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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ArtsLink, Inc.		D Employer identification number 55-0783904
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 304-455-2278
		141 Main Street		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 New Martinsville, WV 26155-1211		

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

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.artslinkwv.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 47,741

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

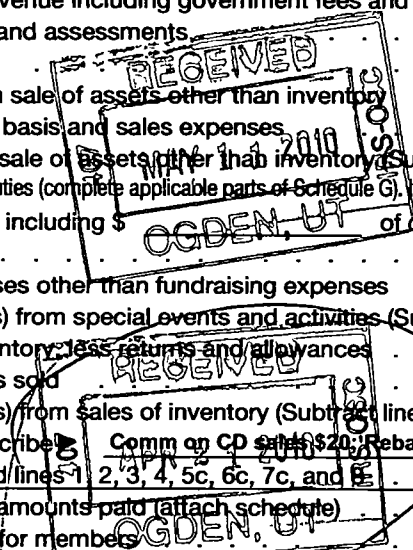
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	34,172
	2	Program service revenue including government fees and contracts		2	11,183
	3	Membership dues and assessments		3	2,305
	4	Investment income		4	9
Expenses	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		0
	8	Other revenue (describe ▶ Comm on CD sales \$20; Rebates \$52)	8		72
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		47,741
Expenses	10	Grants and similar amounts paid (attach schedule)	10		3,109
	11	Benefits paid to or for members	11		0
	12	Salaries, other compensation, and employee benefits	12		10,310
	13	Professional fees and other payments to independent contractors	13		0
	14	Occupancy, rent, utilities, and maintenance	14		3,928
	15	Printing, publications, postage, and shipping	15		891
	16	Other expenses (describe ▶ Program \$27,922; Insurance \$2,971; Misc. \$115)	16		31,008
	17	Total expenses. Add lines 10 through 16	17		49,246
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-1,505
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		10,056
	20	Other changes in net assets or fund balances (attach explanation)	20		0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		8,551

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,056	8,551
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets		
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,056	8,551

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8,551 979
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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>Promotion of the Arts</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Please see attachment ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	2,913
29	Please see attachment ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	16,446
30	Please see attachment ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	350
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	8,213
32	Total program service expenses (add lines 28a through 31a) ▶	32	27,922

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Frances Caldwell 454 Eliza Street, New Martinsville, WV 26155	President, 4 hours	0	0	0
Barbara Thomaselli HC 62, Box 36, Alma, WV 26320	Vice-President, 1 hour	0	0	0
Patricia Block 185 E Thistle Court, New Martinsville, WV 26155	Secretary, 2 hours	0	0	0
Larry P Tackett 311 W Jackson Street, Paden City, WV 26159	Treasurer, 2 hours	0	0	0
Eric Vincent P O Box H, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Harry Caldwell 454 Eliza Street, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Ralph Strippel 828 Clearview Terrace, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Tina Nell 205 Maple Avenue, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Bruce Ensinger 37270 Willow Street, Sardis, OH 43946	Director, 1/2 hour	0	0	0
Robert DeFrancis 1704 Market Street, Wheeling, WV 26003	Director, 1/2 hour	0	0	0
Carol Turner 1239 Wren Drive, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Rae Stuart 1021 Fifth Street, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Barbara Vincent 110 George Street, Sistersville, WV 26175	Director, 1/2 hour	0	0	0
Annie Brooks P O Box 145, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Brian Feldmeier 605 James Street, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Marianne Hughes HC 61 Box 157, New Martinsville, WV 26155	Director, 1/2 hour	0	0	0
Margaret Sine 205 E Robinson St, Paden City, WV 26159	Director, 1/2 hour	0	0	0
Betty Tustin 4 Bridgeway Road, Middlebourne, WV 26149	Director, 1/2 hour	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ West Virginia		
42a	The organization's books are in care of ▶ ArtsLink, Inc. Telephone no. ▶ 304-455-2278 Located at ▶ 202 Maple Avenue, New Martinsville, WV ZIP + 4 ▶ 26155-1211		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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

Sign Here

▶ *Barbara Thomazelli, President* | *5-5-10*
 Signature of officer | Date

▶ *President*
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no.: _____

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

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ArtsLink, Inc.	Employer identification number 55 : 0783904
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (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?

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

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

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

Calendar 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.")	54825	73789	24595	44080	36477	233766
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	12587	8319	11126	9105	11183	52320
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1551	12	60	296	72	1991
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	68963	82120	35781	53481	47732	288077
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						
8 Public support (Subtract line 7c from line 6.)						288077

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	68963	82120	35781	53481	47732	288077
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16	18	26	12	9	81
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	16	18	26	12	9	81
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	68979	82138	35807	53493	47741	288158

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.03 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.03 %

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 ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

ArtsLink, Inc.
FEIN 55-0783904
2009 Form 990-EZ

Part III Statement of Program Service Accomplishments

Line 28 The Organization sponsors a community theater group, The Wayward Players. The theater group performed reader's theater at the Fourth of July "Arts in the Park" celebration and the Festival of Memories; presented the children's theater activity, "A Midsummer Night's Dream"; and judged the WV State Drama Festival playwriting contest. The cost associated with these events (\$2,913) is included in Part 1, Line 16, Other Expenses. The income from ticket sales at "A Midsummer Night's Dream", (\$3,762) is included in Part I, Line 2, Program Service Revenue. The Organization donated half of the net income from these shows to the local Lincoln Theater Restoration Council to be used in upgrading the lighting systems and other theater projects. This amount (\$1,136) is included in Part I, Line 16, Other Expenses. Over 800 people benefitted from these activities.

Line 29 The Organization sponsored a Valentine's Day music concert, a guitar duo, jazz group, a folk song and dance group, a classical Baroque trio, and a concert organist. It also sponsored a Fourth of July program at a local park which included performances by local musicians and the Wayward Players. These concerts and programs were attended by approximately 1,800 individuals. The total cost of these programs was \$16,446 and is reflected in the amount in Part 1, Line 16, Other Expenses. The income from the Concert Series events (\$2,955) is included in Part I, Line 2, Program Service Revenue. There was no admission fee for the July 4th event.

Line 30 The Organization presented a Coffeehouse Series on the lawn of the arts center on the four Thursdays in August. The performers were all of local interest and included singers of differing styles and a karaoke event allowing the audience to participate. A total of 19 artists participated and there were approximately 150 people in the audience. The cost of this series was \$350 and is included in Part 1, Line 16, Other Expenses. There was no admission cost for this outdoor event. A total of \$131 was donated by those in attendance to help defray costs and a sponsor contributed \$500, all of which is included in Part I, Line 1, Contributions, Gifts, Grants, and Similar Amounts Received.

Line 31 Other Programming Services Expenses:

Advertising and Promotion	\$2,592
The Big Read	1,375
Missoula Children's Theatre '10 deposit	500
Classes & Exhibits	2,058
Travel and mileage expense	1,362
Neighborhood Investment Pgm. expenses	<u>326</u>
Total other expenses	<u>\$8,213</u>

Income associated with Classes and Exhibits totaled \$4,466 and is included in Part I, Line 2, Program Service Revenue