public exhibition	d 🗌 Loan	or exchange prog	grams						
b	Scholarly research	e 🗌 Othe	г			_				
C	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain ho	w they further the	organizat	ion's exen	ipt pur	pose in			
	Part XIV.									
5	During the year, did the organization solicit or re	eceive donations of ai	t, historical treasu	ires, or oth	her sımılar					
	assets to be sold to raise funds rather than to b								· 🔲 Y	es 🔲 No
Pa	rt IV Escrow and Custodial Arra	angements. Com	plete if organization	on answer	ed "Yes" t	o Form	990,			
	Part IV, line 9, or reported an amou				MA					
<b>1</b> a	Is the organization an agent, trustee, custodian								_	
	included on Form 990, Part X? • • • • • •			• • • • •	• • • • •	• • •	• • • •		· 🗀 Y	es No
b	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ing table <sup>.</sup>		_					
					ļ.	-		Amo	unt	<del></del>
C	Beginning balance					1c				
đ	Additions during the year				• • • •	1d				
0	Distributions during the year • • • • • • •				••••	1e				
f	Ending balance · · · · · · · · · · · · · · · · · · ·			• • • • •	• • • • [	1f				
<b>2</b> a	Did the organization include an amount on For	m 990, Part X, fine 21	?	• • • • •	• • • • •	• • •	• • • •	• • • •	· []Y	es No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes" to F	orm 990,	Part IV, Iir	ie 10				
		(a) Current year	(b) Prior year		o years back	<u>(d)</u>	Three ye	ars back	<del>•</del>	years back
1a	Beginning of year balance	30,675		- 3c	* * '		1 67	· ·	· 88	
b	Contributions			A. spir	2 2 2 200	(4.8)		¥2.0	<u> </u>	
C	Net investment earnings, gains, and losses •	9,633		<b>*</b>	<b>)</b>	<b>18%</b>	\$M	F1	(P) 14	1 + 114.7
d	Grants or scholarships · · · · · · · · · ·					- 1				,
0	Other expenditures for facilities				in the	\$ P	\$ 4	į.	**	* * * * * * * * * * * * * * * * * * *
_	and programs	1,336			16		1.25		/82 L	1 34 1
T	Administrative expenses • • • • • • • • • • • • • • • • • •	363		1000	<del>9</del> 7 jik	· 148%	· 满	n of the	e(f) 26	e .*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
9	End of year balance	38,609			•				l .	
2	Provide the estimated percentage of the year e									
a	Board designated or quasi-endowment	%								
D	Permanent endowment ► 100 %									
20	Term endowment \( \rightarrow \)	of the executed	that are hald and	ا مرامد، مردد	arad far th	_				
Ja	Are there endowment funds not in the possessi	on of the organization	that are neid and	administe	erea for th	е			г	Voc. No.
	organization by								20(1)	Yes No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·								3a(i) 3a(ii)	X
b	(ii) related organizations · · · · · · · · · · · · · · · · · · ·		abadula P2						3b	X X
4	Describe in Part XIV the intended uses of the or	•							36	/V/A
	rt VI Investments - Land, Buildi	<del></del>		990 Par	t X line 10	<u> </u>		<u>.</u>		
ाह व										
	Description of investment	(a) Cost or othe	, , ,	ost or other sis (other)			imulated ciation		(d) Bool	k value
1a	Land	(investme	., 58	oia (oniei)	**	- cebie	J. GUO!	77	<del></del>	
b	Buildings · · · · · · · · · · · · · · · · · · ·			40,	614			$\neg \vdash$		40,614
c	Leasehold improvements · · · · · · · · ·									
d	Equipment							$\neg +$		
9	Other • • • • • • • • • • • • • • • • • • •							_		
	l. Add lines 1a through 1e (Column (d) must equ		column (B), line 1	0(c))	• • • • •			<b></b>		40,614

Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	ule D (Form 990) 2009 ADAMS COUNTY ARTS COUNCIL	23-2735477	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	312,628
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	327,063
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(14,435)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(14,435)
Рa	TEXIS Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	352,111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	Agr 1 A	
а	Net unrealized gains on investments	*	
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2b 39,425	<b>□                                    </b>	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV ) • • • • • • • • • • • • • • 2d 58	3 gr ž	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2ө	39,483
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	312,628
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	* *	<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV ) · · · · · · · · · · · · · · · · · ·	<u>♣</u> <u>4</u>	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	312,628
Рa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	366,546
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	: 39	
b	Prior year adjustments	. 🗱 . 🚌	
С	Other losses · · · · · · · · · · · · · · · · · ·	) res	
d	Other (Describe in Part XIV.)	3	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2ө	39,483
3	Subtract line 2e from line 1	3	327,063
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	gr., gbp	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV.) • • • • • • • • • • • • • • • • • • •	43-43-4	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	<del></del>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	327,063
	†XIV Supplemental Information		<u>_</u>
Com	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		
and :	2b, Part V, line 4, Part X, line 2, Part XI, fine 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
his p	art to provide any additional information		
Enc	lowment funds intended uses (Part V, line 4)		
HE	PERPETUAL ENDOWMENT FUND IS TO BE USED TO SUSTAIN THE MISSION OF ADAMS COUNTY	ARTS	
OU	ICIL.		
			··

Schedule D (Form 990) 2009 ADAMS COUNTI ARTS COUNCIL	23-2735477	Page 5
Part XIV Supplemental Information (continued)		
<del>`</del>		
02. Other revenues non included on Form 990 (Part XII, line	e 2d)	
THE DIFFERENCE OF \$58 IS THE COST OF GOODS SOLD, WHICH WAS DEDUCTED ON PART V	TII -	
STATEMENT OF REVENUES LINE 10B INSTEAD OF IN THE EXPENSE SECTION.		<del></del>
03. Other expenses not included on Form 990 (Part XIII, lin	ne 2d)	
THE DIFFERENCE OF THE \$58 IS THE COST OF GOODS SOLD, WHICH WAS DEDUCTED ON PA	RT VIII -	
STATEMENT OF REVENUES LINE 10B INSTEAD OF IN THE EXPENSE SECTION.		
		·
`		···

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **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 artered 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 Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 23-2735477 ADAMS COUNTY ARTS COUNCIL Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 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 Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d 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? No 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. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No 3 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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000						
R			(a) Event #1  MASQUERADE P  (event type)	(b) Event #2 GARDEN PARTY (event type)	(c) Other Events 5 (total number)	(d) Total Events Add col (a) through col (c))
e v e n u	1 2	Gross receipts	24,341	11,820	19,932	56,093
e 	3	Gross revenue (line 1 minus line 2)	24,341	11,820	19,932	56,093
D	4	Cash prizes • • • • • • • • • • • • • • • • • • •				
r e c	5	Non-cash prizes · · · · · · · · · · · · · · · · · · ·				<u> </u>
t E x	7	Food and beverages · · · · ·				
p e n s	8	Entertainment				<del> </del>
e s	9	Other direct expenses	a 4 through 9 in column (d)			
10 Direct expense summary Add lines 4 through 9 in column (d)						56,093
Revenue		(IIIII \$15,000 011 F0/111 990-E2	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue · · · · · · · ·				
Direct	2	Cash prizes • • • • • • • • • • • • • • • • • • •				
E x p	3	Non-cash prizes · · · · · · · · · · · · · · · · · · ·				
enses	5	Other direct expenses			-	
	6	Volunteer labor · · · · · · ·	Yes %	Yes %	Yes%  No	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		• • • • • • • • • •	( )
	8	Net gaming income summary Com	nbine line 1, column (d), an	d line 7 • • • • • • •	•••••••	Yes No
9 a b	ls t	ter the state(s) in which the organiza the organization licensed to operate of No," Explain			• • • • • • • • • • • • • • • • • • • •	9a
10a b		ere any of the organization's gaming Yes," Explain	licenses revoked, suspend	led or terminated during the	e tax year?	10a
11 12	ls t	es the organization operate gaming he organization a grantor, beneficiar med to administer charitable gaming	y or trustee of a trust or a i	member of a partnership or	other entity	11

SCHEDULE		Grants a	nts and Other	Assistance to	and Other Assistance to Organizations,	, S,		OMB No 1545-0047
(Form 990)		Complete	Governments, and Individuals in the United States Complete if the organization answered "Yes." to Form 990, Part IV, line 21 or 22.	ndividuals in ered "Yes." to Form 9	the United Sta	ites 2		2009
Department of the Treasury Internal Revenue Service			•	► Attach to Form 990.		i	<u> </u>	Open to Public Inspection
Name of the organization	1102						Employer identification number	umber
Part   General Information on Grants and Assistance	nation on Gran	ots and Assista	900			4	73-7139411	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	intain records to s	ubstantiate the amou	nt of the grants or assis	tance, the grantees'	eligibility for the grants	or assistance, and		
the selection criteria used to award the grants or assistance?	to award the gran	is or assistance?		of grant funds in the United States	of arout funds in the Linted States			· X Yes No
) L	gamzanom s proce		ile dee of grant fullue il	une Onliced Otales	Slamo J	Carlo Contract Contra	The second second second	
Fart II Grants and Otl	her Assistanc line 21, for any rec	e to Governmel	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization 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	t <b>ions in the Unit</b> It this box if no one re	ed States. Comple ecipient received more i	on ang	Wered Tes to	
Part IV and Schedu	lle I-1 (Form 990) r	Part IV and Schedule I-1 (Form 990) if additional space is needed	_   13		A Market of the form	•		×
<ul> <li>(a) Name and address of organization or government</li> </ul>	ızation	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<ul> <li>(b) Method of Valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	:							
	tion 501(c)(3) and	government organiza	tions				•	
3 Enter total number of other organizations	er organizations						<b>A</b>	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Reduction Act No	tice, see the Instruc	ions for Form 990.		EEA		8	Schedule I (Form 990) 2009

Page 2 RECORDS ARE MAINTAINED ON FILE FOR THE Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) THE STAR GRANTS ARE GIVEN TO VARIOUS SCHOOLS AND NONPROFIT ORGANIZATIONS IN THE GETTYSBURG AREA. non-cash assistance (d) Amount of EE (c) Amount of cash grant (b) Number of recipients 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance GRANTS DISTRIBUTED. Schedule I (Form 990) 2009 Part IV Part III

#### **SCHEDULE O** (Form 990)

4 - 1

#### Supplemental Information to Form 990

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

OMB No 1545-0047

Inspection

Employer identification number

2009

Open to Public

Department of the Treasuly Internal Revenue Service Name of the organization

► Attach to Form 990.

ADAMS COUNTY ARTS COUNCIL 23-2735477 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S TREASURER. 02. Conflict of interest policy compliance (Part VI, line 12c) THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT THE BOARD MEETING. POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AT THE MEETINGS WHERE THEY ARISE. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD REVIEWS COMPARABLE SALARY DATA AT A MEETING PRIOR TO SETTING THE SALARIES FOR THE NEXT FISCAL YEAR BUDGET. 04. Other officer or key employee compensation (Part VI, line 15b THE BOARD REVIEWS COMPARABLE SALARY DATA AT A MEETING PRIOR TO SETTING THE SALARIES FOR THE NEXT FISCAL YEAR BUDGET. 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

# ADAMS COUNTY ARTS COUNCIL FORM 990, Page 10, Part IX – Statement of Functional Expenses Line 24a – Other Expenses 12/31/2009

	<u>Total</u>	Program Services	Management and General	Fundraising
Imagination Station expenses	\$ 27,753	\$ 27,753	\$	\$
Juried Art Exhibit expenses	4,687	4,687		
Student Art Workshop expenses	2,465	2,465		
Children's Traveling Theater	1,834	1,834		
New Year's Eve expenses	3,834	3,834		
Acts of Kindness production	38,828	38,828		
Roots and Wings expenses	48,778	48,778		
Gettysburg Festival expenses	2,500	2,500		
Miscellaneous program expenses	517	517		
Membership expenses	141	106	4	31
Telephone	2,609	1,957	78	574
Operating supplies & expenses	6,128	4,596	184	1,348
Bank service charges	1,601	1,201	48	352
Licenses and permits	150	113	4	33
Miscellaneous	115	86	3	26
Dues and subscriptions	1,930	1,447	58	425
Management fees	363		363	
Masquerade Ball expenses	10,490			10,490
Garden Party expenses	778			778
Darryl Worley Concert	11,043			11,043
Other fundraising expenses	1,071			<u>1,071</u>
	\$ <u>167,557</u>	\$ <u>140,702</u>	\$ <u>742</u>	\$ <u>26,113</u>