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## Form **990**

**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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010			
B c	heck if	Please C Name of organization	D Employer identific	cation number		
_	□Addres	use ins				
<u></u>	change Name change	type		012936		
$\vdash$	]initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/st				
	Termin ated			973)285-5115		
	Amend	ded tions	G Gross receipts \$	713,195.		
	Application	MORRISTOWN, NJ 07960	H(a) Is this a group re	eturn		
	pendin	F Name and address of principal officer ANNE E ARONOVITCH	for affiliates?	Yes X No		
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No		
<u>1 T</u>	ax-exe	empt status X 501(c) ( 3	lf "No," attach a	list (see instructions)		
		te: ► WWW.MORRISARTS.ORG	H(c) Group exemptio	n number 🕨		
		<del></del>	ear of formation: 1973 N	State of legal domicile: NJ		
Pa	rt I	Summary				
e c		Briefly describe the organization's mission or most significant activities $\begin{tabular}{c} \hline TO & BRING \\ \hline OF & COMMUNITY & LIFE. \\ \end{tabular}$	THE ARTS TO	THE CENTER		
Activities & Governance		Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net as	ente		
Ver		Number of voting members of the governing body (Part VI, line 1a)	3	27		
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)	4	27		
S S		Total number of employees (Part V, line 2a)	5	8		
itie		Total number of volunteers (estimate if necessary)	6	35		
cţi		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
ď		Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
			Prior Year	Current Year		
d)	8	Contributions and grants (Part VIII, line 1h)	558,337.	527,954.		
Revenue	9 !	Program service revenue (Part VIII, line 2g)	106,676.	102,130.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,291.	5,874.		
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,536.	21,146.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	698,840.	657,104.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,200.	41,525.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	285,815.	<u> 271,256.</u>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
ă	1	Total fundraising expenses (Part IX, column (D), line 25)		050 004		
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	287,547.	258,234.		
	18	Total expenses Add lines 13-17 (must equal Ratt ) column (A) line-25) Revenue less expenses Subtract line 18 from line 12	618,562.	571,015.		
<u> </u>	19		80,278.	86,089.		
Net Assets or Fund Balances		Total assets (Part X, line 16) Total liabilities (Part X, line 26)  Note assets as fund belonges Subtract los 31 from les 32	Beginning of Current Year	End of Year 620,917.		
Sse	20	Total assets (Part X, line 16)	508,651.	135,176.		
tet Fig	21	Total liabilities (Part X, line 26)	139,445. 369,206.	485,741.		
	ırt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	309,200.	403,741.		
			nts, and to the best of my knowled	ge and belief, it is true, correct,		
		Under penalties of perions. I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	odge			
Sıgı	n		1/2/17/	In		
Her		Signature of officer	Date	10		
1101		ANNE E ARONOVITCH, EXECUTIVE DIRECTOR				
		Type or print //ame and title				
_		Preparer's Date		er's identifying number structions)		
Paid		signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	self- employed > (see in			
•	arer's	Timishahe or The AMER & CONVALEY CPA'S	EIN >			
Use	Only	self-employed), 88 SOUTH FINLEY AVENUE				
		address, and ZIP + 4 BASKING RIDGE, NJ 07920	Phone no. 🕨 (	908)766-5393		
May	the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		

4d Other program services (Describe in Schedule O)
(Expenses \$ including grains)

including grants of \$

\_\_) (Revenue \$

4e Total program service expenses ►\$

<u>447,143.</u>

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			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_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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, 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			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	]		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ĺ		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	}		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			47
00	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	<b>990</b> (	3000)
		LOIM	33U ()	ZUU3)

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X

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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 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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	8		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del>-  </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c	<u> </u>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_ v
	any contributions that were not tax deductible?	6a	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		}	
_	were not tax deductible?	6b	+	+
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+	1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5	1	<del> </del>
Ŭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8_	-	₩
9	Sponsoring organizations maintaining donor advised funds.			
а	, ,	9a	-	-
b	· · · · · · · · · · · · · · · · · · ·	9b	+	<del> </del>
10	Section 501(c)(7) organizations. Enter			
a	· · · · · · · · · · · · · · · · · · ·			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$	1	
11	Section 501(c)(12) organizations. Enter.		1	1
a	Gross income from members or shareholders  11a	-	1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
10-	amounts due or received from them)  Section 4047(aV4) per exempt obsertiable trusts. Is the organization filing Form 900 in liqu of Form 10412	<b>⊢</b>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	+	+-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		, 990	(0000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
		1	,		Yes	No
1a	Enter the number of voting members of the governing body	1a		27		
b	Enter the number of voting members that are independent	_1b_		27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			_3_		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		) was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		<u>X</u>
6	Does the organization have members or stockholders?			6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	of the			v
	governing body?	_		7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		_ <u>v</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following				v	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?		- 4 4 L -	_8b_	Α.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	acnea	at the			Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- Code \	9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	everiu	e Code )		Yes	No
10-	Does the ergenization have legal chapters, branches, or affiliates?			10a	res	X
	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such	chant	are affiliates	IUa		
O	and branches to ensure their operations are consistent with those of the organization?	Criapi	ers, armates,	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilina th	e form?	11	х	
11		iiing a	e loilli?	' ' '		
11A				12a	x	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that coi	uld aw	a rica	120		
U	to conflicts?	ala giv	5 1136	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe	12,5		
·	in Schedule O how this is done	. 00,	4000/120	12c	X	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	ts participation		,	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?		1	16b	<u> </u>	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	c)(3)s only) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest policy	, and fina	ancial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the orgar	nization 🕽	<b>-</b>	
	ARTS COUNCIL OF THE MORRIS AREA - 973-285-5115					
	14 MAPLE AVENUE, SUITE 301, MORRISTOWN, NJ 07960					
				Form	990	(2009)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours	(ch	(C) Position (check all that apply)					(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KAREN D CARBONELLO TRUSTEE		x						0.	0.	0.
DAVID R CLAIR										
TRUSTEE		X						0.	0.	0.
EVE COSTOPOULOS ESQUIRE TRUSTEE		x						0.	0.	0.
EMMA JOY DANA										
TRUSTEE		X						0.	0.	0.
FRANCE DELLE DONNE										
TRUSTEE		X						0.	0.	0.
V DAWN DUPAK									_	
TRUSTEE		X						0.	0.	0.
RICHARD R EGER										
TRUSTEE	ļ	X			ļ	ļ	<u> </u>	0.	0.	0.
CHERYL ELLIS										•
TRUSTEE	-	X						0.	0.	0.
XIOMARA GUEVARA									0	0
TRUSTEE		X		-			<u> </u>	0.	0.	0.
PAUL K HOSTETTER		<del>, ,</del>						0.	0.	0.
TRUSTEE MARCIA HUNTER	<del></del>	Х				-		0.		<u> </u>
TRUSTEE		$ _{\mathbf{x}} $						0.	0.	0.
ALLAN S KUSHEN	<u> </u>	A				├	-	0.	0.	•
TRUSTEE		x					1	0.	0.	0.
PAUL S MANDEL		1				┢			<u> </u>	
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
LUIS J MARTINEZ		-								
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
ANH MOLLOY			_		<b></b>	<del> </del>				
TRUSTEE		X						0.	0.	0.
BARBARA MORAN										
TRUSTEE		X						0.	0.	0.
WILLIAM D NEIGHER PHD										
TRUSTEE		Х					١	0.	0.	0.
932007 02-04-10						-				Form <b>990</b> (2009)

(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	E	(F) stimated	 J
	hours per week	Indiwdual trustee or director	ech enstrational trustee	all Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org	nount of other opensation rom the janization d related anization	on en d
HONORABLE MARGARET NORDS TRUSTEE		х						0.	0.			0.
ROBIN C ROTENBERG TRUSTEE		x						0.	0.			0.
MEGAN C SCHUBIGER TRUSTEE		х	·									
HONORABLE TIMOTHY L SMIT TRUSTEE		X						0.	0.			0.
JOHN WEBER								0.	0.			0.
TRUSTEE DOON WINTZ		Х						0.	0.			0.
TRUSTEE ALAN LEVITAN		Х				-		0.	0.	<u></u>		0.
PRESIDENT CAROL RUFENER				X				0.	0.			0.
SECOND VICE PRESIDENT LISA RESHAUR	-			Х				0.	0.			0.
TREASURER	URER X 0.				0.			0.				
JOEN LUY FERRARI SECRETARY				X				0.	0.	0. 0.		
<ul><li>1b Total</li><li>2 Total number of individuals (including but no</li></ul>	ot limited to th		liete	nd al	2016	2) wt	10 r	0.	000 in reportable	L		0.
compensation from the organization									,ooo iii toportable			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	, key	em (	ploy	yee,	or h	nighest compensated en	nployee on	3		No_X
4 For any individual listed on line 1a, is the su	m of reportabl								the organization			
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a									ces rendered to	4		<u>X</u>
the organization? If "Yes," complete Schedu Section B. Independent Contractors	ule J for such j	pers	on						<del></del>	5		<u>X</u>
Complete this table for your five highest conthe organization     NONE	mpensated inc	depe	nde	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	ation 1	rom	_
(A) Name and business	address							(B) Description of s	ervices (		C) nsation	
							_					
17		•										
								<del></del>				_
		•				•						
							1					
Total number of independent contractors (in \$100,000 in compensation from the organize)	_	ot lır	nite	d to		se lis	sted	above) who received m	ore than			
\$100,000 in compensation from the organiz	aliUII P								l	Form	990 (20	 )09)

### Part IX | Statement of Functional Expenses

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

Do not include amounts reported on lines 8b, 78, 8b, 9b, and 16b of Part VIII.		All other organizations must compl		not required to comple	te columns (B), (C), and	
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and two individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and two emptyees of the current officers, directors, trustees, and two emptyees of the current officers, directors, trustees, and two emptyees of the current officers, directors, trustees, and two emptyees of the current officers, directors, and persons described in section 495(0)(1) and parsons described in section 495(0)(1) and part of the s			(A) Total expenses	Program service	Management and	Fundraising
the U.S. See Part IV, line 2 2  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16  4 Benefits paid to or for members Compensation of numerit officers, directors, trustates, and key employees Compensation of numerit officers, directors, trustates, and key employees Compensation of numerit officers, directors, trustates, and key employees Compensation of numerit officers, directors, trustates, and key employees Compensation on included above, to disqualified persons (as defined under section 495(ft) in an persons disposited an social of 495(ft) in an persons disposited an social of 495(ft) in an approximation of the compensation of the compensatio	1	Grants and other assistance to governments and				
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See Part IV, lines 15 and 18	3	- I		İ		
4 Benefits paid to or for members  5 Compensation of current officers, directors, trustises, and key employees  6 Compensation not included above, to disaqualhed persons (as defined under section 4586(r)) and persons described in section 4586(r)) and persons described in section 401(s) and section 401(s) and section 401(s) and section 401(s) and section 401(s) analyses to 18		_				
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G Compensation not included above, to disqualified persons (as defined under section 4958(k)(1)) and persons described in section 4958(k)(3)(8)  7 Other salaries and wages  Penson plan contributions (include section 401(k) and section 403(k) employer contributions)  Other employee benefits  7 , 367 . 5 , 196 . 2 , 171 .  10 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  investment management fees  g Other  2 Advertising and promotion  7 , 547 . 5 , 830 . 1 , 7117 .  Office expenses  3 82 . 82 . 300 .  Information technology  16 Cocupancy  7 7 7avel  7 7avel  7 7avel  7 7avel  7 7avel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  1 Payments to affiliates  2 Depreciation, depletion, and amortization  1 Interest  2 Depreciation, depletion, and amortization  3 Insurance  2 Depreciation, depletion, and amortization  5 40 . 540 .  1 Services  1 49 , 788 . 149 , 138 . 650 .  2 OUTSIDE SERVICES  2 0 , 709 . 9 , 884 . 10 , 855 .  5 UPTLIES  4 4, 352 . 2 , 405 . 1, 947 .  All other expenses it lemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  3 ARTIST FIESS  1 49 , 788 . 149 , 788 . 149 , 138 . 650 .  UTSIDE SERVICES  5 OUTSIDE SERVICES  6 , 659 . 3 , 130 . 3 , 529 .  4 TELEPHONE  4 , 556 . 2 , 915 . 1 , 641 .  5 UPPLIES  4 , 352 . 2 , 405 . 1 , 947 .  All other expenses. Add lines 1 through 241 .  5 Jain totals the prepares. Add lines 1 through 241 .  5 Jain totals cheek here }	5					
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and section 403(b) employer contributions)  Other employee benefits  7,367. 5,196. 2,171.  10 Payrol taxes  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  1 Lobbying  Professional fundraising services. See Part IV, line 17  f Investment management fees  Other  Other expenses  1 Advertising and promotion  7,547. 5,830. 1,717.  Office expenses  1 Information technology  6,000. 4,200. 1,800.  1 Information technology  7,5247. 5,830. 1,717.  Office expenses  1 Royalhes  2 Apyrents of travel or entertainment expenses for any federal, state, or local public officials  1 Payments of travel or entertainment expenses for any federal, state, or local public officials  1 Payments of affiliates  Depreciation, depletion, and amortization  2 Insurance  1 Payments of affiliates  Depreciation, depletion, and amortization  2 Insurance  3 RATIST FEES  1 49,788. 149,138. 650.  DUTSIDE SERVICES  6,659. 3,130. 3,529.  d TELEPHONE  4,556. 2,915. 1,641.  SUPPLIES  4,352. 2,405. 1,947.  f All other expenses  1 2,003. 7,471. 4,532.  Total functional expenses. Add lines 1 through 241  5 Total functional expenses. Add lines 1 through 241  5 Joint costs from a combined educational column (8) joint costs from a combined educational campagn and fundraising solicitation	-	<u> </u>	445,/4/.	1/4,508.	13,239.	
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a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 I Investment management fees g Other 24 Advertising and promotion 7,547. 5,830. 1,717. 36 Office expenses 382. 82. 300. 382. 82. 40. 382. 82. 300. 382. 82. 300. 382. 82. 300. 382. 82. 40. 382. 40. 40. 40. 40. 40. 40. 40. 40. 40. 40.		· · ·	10,142.	13,900.	4,102.	
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 1382. 82. 300. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses flemize expenses not covered above. (£xpenses grouped together and labeled inscellaneous may not exceed 5% of told expenses shown on line 25 below.) a RRTIST FEES b OUTSIDE SERVICES c FOOD SERVICE f OCD SERVICE 5 149,788. 149,138. 650. 5 1501 Intuitional expenses 5 12,003. 7,471. 4,532. 5 1otal functional expenses Add lines 1 through 24! 5 1otal functional expenses. Add lines 1 through 24! 5 77,500. 4,500. 3,000. 1,717.  7,547. 5,830. 1,717. 7,504. 9,487. 7,701. 81. 7,701. 8		1				
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 St.				-		
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1   Investment management fees   9   Other     2   Advertising and promotion   7,547.   5,830.   1,717.     3   Office expenses   382.   82.   300.     4   Information technology   6,000.   4,200.   1,800.     5   Royalties		· · · · · · · · · · · · · · · · · · ·				<del> </del>
g Other  12 Advertising and promotion 13 Office expenses 1382 82. 300.  14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above, € xpenses grouped together and labeled miscellaneous may not exceed 5% of total expensess shown on line 25 below.) 10 ARTIST FEES 149 , 788 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 149 , 788 10 , 855 . 150 DUTSIDE SERVICES 149 , 788 10 , 855 . 150 DUTSIDE SERVICES 150 , 850 , 950 . 150 , 850 , 950 . 150 , 950 , 950 , 950 . 150 , 950 , 950 , 950 , 950 . 150 , 950 , 950 , 950 , 950 . 150 , 950 , 950 , 950 , 950 , 950 . 150 , 950	_	· F				
12 Advertising and promotion   7,547.   5,830.   1,717.	g					
13	_	F	7,547.	5,830.	1,717.	
15   Royalties	13	Office expenses			300.	
15   Royalties	14	Information technology	6,000.	4,200.	1,800.	
17   Travel	15	Royalties				
18	16	Occupancy	26,991.	17,504.	9,487.	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  543. 60. 483.  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  4 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ARTIST FEES  b OUTSIDE SERVICES  c FOOD SERVICE  d TELEPHONE  d TELEPHONE  e SUPPLIES  149,788. 149,138. 650.  d TELEPHONE  4,556. 2,915. 1,641.  e SUPPLIES  4,352. 2,405. 1,947.  f All other expenses. Add lines 1 through 24f  571,015. 447,143. 123,872. 0.  d Total functional expenses. Add lines 1 through 24f  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	17	Travel	782.	701.	81.	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ARTIST FEES  b OUTSIDE SERVICES  c FOOD SERVICE  d TELEPHONE  e SUPPLIES  f All other expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	18	Payments of travel or entertainment expenses			1	
20   Interest		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped logether and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a ARTIST FEES b OUTSIDE SERVICES c FOOD SERVICE d TELEPHONE e SUPPLIES f All other expenses  20,709. 9,854. 10,855.  6,659. 3,130. 3,529. d TELEPHONE 4,556. 2,915. 1,641. e SUPPLIES 4,352. 2,405. 1,947. f All other expenses 12,003. 7,471. 4,532.  25 Total functional expenses. Add lines 1 through 24f 571,015. 447,143. 123,872. 0.	19	Conferences, conventions, and meetings	543.	60.	483.	
Depreciation, depletion, and amortization	20	Interest				
23   Insurance   9,882.   6,164.   3,718.	21	· · · · · · · · · · · · · · · · · · ·				
Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ARTIST FEES		· ' ' '				
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a ARTIST FEES	-		9,882.	6,164.	3,718.	
b OUTSIDE SERVICES c FOOD SERVICE d TELEPHONE e SUPPLIES f All other expenses  20,709. 9,854. 10,855. 6,659. 3,130. 3,529. 1,641. 4,556. 2,915. 1,641.  4,352. 2,405. 1,947.  5 Total functional expenses. Add lines 1 through 24f  571,015. 447,143. 123,872. 0.  26 Joint costs Check here  □ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
c FOOD SERVICE       6,659.       3,130.       3,529.         d TELEPHONE       4,556.       2,915.       1,641.         e SUPPLIES       4,352.       2,405.       1,947.         f All other expenses       12,003.       7,471.       4,532.         25 Total functional expenses. Add lines 1 through 24f       571,015.       447,143.       123,872.       0.         26 Joint costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	а					
d TELEPHONE  e SUPPLIES  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  4,556.  2,915.  1,641.  4,532.  2,405.  1,947.  4,532.  571,015.  447,143.  123,872.  0.	b					
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f All other expenses 12,003. 7,471. 4,532.  25 Total functional expenses. Add lines 1 through 24f 571,015. 447,143. 123,872. 0.  26 Joint costs Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	d					
Total functional expenses. Add lines 1 through 24f  26 Joint costs Check here  If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	е					<del></del>
Joint costs Check here   if following  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•				
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		······································	571,015.	447,143.	123,872.	0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26	· — • 1				
educational campaign and fundraising solicitation						
<del></del>		1 1 1				
					J.	Earm 000 (0000)

932010 02-04-10

Form **990** (2009)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,364.	1	454
	2	Savings and temporary cash investments	228,898.	2	264,760
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,015.	4	31,510
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
2	7	Notes and loans receivable, net	•	7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	2,134.	9	426
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 50,114.			
	b	Less accumulated depreciation 10b 49,448.	1,206.	10c	666
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	135,574.	12	212,122
	13	Investments · program·related See Part IV, line 11	<del></del>	13	
	14	Intangible assets	405 460	14	440 050
	15	Other assets See Part IV, line 11	107,460.	15	110,979
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	508,651.	16	620,917
	17	Accounts payable and accrued expenses	17,645.	17	7,701
	18	Grants payable	022	18	4 550
	19	Deferred revenue	233.	19	4,550
	20	Tax-exempt bond liabilities		20	····.
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	***************************************	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ē		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		00	
	00	F		22	<del></del>
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	· · · <u>·</u> · · · · · ·	24	
	25	Other liabilities Complete Part X of Schedule D	121,567.	25	122,925
	26	Total liabilities. Add lines 17 through 25	139,445.	26	135,176
	20	Organizations that follow SFAS 117, check here	133,443.	20	133,170
v		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	188,360.	27	299,264
<u>a</u>	28	Temporarily restricted net assets	22,714.	28	12,431
D D	29	Permanently restricted net assets	158,132.	29	174,046
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here			
P P		complete lines 30 through 34.			
is S	30	Capital stock or trust principal, or current funds		30	
1886	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	369,206.	33	485,741
	١	Total liabilities and not posets (fixed balances	E00 651	24	620 917

620,917. Form **990** (2009)

Total liabilities and net assets/fund balances

508,651. 34

			Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other	_		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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	X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X 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?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

- · ·		ARTS_CO	UNCIL OF THE	MORR	<u>IS AR</u>	<u>EA</u>			<u>22</u>	<u>-2012936</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions		<u>.</u>	
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)				
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).			
2 🖳	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🔲	A hospital or	a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	(A)(iii).				
4	A medical re	search organization (	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i), Enter th	e hospital's name	e,
	city, and stat	te									
5 🗔	An organizat	on operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental unr	t described	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🔛	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).				
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general pr	ublic described in	า
	section 170	(b)(1)(A)(vi). (Comple	te Part II)								
8 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9 🗀	An organizat	ion that normally rec	eives (1) more than 33 °	1/3% of its	support f	rom contr	butions, n	nembershij	p fees, and	d gross receipts f	rom
	activities rela	ated to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fi	rom gross investr	ment
	income and	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 30, 1975	5
	See section	509(a)(2). (Complete	Part III)								
10	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety S	See <b>sect</b> io	n 509(a)(4	<b>1</b> ).			
11	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	urposes of one o	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> c	ction 509(a	a)(3). Chec	ck the box that	
	describes the type of supporting organization and complete lines 11e through 11h										
	a Type	l <b>b</b>	Type II و	: 🔲 Тур	e III · Func	tionally in	tegrated		d	Type III - Other	
e 📖	By checking	this box, I certify tha	it the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified po	ersons other than	า
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or se	ection 509(a)(2)	
f	If the organiz	zation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the folk	owing pers	sons?		
	(ı) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (ı	ıı) below,	Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	
	(II) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)	
h	Provide the f	following information	about the supported or	ganızatıon	(s).						
		Т	(1.1) Turn of	1			<u> </u>		1		
(i) Name	of supported	(ii) EIN	(iii) Type of organization	r ,	organization	, , ,	•	(vi) ls organization	the on in col.	(vii) Amount of	i
orga	anization		(described on lines 1-9		sted in your document?		ion in col.	(i) organiz U.S	ed in the	support	
			above or IRC section	<u> </u>			<del>,</del>	<del> </del>			
			(see instructions))	Yes	No	Yes	No	Yes	No		
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T-4-1					[						
Total	Tuliuman And	d Denominate De 1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		C-1	- A (F:	000 000 FT)	
LUN FOL F	rivacy Act ar	ia Paperwork Redu	ction Act Notice, see tl	ne instruc	tions for			Schedul	e A (Form	990 or 990-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

77.89 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 87.53 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 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 and ightharpoons xstop here. The organization qualifies as a publicly supported organization b 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 b 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Sch <b>Pa</b>	edule A (Form 990 or 990 EZ) 2009 rt III   Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	/ if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	tion A. Public Support				· · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	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)						
Sec	tion B. Total Support		<del>,</del>	,			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)			<u></u>			
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						ightharpoonup
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2009 (	ine 8, column (f) o	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))	<del></del>	17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	ightharpoons
b	33 1/3% support tests - 2008. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	<b>top here.</b> The orga	ınızatıon qualıfıes a	as a publicly supp	orted organization	▶□

20 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)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ARTS COUNCIL OF THE MORRIS AREA

Employer identification number 22-2012936

organization answersed "Yes" to Form 990, Part IV, line 8    Total number at end of year	Par	t I Organizations Maintaining Donor Advise		de or Accounts Complete if the
(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 Dot the organization inform all clinoris and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denors, and donor advisors in writing that the assets held in donor advisor during that the assets held in donor advisor during that the assets held in donor advisor be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring intermediately into the properties of the organization answered "Yes" to Form 990. Part IV, line 7.  Purpose(9) of conservation easements had by the organization answered "Yes" to Form 990. Part IV, line 7.  Purpose(9) of conservation easements had by the organization of check all that spoply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of and for public use (e.g., recreation or pleasure)  Preservation of a conservation and analysis in the preservation of a conservation easement on the last day of the tax year  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the last day of the tax year  a Total number of conservation easements and eartified histone structure included in (a)  2 by the last of the last year  a Total number of conservation easements michaled in (c) acquired after 8/17/06  3 Number of conservation easements michaled in (c) acquired after 8/17/06  3 Number of conservation easements michaled in (c) acquired after 8/17/06  3 Staff and outnities the search reported to michale and enforcing conservation easements during the year P  5 Does the organization have a written policy regarding the periodic monitioning, inspecting, and enforcing conservation easements uning the year P  5 Does the organization have a written policy regarding th	<u> </u>			33 of Addounts: Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grains from (during year) 4 Aggregate value at end of year 5 Did the organization inform all grantees, donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring membrabible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.  Preservation of and for public use (e.g., recreation or pleasure)   Preservation of an observation easement on the last display of the last held of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Preservation easements on a certified histonic structure included in (a)  1 Visual number of conservation easements on a certified histonic structure included in (a)  2 Visual number of conservation easements on a certified histonic structure included in (a)  3 Number of conservation easements and a certified histonic structure included in (a)  4 Number of conservation easements and in (c) acquired after 8/17/06  3 Number of conservation easements included in (c) acquired after 8/17/06  3 Number of conservation easements modified, transferred, released, extriguished, or terminated by the organization during the tax year   Visual number of states where property subject to conservation easements the longoing conservation easements during the year   Visual number of		organization answered 165 to Form 990, Part IV, III		(b) Funds and other accounts
2 Aggregate contributions to (during year) 3 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal it granteses, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring into the properties of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring into the purpose conferring into the purpose of the purpose conferring into the purpose of the purpose conferring into the purpose of the purpose conferring into the purpose of the purpose conferring into the purpose of the purpose of the purpose conferring into the purpose of the purpose conferring into the purpose of the pur	4	Total number at end of year	(a) Bonor authors rained	(b) i ando and onto accounts
Aggregate grants from (during year)  4. Aggregate value at end of year  5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impograpsible purvate benefit?  Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1. Purpose(s) of conservation easements held by the organization (check all that apply)		•		
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purposetjo of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  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  a Total number of conservation easements  a Total acreage restricted by conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (a) acquired after 8/17/06  3 Number of conservation easements included in (a) acquired after 8/17/06  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easements in sociated  violations, and enforcement of the conservation easements in thods?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thods?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  n In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and in		, ,,	e- v	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   Protection or natural habitat   Preservation of natural habitat   Preservation or natural habitat   Preservation of a certified historic structure   Preservation of a conservation easement on the last day of the tax year   Preservation easements   Preservation easement   Preservation			,	
are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an instancially important land area  Protection of natural habitat  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  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 8/17/06  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements at holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does ach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  9 in Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements.	-		writing that the access hold in departed	used funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation assements held by the organization or pleasure) Preservation of an historically important land area Preservation of or natural habitat Preservation of a certified historic structure Preservation of or natural habitat Preservation of or natural habitat Preservation of or natural habitat Preservation of on fauth habitat Preservation of one 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  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5		_	L
Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   Protection of natural habitat   Preservation of organization of open space   Preservation of organization of open space   Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   Protection of natural habitat   Preservation of open space   Preservation of a certified historic structure   Preservation of open space   Preservation of open space   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of conservation easements   Preservation   Preservatio	6	· · · · · · · · ·	<u> </u>	
mmpermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)    Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an histonically important land area   Preservation of a certified historic structure   Preservation of open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation open space   Preservation	0		• •	•
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of and for public use (e.g., recreation or pleasure) □ Protection of natural habitati □ Preservation of open space □ Protection of natural habitati □ 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  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)  9 In Part XIV, describe how the organization reports conservation easements in the revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, his			or defier advisor, or for any other purpos	
Preservation of land for public use (e.g., recreation or pleasure)    Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   Protection of natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year    A Total number of conservation easements   Held at the End of the Tax Year	Par		ranization answered "Ves" to Form 990	
Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an instoncally important land area  Protection of natural habitat  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  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 8/17/06  3 Number of conservation easements included in (e) acquired after 8/17/06  3 Number of conservation easements included in (e) acquired after 8/17/06  3 Number of states where property subject to conservation easement is located ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items  1 If the organization elected, as perm				, Fart IV, IIIIe 7.
Protection of natural habitat  Preservation of a certified 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  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements in clied din (s)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i))  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization assements  b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, histo	1		,	and an address and and land
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the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		•	·	
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or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	h			ance sheet works of art, historical treasures
these items  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		·	·	
(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		·	research in furtherance of public servi	ce, provide the following amounts relating to
(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items				<b>•</b> •
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		••		<b>S</b> •
the following amounts required to be reported under SFAS 116 relating to these items	2	•	seurce, or other eimilar secrete for finance	
· · · · · · · · · · · · · · · · · · ·	2	•		Jai gaili, provide
b Assets included in Form 990, Part X	_	- · · · · · · · · · · · · · · · · · · ·	To relating to triese items	▶ ¢
D ASSETS INCIDURED IN FORM SEC. FAIL A				• • · · · · · · · · · · · · · · · · · ·
	D	ASSOLO III CIULEU III I CIIII 330, FAIL A		Ψ

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		UNCIL OF T					12936			
3	general desired to the second of the second of the second continued									
3	(check all that apply)									
а	Transport of the second of the									
b	Public exhibition  d Loan or exchange programs  Scholarly research  e Other									
C	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV									
5										
5	to be sold to raise funds rather than to be m				imilar assets	<del></del>	٦.,	<b>п.</b>		
Par	t IV Escrow and Custodial Arran	gements Comple	the organization's co	Dilection?	- F 000 B		<u> Yes</u>	No_		
	reported an amount on Form 990, Pa		ete ii organization ai	nswered fes to	) Form 990, Pa	art IV, IINƏ S	9, Of			
12	·		lion, for contribution	o or other const						
14	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No.									
ь										
D	b If "Yes," explain the arrangement in Part XIV and complete the following table									
_	Beginning balance	<u> </u>		Amount						
C		1c								
u	Additions during the year Distributions during the year	1d								
4		1e								
0-	f Ending balance									
	2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV									
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
<u>. u.</u>	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									
4.	Paginning of year balance	ick (a) inree	years back	(e) Four ye	ars Dack					
la L	Beginning of year balance Contributions		100 000							
D		3,519.	100,000. 7,460.					·····		
ن	Net investment earnings, gains, and losses	3,513.	/,400.							
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
'	Administrative expenses	110,979.	107,460.							
g	End of year balance									
2	Provide the estimated percentage of the year	ir end balance neld a								
a	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶  Term endowment ▶	% %								
		. •	-4 46 -4 1- 1-1-4 -		f N.					
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na aaministerea	for the organi	zation	<u></u>			
	by:							es No		
	(i) unrelated organizations						3a(i)	X		
L	(ii) related organizations	- 1-4-4	- 0-bd-1- D0				3a(ii)	X		
_	If "Yes" to 3a(ii), are the related organization:	· · · · · · · · · · · · · · · · · · ·					_3b			
4 Par	t VI Investments - Land, Building			Dort V. Imp. 10						
. 41				·	- \ Λ = α · · · · · · · · · · · · · ·		(-1) D1			
	Description of investment	(a) Cost or o basis (investing	1 ,	or other (other)	c) Accumulate depreciation		(d) Book v	alue		
	Land	Dasis (irresti	Dasis	(Guiler)	depreciation	<del></del>				
_	Land	-				<del></del>				
b	•									
	Leasehold improvements	<del> </del>		4 522	42.0	67		666		
d	Equipment		4	4,533.	43,8			666.		
<u>e</u> Total	Other Add lines 1a through 1e (Column (d) must e	aual Form 000, Po-t	V column (D) line 1	5,581.	5,5	01.		<u>0.</u>		
1 Utdl	. Add mies la unough le (Colullin (a) Must e	quai ruiiii 990, Part	A, COIUITITI (B), III)e T	UICI I	_			000.		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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

932053 02-01-10

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 ARTS COUNCIL OF THE MORRIS	AREA	<b>\</b>		<u> 2012936</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Sta	tement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		657	,104.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,015.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			,089.
4	Net unrealized gains (losses) on investments		4			,446.
5	Donated services and use of facilities		5			, 110.
6	Investment expenses		6			
_	•					
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		2.0	4.4.5
9	Total adjustments (net) Add lines 4 through 8		9			<u>,446.</u>
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		h Boyonya nor	Dotur		<u>,535.</u>
	* * * * * * * * * * * * * * * * * * *	IILS VVII	ili veveline bei	7'		
1	Total revenue, gains, and other support per audited financial statements			1	705	<u>,550.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		.		
а	Net unrealized gains on investments	2a	30,446			
b	Donated services and use of facilities	2b	18,000	<u>.</u>		
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e	48	446.
3	Subtract line 2e from line 1			3	657	,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		<b>-</b>		
c	Add lines 4a and 4b	70		⊢ <sub>4c</sub>		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	657	,104.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses pe			, 104.
1	Total expenses and losses per audited financial statements	,,,,,	iai Exponedo po	1		,015.
	Amounts included on line 1 but not on Form 990, Part IX, line 25			- <del>-'-</del>	305	, 013.
2			10 000	.		
a	Donated services and use of facilities	2a	18,000	<u></u>		
b	Prior year adjustments	2b	·	- 1		
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		<u>,000.</u>
3	Subtract line 2e from line 1			3	571	<u>,015.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	571	,015.
	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the second secon					4, Part

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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 entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization Employer identification number ARTS COUNCIL OF THE MORRIS AREA 22-2012936 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations J Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C In-person solicitations 2 a 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? \_ Yes \_ 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 (v) Amount paid (iii) Did fundraiser have custody (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity or control of organization listed in col (i) contributions Yes Total 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

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events SPECIAL NONE (add col (a) through NJSO/GIRALDAEVENT/GREAT col (c)) (event type) (event type) (total number) 16,873 60,363 77,236. Gross receipts 2 Less Charitable contributions 16,873. Gross income (line 1 minus line 2) 60,363. 77,236. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 20,455. 35,636. 56,091. Other direct expenses 56,091; 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes % Yes Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 ARTS COUNCIL OF THE MORR	IS AREA 22-2	201293	6 Page 3
•			Yes No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a	%	
<b>b</b> An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/s	pecial events books and records		
Name		_	
Address >		_	
15a Does the organization have a contract with a third party from whom the organization r	receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount		
c If "Yes," enter name and address of the third party			
Name		_	
Address >		_	
16 Gaming manager information		ļ	
Name >		_	
Gaming manager compensation > \$			:
Description of services provided			
		_	
Director/officer Employee Independent cont	ractor		
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the	gaming proceeds to		
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other e	wompt organizations or apopt in the	17a	
organization's own exempt activities during the tax year > \$	xempt organizations or spent in the		
organization s own exempt activities during the tax year	Schedule G (Form		0 E7\ 2000
	Schedule G (Form	ı aa∩ ol aa	∪-⊑ <i>&amp;)</i> 2009

932083 02-03-10

_	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public

y 1 .

Employer identification number Inspection

å 22-2012936 (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(c) IRC section (d) Amount of or government assistance or government assistance or government or government assistance and address of organization (b) EIN (c) IRC section if applicable cash grant assistance or government assistance or government or government assistance or government or government or government assistance or government or govern Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ARTS COUNCIL OF THE MORRIS AREA Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Part I Part

Schedule I (Form 990) 2009

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

22-2012936

Page 2

(Form 990) 2009 ARTS COUNCIL OF THE MORRIS AREA
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 Schedule I (Form 990) 2009

Part III Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: GRANT FUND	FUNDING	IS MONITOR	ING IS MONITORED THROUGH A PROCESS	A PROCESS	
THAT INVOLVES BOTH THE ISSUANCE/EXECUTION OF CONTRACTS TO/BY THE GRANTEE	ECUTION	OF CONTRAC	TS TO/BY T	HE GRANTEE	
THAT SPECIFY WHAT THE FUNDS CAN BE USED FOR, CONSISTENT WITH NJ	USED FO	R, CONSIST	ENT WITH N	J STATE	
COUNCIL ON THE ARTS GUIDELINES, AN	ID THE RE	QUIREMENT	AND THE REQUIREMENT OF A FINAL REPORT	REPORT FROM	
THE GRANTEE AT THE END OF THE GRAN	T PERIOD	THAT INDI	THE GRANT PERIOD THAT INDICATES WHAT THE	THE FUNDS	
WERE IN FACT USED FOR.					

Schedule I (Form 990) 2009

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form.990)

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ARTS COUNCIL OF THE MORRIS AREA

Employer identification number 22-2012936

FORM 990, PART VI, SECTION A, LINE 2: ANNE ARONOVITCH AND RICHARD EGER
ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS DISTRIBUTED TO
THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL, THEN TO THE FULL BOARD FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: ALL CONFLICT OF INTEREST
DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT AND EXECUTIVE DIRECTOR.
OFFICERS/TRUSTEES ARE REQUIRED TO RECUSE THEMSELVES FROM ANY DISCUSSION
AND/OR VOTE THAT POSES A CONFLICT OR EVEN AN APPEARANCE OF A CONFLICT OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S
PERFORMANCE IS REVIEWED ANNUALLY IN ACCORDANCE WITH THE PROCESS SET FORTH
IN THE ORGANIZATION'S EXECUTIVE DIRECTOR PERFORMANCE REVIEW POLICY. THAT
POLICY INCLUDES THE COMPLETION OF A PERFORMANCE EVALUATION FORM BY THE
PRESIDENT AND EXECUTIVE DIRECTOR, WITH THE SUBSEQUENT REVIEW OF THE RESULTS
BY THE HUMAN RESOURCE COMMITTEE WHICH THEN PRESENTS ITS REVIEW AND
RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND APPROVAL. THE BOARD'S
DISCUSSION INCLUDES A SALARY REVIEW, CONSULTING THE MOST RECENT
PROFESSIONALS FOR NON-PROFITS NJ SALARY SURVEY, WITH ALL DECISIONS RECORDED
IN THE MINUTES OF THE BOARD MEETING.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form.990)

## Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of	the organ	ızatıon ———	AR'	TS COU	JNCI:	L OF	THE MOR	RIS A	AREA			Employer id 22-20	entification number 12936
FORM	990,	PART	XI,	LINE	2C:	THE	PROCESS	HAS	NOT	CHANGED	FR	OM THE	PRIOR
YEAR	<u> </u>					<u> </u>							
										. <u></u>			
				41					· · · ·				
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#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> X								
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fi									
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corpoi Part I on	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com ly	nplete								
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar come tax returns	n extension of time								
noted be (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or control to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filegov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,								
Type or print	Name of Exempt Organization	Employer identification number								
•	ARTS COUNCIL OF THE MORRIS AREA	22-2012936								
File by the due date fo filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions  14 MAPLE AVENUE, SUITE 301									
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MORRISTOWN, NJ 07960									
Check t	ype of return to be filed (file a separate application for each return)									
Fo	rm 990	227 069								
Telep  If the	hone No ► 973-285-5115  The properties of the group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box	s is for the whole group, check this								
	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt									
<b>&gt;</b>	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a for the organization's return for calendar year or tax year beginning _JUL_1, 2009 , and ending _JUN_30, 2010	bove The extension								
2 If (	this tax year is for less than 12 months, check reason	Change in accounting period								
no	this application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions	3a \$								
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	26 6								
c Ba	R payments made Include any prior year overpayment allowed as a credit  Ilance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,  Inposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	3b \$								
	e instructions	3c \$ N/A								
Caution	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.								

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.