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990 Form

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

OMB No 1545-0047

2009

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Open to Public lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning Jul 01, 2009, and ending Jun 30,2010 Check if Please C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number applicable use IRS 22-2412819 Address change label or print or NEWARK ARTS COUNCIL E Telephone number Name change type. 973-643-1625 Initial return See Specific 17 ACADEMY STREET 1104 459482. \$ Terminated Instruc-NEWARK NJ 07102 Amended return tions. H(a) Is this a group return Application ☐ Yes 🏻 No LINWOOD J OGLESBY Name and address of principal officer for affiliates? pending ACADEMY STR NEWARK NJ 07102 Are all affiliates included? If "No", attach a list (see instructions) Tax-exempt status X 501(c)( 3 ) **∢** (insert no.) 4947(a)(1) or WWW.NEWARKARTS.ORG Group exemption number 1981 X Corporation L Year of formation M State of legal domicile K Form of organization Trust Association Other > Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO ENHANCE THE VISIBILITY Activities & Governance IN THE COMMUNITY, ENCOURAGE COHESIVENESS AMONG ARTISTS MAKE THE SURROUNDING AREA A CENTER FOR ARTISTIC/CULTURAL ACTIVITY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 17 Number of voting members of the governing body (Part VI, line 1a) 4 17 Number of independent voting members of the governing body (Part VI, line 1b) . 5 2 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-1-1114e 34 Prior Year **Current Year** 446560 Contributions and grants (Part VIII, line 1h) 446073. 20Hevenue SS 4031 5597. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3:4, and 7d) 2 9 2010 2021 1330.5997 6482 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 458609 459482 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12) 123480 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) SCANNEED & NN 162954. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 9300. Charles and the second of the second b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 294292 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 226608. 417772 389562. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 69920. 19 Revenue less expenses. Subtract line 18 from line 12 40837 Beginning of Current **End of Year** 235353 284559. 20 Total assets (Part X, line 16) 30404 9690. 21 Total liabilities (Part X, line 26) 204949 274869 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge of preparer (other than officer) is based on all information of which preparer has any knowledge

 $\frac{12-23-20/0}{2}$ Sign Here Signature of officer LINWOOD J OGLESBY EXECUTIVE DIRECTOR Type or print name and title Preparer's identifying number (see instructions) Check if Preparer's Paid 12-15-10 employed ▶ P00080802 signature Preparer's WRIGHT -&--CO 22-1543119 -Firms name (or yours-YLSTRA **Use Only** 07506 504 Lafaye Hawthorne NJ -427-0588 Phone no.▶

 $M_{
m ay}$  the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

No

Yes

		E ORGANIZATION IS TO ENHAN ENCOURAGE COHESIVENESS AM			
		A CENTER FOR ARTISTIC AND			
	Did the organization undertake any	significant program services during the year which w	ere not listed on		
	the prior Form 990 or 990-EZ?			Yes	X No
	If "Yes," describe these new service		ny program canyoac?	Yes	X No
	If "Yes," describe these changes of	ting, or make significant changes in how it conducts a n Schedule O.	my program services?	☐ res	Ми
	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) org	everneeds of everneed the organization's three largest particular and section 4947(a)(1) trusts are required enses, and revenue, if any, for each program service re-	to report the amount of grants a	nd	
a a	(Code: ) (Expenses \$	283066. including grants of \$	) (Revenue \$		
		PROVIDES A VARIETY OF ARTS			MURTI
	EXEMPT PURPOSE	CTIVITIES IN THE GREATER N	EWARK AREA TO FU	KTHER	THETE
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d d	Other program services. (Describe	ın Schedule O.)			
	(Expenses \$-		Revenue \$	)	
		<b>▶</b> 283066.			

Yes

No

## Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
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		Х
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			х
_	Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		х
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,"			٠
	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		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable .	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	\$ <sup>^</sup>	(eg. 131)	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			in Solar
	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	,		el ting
	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	200 F 28 V	-54 <u>06</u> 040	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	~\$.093 	Marie Const.	OS.
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		DE MAN	Σ94400 ± 1.00 √ 1.000 ± 1.000
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		March 18
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	,	is a second	
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete	~	1 <del>12</del>	ቸያር ( <del>የ</del> ) በ
	Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	4	1	6
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	ŕŠĒ	/ / 	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b></b>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del>	_^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	105		x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45	i	x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<del>                                     </del>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	]	х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<del>  ^</del>
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
<u>=</u>			m 990	

Pan	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del></del>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	1 1	!	
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"	l i	:	
	complete Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	i l		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	i	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1 1		
	If "Yes," complete Schedule L, Part III .	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		_	
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U S. Information Returns. Enter -0- if not applicable . 1a	2		7 4 3	۾ آڏيون آهي آهيون
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	0		4, ,-,	1 2 2 A
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		*******	<del>~~</del> ,	ڡۻۺڗڮ؊
	gaming (gambling) winnings to prize winners?		1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. ,		4.5
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2	n ,		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions	3)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			,	, 
	this return?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of		_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<u>4a</u>		<u> X</u>
	If "Yes," enter the name of the foreign country.		, ×	901 °	- <b>2</b> 14
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			, , , , , , , , , , , , , , , , , , ,	
_	and Financial Accounts.		ئن. الحما		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		_^
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		5c		ĺ
60	Prohibited Tax Shelter Transaction?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		36		
	organization solicit any contributions that were not tax deductible?		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or				<u> </u>
	gifts were not tax deductible?		6b		l
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	1	l
	and services provided to the payor?		7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		<u>r</u> Aslet	1 A	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		` .		أأعندا
	benefit contract?		7e	<u> </u>	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	7f	ļ	<b></b> _
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as require	3 <b>0</b> ?	7h	A STATE OF	## #STF #
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	л,	8		10568 <b>4</b> -3
0	have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		] <b>(</b>	1657 S	N. 12
9	Did the organization make any taxable distributions under section 4966? .		9a	j ``* 3`	  -3-3-3
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter			100	Carlo and Table
a	Initiation fees and capital contributions included on Part VIII, line 12			(C)	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		^ ;;( <b>*</b>		
11	Section 501(c)(12) organizations. Enter:		- 		
а	Gross income from members or shareholders . 11a		_ \s-4; _ \s-′	10 M 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		- ".	ائي رسو ايد مور ايد	The state of
	against amounts due or received from them.)		- Mod		<b>***</b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		<b>.</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		, * ,	,	22
			Fo	rm 990	(2009)

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. Yes No Section A. Governing Body and Management 17 1a Enter the number of voting members of the governing body 1a 17 1b **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following. 8a The governing body? Х Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Х 11 Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 **12a** b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Х rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 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 arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section 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) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public.

organization. ▶CORPORATION

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

MAILING

**ADDRESS** 

973-643-1625

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)				ply)	Reportable	Reportable	Estimated
	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED									_	
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Name and little  Average Position (check all that apply), hours per Week  Average Position (a late to apply), hours per Week  Average Position (a late to apply), hours per Week  Average Position (a late to apply), hours per Week  Average Position (a late to apply), hours per Week  Average Position (a late to apply), hours per Week  Average Position (a late to apply), hours per Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Position (a late to apply), hours per Organizations (W-2/1099-MISC)  Average Organization (W-2/1099-MISC)  Average Or	Pa	rt VII Section A. Officers	, Directors, Trustees,	Key Er	nploy			l High	est (		I	
hours per Q and pure to the per per per per per per per per per pe		• •	1							(D)	(E)	(F)
week   Graph		, Name and title	_					hat ap		1 '	I	
Total			hours pe	우리	Ins	잋	Ke	em Hig	ξ	-		•
Total			week	dire		icer	en en	ploy	me			
15 Total  15 Total  16 Total  17 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ≥  1 Did the organization ≥  1 Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1 a? If Yes, "complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C)				당됩	ion		렸	/ee cc	"	ì	-	1
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Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to thos	se liste	ed at	юvе	) who	rece	eived more than \$100	0,000 in reportable c	ompensation
Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_	from the organization >	<u> </u>									Voc. No.
employee on line 1a? If "Yes," complete Schedule J for such individual	•	Did the organization list anufa	rmar officer director o	r tructa	a kay	, emi	alov	00 Or	hiah	neet companeated		Tes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C)	3	•						66, OI	mgi	iest compensated		3   X
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services rendered to the organization? If "Yes," complete Schedule J for such person	5		la receive or accrue co	mpens	ation	from	any	unrel	ated	organization for		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)		services rendered to the organ	nization? If "Yes," com	plete S	chedu	le J	for s	uch p	erso	n	·	5 X
compensation from the organization.  (A)  (B)  (C)	Sec											
(A) (B) (C)	1	Complete this table for your five	ve highest compensate	ed inde	pende	nt co	ontra	actors	that	received more than	\$100,000 of	
		compensation from the organi	ization.									
			• •									
Name and business address Description of services Compensation			and business address	<u>;                                    </u>					<del> </del>	Description of	services	Compensation
NONE	NC	)NĒ							$\vdash$			<del></del>
	_								$\vdash$		-	
		<del></del>							<del>  -</del>			
	_								$\vdash$	<del></del>		<del></del>
2 Total number of independent contractors (including but not limited to those listed above) who received more than	_	Total number of independent	contractors (including	but not	limited	d to t	hos	e lister	d ah	ove) who received m	nore than	
\$100,000 in compensation from the organization	-					(				2.3, 1000110011		いっては

Pa	art IX Statement of Functional Expenses				
	Section 501(c)	(3) and 501(c)(4) organ	nizations must comple	ete all columns.	
	. All other organizations must complete of				
Do r	not include amounts reported on lines 6b,	(A) Total expenses	( <b>B</b> ) Program service	(C) Management and	(D) Fundraising
<u>7b, 8</u>	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	!			
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			* * * * * * * *	to satisfy the same
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			٠	
	U S. See Part IV, lines 15 and 16				ا م د میرا
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	, , , ,
5	Compensation of current officers, directors,				
	trustees, and key employees	101348.	65876.	35472.	ļ
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		Ì
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30000.	19500.	10500.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	19817.	12881.	6936.	
10	Payroll taxes	11789.	7663.	4126.	
11	Fees for services (non-employees):				Ì
а	Management .				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		<u> </u>	~	
f	Investment management fees				
g	Other	1107.		1107.	<u> </u>
12	Advertising and promotion .				<u> </u>
13	Office expenses	5067.		5067.	
14	Information technology .				
15	Royalties .				
16	Occupancy	19300.	19300.		
17	Travel	2222.	1111.	1111.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		/ 		
20	Interest			·	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	4955.		4955.	ļ
24	Other expenses. Itemize expenses not	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ALCONOMICS TO A
	covered above. (Expenses grouped together	รางกับลากครั้ง เรื่องสาราชาติ การกับลากครั้ง เรื่องสาราชาติ	Karana Angalan Sana	Carried States	Laur La Francisco
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	SEE ATTACHMENT	193957.	156735.	27922.	9300.
b					
C					
d					
е					
f	All other expenses.				
25	Total functional expenses. Add lines 1 through 24f	389562.	283066.	97196.	9300.
26 <sup></sup>	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

US990\$10

Par	t X	Balance Sheet			
			(A)		(B)
		<u> </u>	Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	181984.	1	144768.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	46596.	3	133107.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	*********	,	· , ~
		employees, and highest compensated employees. Complete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under section	j * . *	٠.	• • • •
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1	1	·
		Part II of Schedule L .		6	
S)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	873.	9	784.
	10a	Land, buildings, and equipment: cost or other	1 - C - C + C + C + C + C + C + C + C + C		
	1	basis. Complete Part VI of Schedule D 10a 9267		Kris.	A
	ь	Less. accumulated depreciation 10b 9267	<u> </u>	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5900.	15	5900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	235353.	16	284559.
	17	Accounts payable and accrued expenses	30404.	17	9690.
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
w	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		-1 u -3 3 ∑3	
abi		employees, highest compensated employees, and disqualified		`	
3	ì	persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	30404.	26	9690.
		Organizations that follow SFAS 117, check here 🕨 🗵 and			The second of th
Š		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	54782.	27	32302.
룛	28	Temporarily restricted net assets	125167.	28	217567.
ĕ	29	Permanently restricted net assets	25000.	29	25000.
Ē		Organizations that do not follow SFAS 117, check here			
ō		and complete lines 30 through 34.		ምሚያውም 1	The state of the s
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
달	32	Retained earnings, endowment, accumulated income, or other funds	004045	32	051065
Z	33	Total net assets or fund balances	204949.	33	274869.
	34	Total liabilities and net assets/fund balances .	235353.	34	284559.

Form **990** (2009)

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

the Single Audit Act and OMB Circular A-133?

b

#### **SCHEDULE A**

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** 

22-2412819 NEWARK ARTS COUNCIL **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. Semection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (I) Name of supported (II) EIN (III) Type of organization (vi) is the (iv) is the organ-(V) Did you organization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col (i) aovemina organized (see Instructions)) col (i) of your document? Support? in the U.S.? Yes No Yes No Yes

Rev 1

Schedule A (Form 990 or 990-EZ) 2009 NEWARK ARTS COUNCIL 22-2412819 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 407820 479478 327399 446560 446073 2107330. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to 5996. 9807. 10028 12079 41345. the organization's tax-exempt purpose 3435 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 337206. 411255. 485474 456588 458152 2148675. 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.) 2148675. ·\*; , Section B. Total Support (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning In) (a) 2005 411255. 485474. 337206. 456588. 458152 2148675. 9 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 3018 4074 2682 2021 1330. 13125. sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 3018. 4074 2682 2021 1330. 13125. 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.)							
13	Total support. (Add lines 9, 10c, 11, & 12.)	414273.	489548.	339888.	458609.	459482.	216180	0.
14	First five years. If the Form 990 is for the orga	nization's first, se	cond, third, fourt	h, or fifth tax yea	ar as a section 5	01(c)(3)		
	organization, check this box andstop here		<u>.</u> .				•	
Sec	tion C. Computation of Public Suppo	ort Percentage	9					
15	Public support percentage for 2009 (line 8, col	umn (f) divided by	y line 13, column	(f)) .	. [	15	99.39	%
16	Public support percentage from 2008 Schedul	e A, Part III, line 1	5 . <u></u>		<u>.</u> . <u>. [</u>	16	99.49	%
200	tion D. Computation of Investment In	ocomo Dercer	tana					

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

17 0.61 % 18 0.51 %

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

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

#### 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.

OMB No. 1545-0047

2009

Open to Public

**Employer Identification number** Name of the organization NEWARK ARTS COUNCIL 22-2412819 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible 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 (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure 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. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 NEWARK ARTS COUNCIL		22	-243	12819	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial St	atem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		,482.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		,562.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		,920.
4	Net unrealized gains (losses) on investments			4		· · · · · · · · · · · · · · · · · · ·
5	Donated services and use of facilities			5		
6	Investment expenses		•	6		
7	Prior period adjustments		•	7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net). Add lines 4 through 8		•	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	ı		10	69	,920.
_	t XII Reconciliation of Revenue per Audited Financial Statemen		ith Revenue pe			, , , , , , , , , , , , , , , , , , , ,
1	Total revenue, gains, and other support per audited financial statements		tti Hotolido po	1		,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		2	,
a	Net unrealized gains on investments	2a		1	ជ្ញ	
ь	Donated services and use of facilities	2b		— <u>"</u>	<b>S</b>	
c	Recoveries of prior year grants	2c	<del></del>		-3	
d	Other (Describe in Part XIV)	2d		—,* ;	***	
	Add lines 2a through 2d .	Zu		26	<u>.</u> 1	
e	-			3		,482.
3	Subtract line 2e from line 1			3	4 4 J J	, 402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	1		's#		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		— <u>;</u>		
b	Other (Describe in Part XIV)	40			** .	
c	Add lines 4a and 4b  Table supplies Add lines 2 and 4a (This should except Form 900, Root I, line 12)			5		,482.
5 Par	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  t XIII Reconciliation of Expenses per Audited Financial Statement	onto l	With Expenses			, 404.
		ento y	WILLI EXPENSES	pei n		,562.
1 2	Total expenses and losses per audited financial statements	•		H	1 305	, 502.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	امدا		·,	<i>*</i> [	
a	Donated services and use of facilities .	. 2a		$\dashv$		
b	Prior year adjustments	2b		`;		
	Other losses	2c		⊢[	1	
d	Other (Describe in Part XIV)	2d		26	1	
е 3	Add lines 2a through 2d	•	• •	. 3		,562.
3 4	**************************************	1 1	•• •	.   3	1 385	, 304.
•	Amounts included on Form 990, Part IX, line 25, but not on line1: Investment expenses not included on Form 990, Part VIII, line 7b	4.		- 1.	~	
a	•	4a			*   &	
b	Other (Describe in Part XIV)	4b		`{		
_C	Add lines 4a and 4b  Table surgeress Add lines 2 and 4a (This should equal Form 900 Flort Line 18)	•	••	5		,562.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u>:                                      </u>	1 3	1 202	, 504.
	t XIV Supplemental Information		14 5 404 0	41		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor					
					<del></del>	
			····		<del></del>	

SCHEDULE O
(FORM 990)

# Supplemental Information to Form 990

2009

Name of the organization
NEWARK ARTS COUNCIL

Employer identification number 22-2412819

### PART VI - Governance, Management, and Disclosure:

- Q11 A copy of Form 990 is provided to each board member and reviewed along with the annual audit at a full board of directors meeting.
- Q12 The conflict of interest policy is discussed and distributed in September at the beginning of each board fiscal year.
   The policy is monitored and compliance is enforced by members of the governing body.
- Q15 Compensation of the executive director is determined by the board of directors on an annual basis
- Q19 The organization holds an open annual meeting in June of each year to which the public is welcome to come and ask questions. The annual budget is approved at this meeting.

# NEWARK ARTS COUNCIL, INC. 6/30/2010

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

<u>Name</u>	<u>Hours</u>	<u>Title</u>	<u>Position</u>	Compensation
Mary W. Dowd	2	President	Officer	N/A
Arthur Cifelli	2	Vice-President	Officer	N/A
Cephas Bowles	2	Treasurer	Officer	N/A
Joanne Orozco	2	Secretary	Officer	N/A
Carlos Aurellano	1	Trustee	Individual Trustee	N/A
Anthony G. Clark	1	Trustee	Individual Trustee	N/A
Jeremy V. Johnson	1	Trustee	Individual Trustee	N/A
Lisa Love	1	Trustee	Individual Trustee	N/A
John S. Masi	1	Trustee	Individual Trustee	N/A
Sheila McCoy	1	Trustee	Individual Trustee	N/A
Jeffrey Norman	1	Trustee	Individual Trustee	N/A
Ronald Ollie	1	Trustee	Individual Trustee	N/A
Hector Ortiz	1	Trustee	Individual Trustee	N/A
Madeline Ruiz	1	Trustee	Individual Trustee	N/A
Melissa A. Smith	1	Trustee	Individual Trustee	N/A
Vickie J. Snoy	1	Trustee	Individual Trustee	N/A
Susan Stucker	1	Trustee	Individual Trustee	N/A
Linwood J. Oglesby	40	Executive Director	Officer	\$101,348

### NEWARK ARTS COUNCIL 6/30/2010

Part IX: Statement of Functional Expenses: Page 10, Line 24a				
Item of expense	Total	Program Services	Management	Fundraising
			and General	
Membership expenses	1,193	1,193		
Open doors studio tour	67,179	67,179		
Arts education	44,383	44,383		
Website	11,288	11,288		
Arts newsletter	27,015	27,015		
Art Start grants	362	362	_	
Special events	9,300			9,300
Equipment	5,397		5,397	
Miscellaneous	2,498	1,249	1,249	
Professional fees	17,211		17,211	
Postage	2,080	1,040	1,040	
Printing	2,180	1,090	1,090	
Telephone	3,871	1,936	1,935	
	193,957	156,735	27,922	9,300