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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations 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.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending														
<b>B</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	<table border="1"> <tr> <td rowspan="4"><b>Please use IRS label or print or type. See Specific Instructions.</b></td> <td colspan="2"><b>C</b> Name of organization ARTSBRIDGE, INC</td> <td><b>D</b> Employer identification number 55-6028450</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td><b>E</b> Telephone number 304-428-3988</td> </tr> <tr> <td>P O BOX 1706</td> <td>Room/suite</td> <td><b>F</b> Group Exemption Number</td> </tr> <tr> <td>City, town, or country PARKERSBURG</td> <td>State WV</td> <td>ZIP + 4 26102</td> </tr> </table>	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ARTSBRIDGE, INC		<b>D</b> Employer identification number 55-6028450	Number and street (or P O box, if mail is not delivered to street address)		<b>E</b> Telephone number 304-428-3988	P O BOX 1706	Room/suite	<b>F</b> Group Exemption Number	City, town, or country PARKERSBURG	State WV	ZIP + 4 26102
<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ARTSBRIDGE, INC		<b>D</b> Employer identification number 55-6028450											
	Number and street (or P O box, if mail is not delivered to street address)		<b>E</b> Telephone number 304-428-3988											
	P O BOX 1706		Room/suite	<b>F</b> Group Exemption Number										
	City, town, or country PARKERSBURG	State WV	ZIP + 4 26102											

- **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.artsbridgeonline.org](http://www.artsbridgeonline.org)**J** Tax-exempt status (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

**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. ► \$ 193,182

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

<b>Expenses</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	164,877
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	27,708
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
	<b>8</b> Other revenue (describe ► Other income . . . . .)	<b>8</b>	597
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	193,182
	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	19,550
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	85,744	
<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	9,820	
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	18,756	
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	2,271	
<b>16</b> Other expenses (describe ► See Attached Statement . . . . .)	<b>16</b>	46,084	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	182,225	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	10,957	
<b>19</b> 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) . . . . .	<b>19</b>	24,132	
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	35,089	

**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)

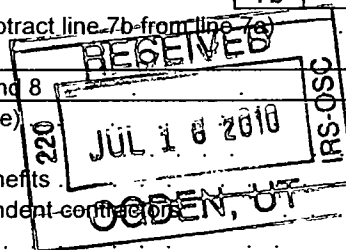
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	61,571	59,106
<b>23</b> Land and buildings . . . . .	3,278	5,136
<b>24</b> Other assets (describe ► Pledges receivable . . . . .)	737	1,555
<b>25</b> <b>Total assets</b> . . . . .	65,586	65,797
<b>26</b> <b>Total liabilities</b> (describe ► See Attached Statement . . . . .)	41,454	30,708
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	24,132	35,089

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

Form **990-EZ** (2009)

(HTA)

SCANNED AUG 10 2010



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**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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	X
37 a 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?	37b	X
38 a 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?	38a	X
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	
40 a 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	X
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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of John Hoffman Telephone no 304-428-3988		
Located at 925 Market Street City Parkersburg ST WV ZIP + 4 26102		
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	X
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	X
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	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

**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

- 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. Yes No  
 46 X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No  
 47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  
 48 X
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
 49a X
- b If "Yes," was the related organization a section 527 organization? Yes No  
 49b X
- 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
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000		0		

- 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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000		0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>John T. Hoffman</i>		Date 7/12/10	
Paid Preparer's Use Only	Type or print name and title John T. Hoffman, Executive Director			
	Preparer's signature <i>Alice M. Harris</i>	Date 7/8/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) 200274112
	Firm's name (or yours if self-employed), address, and ZIP + 4 Alice M. Harris, CPA, A C 1818 Rayon Drive, Parkersburg, WV 26101		EIN 20-0473428	Phone no (304) 422-5577

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

**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**

Name of the organization

ARTSBRIDGE, INC

Employer identification number

55-6028450

**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)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**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".)	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0				0
4 <b>Total.</b> Add lines 1 through 3.	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	0	0				0
11 <b>Total support.</b> Add lines 7 through 10.						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	0.00%
16a <b>33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support test-2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test-2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test-2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants".)	213,577	232,124	197,719	189,848	192,585	1,025,853
<b>2</b> 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	0	0				0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
<b>6 Total.</b> Add lines 1 through 5	213,577	232,124	197,719	189,848	192,585	1,025,853
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,025,853

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	213,577	232,124	197,719	189,848	192,585	1,025,853
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				27		27
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	27	0	27
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	500	597	1,097
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	213,577	232,124	197,719	190,375	193,182	1,026,977
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.89%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.93%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.00%

**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. ▶ ☐



**Part IV**

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

Area for supplemental information with horizontal dashed lines.

Part I, Line 8 (990-EZ) - Other Revenue

597

Description		Amount	
1	Other income	1	597
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

## Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	United Arts Grant	Mid Ohio Valley Players	X	P O Box 814	Marietta	OH	45750	
2	United Arts Grant	Parkersburg Choral Society	X	1629 19th Street	Parkersburg	WV	26101	
3	United Arts Grant	WV Symphony Orchestra	X	P O Box 2292	Charleston	WV	25328	
4	United Arts Grant	Mid Ohio Valley Ballet	X	P O Box 4202	Parkersburg	WV	26102	
5	United Arts Grant	Wood County Society	X	521 Market Street	Parkersburg	WV	26101	
6	United Arts Grant	Hippodrome Colony Historical T	X	222 1/2 Putnam Street	Marietta	OH	45750	
7	Project Pool Grant	Washington State Community C	X	710 Colgate Drive	Marietta	OH	45750	
8	Project Pool Grant	WVU at Parkersburg	X	300 Campus Drive	Parkersburg	WV	26101	
9	Project Pool Grant	Evergreen Springs	X					
10								

19,550				0	0			
Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
3,500								
5,000								
5,000								
3,000								
750								
300								
750								
1,000								
250								

**Part I, Line 16 (990-EZ) - Other Expenses**

46,084

1	Travel	1	2,653
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	1,301
7	Depletion	7	
8	Equipment rental and maintenance	8	645
9	Interest	9	1,366
10	Supplies	10	6,919
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Insurance	13	1,432
14	Dues and subscriptions	14	1,601
15	Direct program expenses	15	29,092
16	Other expenses	16	1,075
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

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**Part II, Depreciation Expense**

	Cost	Method	Current Depreciation
Fully depreciated assets	21,937	SL	-
Photocopier	5,403	SL	-
Color copier	3,000	SL	600
Computer equipment	10,040	SL	242
Computers	2,899		401
Printer	260	SL	58
	<u>43,539</u>		<u>1,301</u>

**Part III, Exempt Purpose:**

To encourage participation in and appreciation of the arts, historical traditions, and customs, and other cultural resources of the area.

**Part III, a, Description of Exempt Purpose:**

The mission of Artsbridge, Inc., is to improve the quality of life in the Mid-Ohio Valley by promoting and supporting the arts through financial and technical support and arts education in our schools and community.

The Organization was formed to provide financial support for qualifying arts organizations, individual artists and other arts related groups; maintain and develop arts education opportunities in the schools and communities; strengthen technical capabilities for qualifying groups to increase the awareness of arts activities in the community; to facilitate cooperation among arts organizations and artists; and to maintain a presence in community planning and development activities.

**Part IV, Line 57**

	<u>Cost</u>	<u>A/D</u>
Equipment & fixtures	43,539	(38,403)
	<u>43,539</u>	<u>(38,403)</u>

**Part IV, Line 64b, Mortgages and Notes Payable**

Line of Credit - United National Bank, Parkersburg, WV

25,000

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**Part V, List of Officers Directors, Trustees, and Key Employees**

<u>Name and address</u>	<u>Title/Avg Work Week</u>	<u>Compensation</u>	<u>Employee Benefits</u>	<u>Expense Account</u>
Cheryl Ferreebee 935 Market Street, Parkersburg, WV 26101	President 1 Hour	-	-	-
Ralph Board 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Harrison Schramm, Jr. 935 Market Street, Parkersburg, WV 26101	Treasurer 1 Hour	-	-	-
Juli Bedillion 935 Market Street, Parkersburg, WV 26101	Secretary 1 Hour	-	-	-
Sally Davis 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Becky Deem 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Dr. Harry Fleming 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Joy Frank-Collins 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Vance Golden 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
William Haas 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Jenny Houtman 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Jane Irvine 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Harley Nolan 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-

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**Part V, List of Officers Directors, Trustees, and Key Employees**

<u>Name and address</u>	<u>Title/Avg Work Week</u>	<u>Compensation</u>	<u>Employee Benefits</u>	<u>Expense Account</u>
Gregory K. Smith 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Julie Weaver 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Andrew Woofert IV 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Juli Bedillion 935 Market Street, Parkersburg, WV 26101	Secretary 1 Hour	-	-	-
Lee Rector 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-
Bob Roesch 935 Market Street, Parkersburg, WV 26101	Director 1 Hour	-	-	-



**Part II, Line 26 (990-EZ) - Liabilities**

41,454

30,708

Description		Beginning	End
1	Line of credit	33,470	25,000
2	Accounts payable	1,070	504
3	Accrued taxes	2,564	1,854
4	Due to WV Tourism Dept	4,350	3,350
5			
6			
7			
8			
9			
10			