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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning $\mathrm{JUL}1$, 2009 and endin	g JUN 30, 2010	
B c	heck if	use IHS	D Employer identific	ation number
	Addres	ss label or BERKS ARTS COUNCIL		
	Name chang	type D B	23-7:	366925
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/		
<u> </u>	Termir	Instruc-	610-8	898-1930
느	Ameno	City or town, state or country, and zir + 4	G Gross receipts \$	1,365,394.
L	Applic tion pendir		H(a) Is this a group re	
	F	F Name and address of principal officer: I REODORE BASSANO	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	
		empt status X 501(c) (3) ◀ (insert no.)		list. (see instructions)
			H(c) Group exemption Year of formation 1971 M	
		Summary	Teal Of formation I I 7 I IV	State of legal domicile 111
		Briefly describe the organization's mission or most significant activities: THE MIS:	SION OF THE BEI	RKS ARTS
nce	. •	COUNCIL IS TO ENCOURAGE AND PROMOTE ALL THE	ARTS, TO DEVE	
Activities & Governance		Check this box If the organization discontinued its operations or disposed of		
ove		Number of voting members of the governing body (Part VI, line 1a)	3	26
Š		Number of independent voting members of the governing body (Part VI, line 1b)	4	26
es 8		Total number of employees (Part V, line 2a)	. 5	8
viti	6	Total number of volunteers (estimate if necessary)	6	300
Acti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
		REUENCO	Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	214,948.	569,390.
Revenue		Program service revenue (Part VIII, line 2g) FFR 2 6 ZÜİİ IV	1,106,059.	740,458.
Re'		161	1,561.	426.
		Cities tevende (i dit viii, coldinii vi), inicolo, co, co, co, co ci i i i i co	12,846.	16,426.
		Total revenue - add lines 8 through 11 (must equal Part,VIII column (A), line 12)	1,335,414.	1,326,700. 85,128.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,417.	03,120.
		Benefits paid to or for members (Part IX, column (A), line 4)	250,866.	207,359.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	250,000.	201,333.
pen		Total fundraising expenses (Part IX, column (D), line 25) 18,000.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,022,873.	1,022,974.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,378,156.	1,315,461.
		Revenue less expenses. Subtract line 18 from line 12	-42,742.	11,239.
or Ses			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	270,332.	265,363.
d-RS	21	Total liabilities (Part X, line 26)	82,256.	66,048.
		Net assets or fund balances. Subtract line 21 from line 20	188,076.	199,315.
	rt II	Signature Block		
Ď		Under penalties of perury, I declare that I have examined this return, including accompanying schedules and stater and complete Declaration of preparer has any known	nents, and to the best of my knowledg viedge	ge and belief, it is true, correct,
. J ⊳		[[[]]]]]]]]]	1 0 05	7_11
か う を を Sign こ Her う う	1		<u> </u>) -
≝Her	е	Signature of officer.	Date	
Ĵ		Type or print name and title	<u> </u>	
		l Date	Check if Prepare	r's identifying number
S Paid		Preparer's signature	self- (see ins	tructions)
Prep	arer's	Firm's name (or HERBEIN + COMPANY, INC.	employed ► L	
√nse	Only	yours if self-employed), 2763 CENTURY BOULEVARD	LIIV	
<u> </u>		address, and ZIP + 4 READING, PA 19610	Phone no 🕨 (610) 378-1175
<u> </u>		25 discuss this return with the preparer shown above? (see instructions)	Transitio > (X Vos No

	990 (2009) BERRS ARTS COUNTY Page 2
Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	THE MISSION OF THE BERKS ARTS COUNCIL IS TO ENCOURAGE AND PROMOTE ALL
	THE ARTS, TO DEVELOP AN APPRECIATION OF THE ARTS AND TO ENRICH AND
	ENHANCE THE QUALITY OF LIFE THROUGH EDUCATION, PRESENTATION AND
	COLLABORATIONS WITH OTHER ARTS ORGANIZATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,022,403. including grants of \$) (Revenue \$ 1,025,358.)
	VF OUTLET BERKS JAZZ FEST, MARCH 19-28 - SERIES OF JAZZ CONCERTS
	THROUGHOUT THE COUNTY, SOME WITH NO ADMISSION CHARGE. PROVIDES A FORUM
	FOR THIS ART FORM AND DRAWS PEOPLE FROM OUTSIDE BERKS COUNTY TO
	EXPERIENCE WHAT BERKS HAS TO OFFER. THIS PROGRAM RECEIVED \$273,287 IN
	DONATED SERVICES. ATTENDANCE WAS 45,000. MORE THAN 400 ARTISTS
	PARTICIPATED AT MORE THAN 130 CONCERTS AT TICKETED AND LOCAL VENUES.
	PARTICIPATED AT MORE THAN 150 CONCERTS AT TICKETED AND LOCAL VENUES.
4b	(Code:) (Expenses \$ 41,355 • including grants of \$) (Revenue \$ 49,077 •)
	BANDSHELL CONCERTS - FREE OUTDOOR CONCERTS PERFORMED ON FRIDAY EVENINGS
	WHICH SHOWCASE A GREAT VARIETY OF MUSIC FORMS. AN INFORMAL PARK
	SETTING MAKES IT POSSIBLE FOR ANYONE WHO SO DESIRES TO ATTEND. THIS
	PROGRAM RECEIVED DONATED SERVICES OF \$14,896. IN 2009, 4 CONCERTS WERE
	HELD WITH AN ATTEDANCE OF APPROXIMATELY 6,000.
	HELD WITH AN ATTEDANCE OF ATTROXITATION O,000.
4c	(Code:) (Expenses \$ 84,141. including grants of \$) (Revenue \$ 42,948.)
	OTHER PROGRAMS - VARIOUS WORKSHOPS AND PROGRAMS DESIGNED TO PROMOTE THE
	ARTS AND CULTURAL ACTIVITIES IN BERKS COUNTY. THESE PROGRAMS RECEIVED
	DONATED SERVICES OF \$48,617. EVENTS INCLUDED THE BERKS MOVIE MADNESS
	FILM FESTIVAL, NOV. 5 TO 9, 2009, WITH 30 MOVIES SHOWN AND ATTENDANCE
	OF ABOUT 700 AND SPECIAL CONCERTS HELD THROUGHOUT THE YEAR (HOLIDAY).
	OF ABOUT 700 AND SPECIAL CONCERTS RELD THROUGHOUT THE TEAR (HOLIDAY).
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 85,128. including grants of \$ 85,128.) (Revenue \$ 105,791.)
Ac.	Total program service expenses ►\$ 1,233,027.
46	Form 990 (2009)
~~~~	Form <b>990</b> (2009)

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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			1,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	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	١.		v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	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, VIII, IX, or X		Х	
_	as applicable	11	^_	*******
•	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			
	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	X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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		Х
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		<u>X</u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	_ X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
••	complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	
		rorm	<b>990</b> (	∠UU9)

Part IV Checklist of Required Schedules (continued)

	,		V	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-		
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>2</b> 0a	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		Х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		İ	
		25b		х
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250	<del> </del>	1
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
_,	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ŀ		
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	<u> </u>		
	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	Ì	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		Х
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?			١,,
	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	1.		,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_ v	
	Note. All Form 990 filers are required to complete Schedule O.	<u>  38</u>	X	0000
		⊦orm	990 (	2009)

Par	t 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	45	5						
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		)						
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportat	ole gamıng	7						
	(gambling) winnings to prize winners?			1c	Х					
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	2a	{	3						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		tions)			"				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		X				
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	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									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding F	Prohibited							
	Tax Shelter Transaction?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	nızatıon solıcıt							
	any contributions that were not tax deductible?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or	gifts							
	were not tax deductible?			6ь		ļ				
7	Organizations that may receive deductible contributions under section 170(c).									
а	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					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured	1_						
	to file Form 8282?	1 1		7c	<u> </u>	X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persona	al .	_		1				
_	benefit contract?			7e	-					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	<del> </del>					
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		numa d2	7g	├	<del> </del>				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			7h						
8	supporting organizations maintaining donor advised funds and section 303(a)(5) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded									
	at any time during the year?	,633 50	Silicos Holdings	8	1	1				
9	Sponsoring organizations maintaining donor advised funds.	-		<u> </u>						
a	Did the organization make any taxable distributions under section 4966?			9a	Ì					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	1					
10	Section 501(c)(7) organizations. Enter:					-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:			7						
a	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
				Form	990	(2009)				

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				v	
1.	Enter the number of veting members of the governing body	140	1	26	Yes	No
_	Enter the number of voting members of the governing body  Enter the number of voting members that are independent	<u>1a</u> 1b		26		
ь 2	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		any other			
2	officer, director, trustee, or key employee?	p with	any other	2		Х
2		a dira	t auganuaian	<u>-</u>		
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?	e une	it supervision	3		Х
A	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 00	N was filed?	4		X
4			o was med	5		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	lS!		6		X
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more me	mbor	oftho	6		
<i>,</i> a	governing body?	incer.	or the	7a		x
	Are any decisions of the governing body subject to approval by members, stockholders, or other per	~one?		7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken			70		21
8	by the following:	during	i trie year			
_	,			90	Х	
	The governing body?  Each committee with authority to act on behalf of the governing body?			8a 8b	X	
	,			00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned	at trie	9		Х
300	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	AV.	o Codo I	ן ש	<u> </u>	
sec	tion B. Policies (This Section B requests information about policies not required by the internal R	evenu	e Code )	<del></del>	Yes	Na
40-	Does the organization have local chapters, branches, or affiliates?			10a	res	No X
	·	ahaa+	ara affiliatas	100		Λ
D	If "Yes," does the organization have written policies and procedures governing the activities of such	спарі	ers, anniates,	404		
	and branches to ensure their operations are consistent with those of the organization?	ما د میار	a farma?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling tr	e form?	11	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	. د د د اد اد		12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the Course of the	Jia giv	e rise	101	Х	
	to conflicts?	93.Z II	-l	12b	Λ	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	деѕспре	40-	Х	
40	In Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?	. 1 1		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approve	-	aepenaent	·		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a 15b	X	
b	Other officers or key employees of the organization			150	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ma-4 :	uth a			
109	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vitn a	40-	}	Х
	taxable entity during the year?	ducė -	to norticie -ti	16a		^
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	, , , , , , , , , , , , , , , , , , , ,	anızat	on's	464	•	
200	exempt status with respect to such arrangements?			16b	L	
	List the states with which a copy of this Form 990 is required to be filed ▶PA					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	[ (501)	c)(3)e only) ava	ulable for		
.0	public inspection. Indicate how you make these available Check all that apply.	, ,5011	onors only ave	madic IUI		
	Own website Another's website X Upon request					
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	of interest cal	iov and fina	noist	
19		OHIIC	or interest por	icy, and ima	ıııcıdı	
20	statements available to the public.	nd ro-	arda af tha c	onization:		
20	State the name, physical address, and telephone number of the person who possesses the books a THE ORGANIZATION $-610-898-1930$	no rec	orus or the org	anızanon: ▶		
	201 WASHINGTON STREET, SUITE 523, READING, PA 196	03				
	201 HABILINGTON DIRECTLY DOTTE 323, READING, PA 190		·	Form	000	2000
				rorm	990	ZUL

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## 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."

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

- 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)	(B)	1		((		,		(D)	(E)	(F)
Name and Title	Average		Position			Reportable	Reportable	Estimated		
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week	ğ						from the	from related organizations	other compensation
	Week	Individual trustee or director	8			D SEC		organization	(W·2/1099-MISC)	from the
		raster	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)	,	organization
		idual t	utona		Кеу етріоуее	28 CO	ä			and related
		ind V	Inst	Officer	Ke	E g	Former			organizations
THEODORE BASSANO				-		$\vdash$			<u> </u>	
PRESIDENT	1.00	Х	ŀ	x				0.	0.	0.
LIDIA ZIDIK						<u> </u>				
SECRETARY	1.00	Х		Х				0.	0.	0.
CHUCK KOCH										
TREASURER	1.00	Х		X				0.	0.	0.
JOSEE VACHON										
DIRECTOR	1.00	X						0.	0.	0.
REGINA GOUGER MILLER				ļ						
DIRECTOR	1.00	Х						0.	0.	0.
THOMAS MCMAHON										
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.
RONALD BAIR					ŀ				_	_
DIRECTOR	1.00	Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
CHRIS G. KRARAS	1 00	,,			l					
DIRECTOR	1.00	X	ļ		ļ	<u> </u>	_	0.	0.	0.
MARILYN FOX	1 00	X						0.		0
DIRECTOR CRAIG ROSENFELD	1.00	Α.				$\vdash$	$\vdash$	U •	0.	0.
VICE PRESIDENT OF PROGRA	1.00	X	İ	Х			l	0.	0.	0.
BERNARD GERBER	1.00	1	-	^		$\vdash$	$\vdash$	0.	0.	<u> </u>
DIRECTOR	1.00	x					l	0.	0.	0.
DR. HARRY L. SERIO	1.00		-		-	├	┢			
DIRECTOR	1.00	x				ŀ		0.	0.	0.
GLORIA DAY		<del> </del> -	-	_		<del>                                     </del>	1			
DIRECTOR	1.00	X						0.	0.	0.
DR. JULIA MATTHEWS										
DIRECTOR	1.00	Х						0.	0.	0.
DR. ROBERT METZGER										
DIRECTOR	1.00	X					ŀ	0.	0.	0.
LISA TIGER									-	
VICE PRESIDENT OF ADMINI	1.00	X		Х	L	L	L	0.	0.	0.
RALIA VARDAXIS										
PAST PRESIDENT	1.00	X		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		mple	oyee			High	est						
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	,			ition		LA	Reportable	Reportable			stimate	
	hours per week	Individual frustee or director	Institutional frustee	tall tall		Highest compensated by employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		com fr org and	nount of the repensation the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the seco	ation e ion ed
KAREN BAXTER DIRECTOR	1.00	х						0.		0.			0.
ALVIN BOOTH DIRECTOR	1.00	x						0.		0.			0.
MARGARITA M. CAICEDO DIRECTOR	1.00	X			-	-		0.		0.	_		0.
MATTHEW GOLDEN				-	<u> </u>	+-				-			
DIRECTOR	1.00	X	<u> </u>		ļ	ļ		0.		0.			0.
CLEO HOUSE, JR.	1.00	J								,			^
DIRECTOR MELVYN JACOBSON	1.00	X	-	_	┝	+	-	0.		0.			0.
DIRECTOR	1.00	Х						0.		0.			0.
WILLIAM G. KOCH, CPA DIRECTOR	1.00	х						0.		0.		•	0.
SANDRA MCCARTHY	1 00	U,								$\prod$			
DIRECTOR CAROL ZECHMAN	1.00	X		-	$\vdash$	-	ļ	0.		0.			0.
DIRECTOR	1.00	X						0.		0.			0.
CONNIE LEINBACH													
EXECUTIVE DIRECTOR	55.00			X		Ļ		41,916. 41,916.		0.		5,0	<u>90.</u>
<ul><li>1b Total</li><li>2 Total number of individuals (including but n</li></ul>	at limited to th		مغمدا			<u> </u>		.1		0.		5,0	90.
compensation from the organization	iot iiiiiited to ti	1056	11516	:u a	DOV	e) wi	10 16	eceived more than \$100	,000 in reportable				0
Componibation non-the-organization						-						Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		3	, ,	х
4 For any individual listed on line 1a, is the standard related organizations greater than \$15								-	the organization				Х
5 Did any person listed on line 1a receive or									ces rendered to	-	4		
the organization? If "Yes," complete Scheo	•								_		5		X
Section B. Independent Contractors							_						
Complete this table for your five highest contact the organization.     NONE	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensa	ition f	rom	
(A) Name and business	address							(B) Description of s	ervices	Co	(C omper	;) nsatior	n
							İ						
							-	<del></del>					
	<del> </del>						$\dashv$	T-100					
- <del></del>											<del></del>		
<ul> <li>Total number of independent contractors (in \$100,000 in compensation from the organic</li> </ul>		ot li	mrte	d to		se l: 0	sted	above) who received m	ore than				

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### Part IX Statement of Functional Expenses

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

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	85,128.	85,128.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	47,006.	23,178.	5,828.	18,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 011			
7	Other salaries and wages	132,814.	117,461.	15,353.	<del> </del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	14 077	14 077		
9	Other employee benefits	14,077.	14,077.	4 000	
10	Payroll taxes	13,462.	8,560.	4,902.	
11	Fees for services (non-employees):				
а	Management	2 (25		2 625	
b	T T	2,625. 7,567.	5,875.	2,625.	
С	Accounting	7,307.	3,0/3.	1,692.	* **
d					<u>-</u>
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
9		145,626.	141,588.	4,038.	
12	Advertising and promotion	143,020.	141,300.	4,030.	
13	Office expenses				
14	Information technology Royalties				
15 16	·	9,581.	2,858.	6,723.	
17	Occupancy Travel		2,0301		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,216.	4,079.	137.	
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,815.		5,815.	
23	Insurance	5,643.	550.	5,093.	
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 )				
а	ADMICHC C DROPECCIONAL [	509,698.	509,698.		
b	PRODUCTION COSTS	205,647.	205,647.		
c	TICKET SALES EXPENSE	36,662.	36,662.		
d	HOSPITALITY	27,485.	27,485.		
е	MISCELLANEOUS	20,353.	13,272.	7,081.	
f	All other expenses	42,056.	36,909.	5,147.	
25	Total functional expenses. Add lines 1 through 24f	1,315,461.	1,233,027.	64,434.	18,000.
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				

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Pai	tΧ	Balance Sheet					
	•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		<u> </u>		1	····
	2	Savings and temporary cash investments		_	220,709.	2	204,344.
	3	Pledges and grants receivable, net		<u> </u>		3	· ··
	4	Accounts receivable, net			22,328.	4	39,615.
	5	Receivables from current and former officers, di	rectors, trust	ees, key			
		employees, and highest compensated employee	es. Complete	Part II			
		of Schedule L		ļ		5	
	6	Receivables from other disqualified persons (as	defined unde	er section			
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L	.		6		
ets	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use			2,228.	8	3,736. 9,003.
•	9	Prepaid expenses and deferred charges			10,587.	9	9,003.
	10a	Land, buildings, and equipment: cost or other		40.044			
		basis. Complete Part VI of Schedule D	10a	42,944.	1.4.400		0.665
	b	Less: accumulated depreciation	10b	34,279.	14,480.	10c	8,665.
	11	Investments - publicly traded securities		-		11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments · program-related. See Part IV, line	-		13		
	14	Intangible assets		14	<del></del>		
	15	Other assets. See Part IV, line 11	-	270 222	15	265 262	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)		270,332.	16	265,363. 8,842.
	17	Accounts payable and accrued expenses	6,041.	17	0,042.		
	18	Grants payable	ļ	76,215.	18	57,206.	
	19	Deferred revenue			70,213.	19	37,200.
	20	Tax-exempt bond liabilities	D IV 4 O1			20	
Liabilities	21	Escrow or custodial account liability. Complete		r r		21	,,
Ε	22	Payables to current and former officers, director		1			
L:		highest compensated employees, and disqualifi	iea persons.	Complete Part II		00	
		of Schedule L	në na ë burd na s	4100		22	
	23 24	Secured mortgages and notes payable to unrelate	•	Г		24	
	25	Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D		5		25	
	26	Total liabilities. Add lines 17 through 25		-	82,256.	26	66,048.
	20	Organizations that follow SFAS 117, check he	ere 🕨 X	and complete			
s		lines 27 through 29, and lines 33 and 34.		_ and complete			
ည်	27	Unrestricted net assets			183,076.	27	166,813.
ala	28	Temporarily restricted net assets	•		5,000.	28	32,502.
e P	29	Permanently restricted net assets				29	· · · · · · · · · · · · · · · · · · ·
Ë	}	Organizations that do not follow SFAS 117, c	heck here	▶ ☐ and			
٥		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed	quipment fun	d i		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		ī		32	
ž	33	Total net assets or fund balances		Ţ	188,076.	33	199,315.
	34	Total liabilities and net assets/fund balances			270,332.	34	265,363.

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b 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)

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X

Act and OMB Circular A-133?

#### **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

2009

Name of the organization

BERKS ARTS COUNCIL

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Open to Public Inspection
Employer identification number

23-7366925

FOIL	i iteas	on for Fublic Office	ity Status (All Organiz	ations mu	at complet	e una pan	., 000 1130	Tuctions.				
he orga	anization is r	ot a private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)					
1 🖳	A church	, convention of churche	es, or association of churc	ches descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2	A school	described in section 1	<b>70(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)								
3	A hospita	l or a cooperative hosp	oital service organization o	described i	n section	170(b)(1)(	(A)(iii).					
4	A medica	l research organization	operated in conjunction	with a hos	pıtal desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter th	ne hospital'	s nam	ıe,
	city, and	state:										
5	」 An organ	zation operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	t describe	ed in		
	section	<b>170(b)(1)(A)(iv).</b> (Comp	lete Part II.)									
6	_		nent or governmental unit									
7 X	J An organ	zation that normally re-	ceives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic descr	ıbed ı	n
	section 1	70(b)(1)(A)(vi). (Compl	ete Part II.)									
8 🖳	A commu	inity trust described in	section 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities	related to its exempt fu	inctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	from gross	ınvest	ment
	income a	nd unrelated business	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 3	0, 197	5.
<b></b>	_	<b>ion 509(a)(2).</b> (Complet	•									
10 느	¬ ~	_	perated exclusively to tes	•				-				
11		•	perated exclusively for th				•					or
	•	•	rations described in section		-		?). See <b>sec</b>	tion 509(a	a)(3). Che	ck the box	that	
			g organization and comple						. —			
	_ a		l Type II		e III - Func	•	J	_	d ∐	Type III · C		
e	- ,	• •	at the organization is not		-	•	-					n
		-	than one or more publicly		-				3(a)(1) or s	section 509	(a)(2).	
t	-		itten determination from t	the IHS tha	atitisa iy	pe I, Type	II, or Type	9 111				
		ig organization, check t			4 1 4	£	-645 - 6-11		0			ш
g		· · · · · · · · · · · · · · · · · · ·	organization accepted an							ĺ	V	- Na
	••		directly controls, either ale	one or tog	ether with	persons c	iescribea i	n (II) and (I	iii) below,	11~(i)	Yes	No
			supported organization? on described in (i) above?							11g(i)		_
		-	a person described in (i) o		2					11g(ii) 11g(iii)		
h		•	n about the supported or							119(11)		
"	FIOVICE	ne following information	Tabout the supported of	garnzanorn	(3).							
(i) Non		d (ii) EIN	(III) Type of	(IV) Is the o	rnanization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Am		
	ne of supporte rganization	ed (ii) EIN	organization	(v) Is the organization (v) Did your organization			ion in col	l organizatio	on in col 1	(viı) Am supş		I
Ü	i guiii cution		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U S	2 (110	oup,	,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
,												
				ļ	ļ				<b></b> _			
				ļ		ļ	ļ		ļ			
<u> otal</u>				1	<u> </u>			<u> </u>	ł l			
HA Fo	r Privacy Ac	t and Paperwork Red	uction Act Notice, see th	he Instruc	tions for			Schedul	e A (Forn	n 990 or 99	0-EZ)	2009

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Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	ction A. Public Support						
Cald	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	236,275.	259,970.	264,047.	214,948.	569,390.	1,544,630.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	236,275.	259,970.	264,047.	214,948.	569,390.	1,544,630.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						1,544,630.
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	236,275.	259,970.	264,047.	214,948.	569,390.	1,544,630.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,191.	4,905.	5,582.	1,561.	426.	15,665.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		,				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						$\frac{1,560,295}{754,955}$
12	•						, 754, 955.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ			1 (0)	300		00 00
	Public support percentage for 2009 (	•	•	column (t))		14	99.00 %
	Public support percentage from 2008			م حالجت 10 مصال	4 - 00 4/00/ -	15	98.53 %
108	33 1/3% support test - 2009. If the o	-			4 IS 33 1/3% or m	ore, cneck this box	t and ►X
	stop here. The organization qualifies		=		luna 45 ta 00 4 /00/		
E	33 1/3% support test - 2008. If the o	-			ine 15 is 33 1/3%	or more, check this	S DOX
17~	and stop here. The organization qual	• •	• • •		12 160 0*165 -	nd line 14 is 100/ -	r more
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					t iv now the organi	ization
p.	meets the "facts-and-circumstances"					70. and has 45 4	0% 05
C	10% -facts-and-circumstances tes	_				•	U70 OF
	more, and if the organization meets the				•		▶□
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	an did not check a	DOX OF THE 13, 10	a, 100, 17a, 01 17t			
					ocne	dule A (Form 990	OI 990-EZ) 2009

Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

#### 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 BERKS ARTS COUNCIL

Employer identification number 23-7366925

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only	
_	for charitable purposes and not for the benefit of the donor		-	
	impermissible private benefit?	,	•	Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
-	Preservation of land for public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or public use (e.g., recreation or publi		storically imp	ortant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last
_	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re		ne organizatio	n during the tax
	year ▶	,	· · <b>y</b> - · · · - · · · ·	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
-	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the yea	ar 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	-		
8	Does each conservation easement reported on line 2(d) abo			
_	and section 170(h)(4)(B)(ii)?	,	, ,, ,, ,,,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organiza	ition's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and I	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pe	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	rtems		
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide th	e following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provi	de
•	the following amounts required to be reported under SFAS		÷	
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$
	Assets included in Form 990, Part X		•	\$
_		- 		
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2009

932051 02-01-10

Sche	dule D (Form 990) 2009 BERKS A	RTS COUNCI	L			2	3-73	66925	5 P:	age <b>2</b>	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical '	Treasures, o	r Other	Simila	r Asse	ts (conti	nued)		
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	d	I Loan or e	xchange progran	ns						
ь	Scholarly research	е									
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organization	n's exemi	ot purpos	se in Part	XIV.			
	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV   Escrow and Custodial Arran				to Form	990. Par	t IV. line	9. or			
4	reported an amount on Form 990, Pa					,	• • • • • • • • • • • • • • • • • • • •	•			
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribut	ons or other ass	ets not in	cluded			_		
	on Form 990, Part X?		, , , , , , , , , , , , , , , , , , , ,					Yes		No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:								
_			<b>3</b>					Amount			
С	Beginning balance					1c					
	Additions during the year					1d		-			
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on F	orm 990. Part X. line	212					Yes	<u> </u>	No	
	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.										
7		(a) Current year	(b) Prior year	(c) Two years		1) Three ye	ars back	(e) Four	vears	back	
1a	Beginning of year balance		• •								
b	Contributions				· · · · · · · · · · · · · · · · · · ·	111111111111111111111111111111111111111					
c	Net investment earnings, gains, and losses					······	***************************************			********	
d	Grants or scholarships					,	,				
e	Other expenditures for facilities					***************************************	•••••		•••••		
-	and programs										
f	Administrative expenses					***************************************	***************************************		********		
	End of year balance								<del>, ,44</del>		
2	Provide the estimated percentage of the year	r end balance held a	as:								
	Board designated or quasi-endowment		%								
	Permanent endowment ▶	<del></del>	<del>_</del> ·								
c	Term endowment ▶	<del></del> *									
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	d and administer	ed for the	organiza	ation				
	by	J						Γ	Yes	No	
	(i) unrelated organizations							3a(i)			
	(ii) related organizations							3a(ii)			
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?					3b			
4	Describe in Part XIV the intended uses of the	e organization's end	owment funds.					-			
Par	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 9	90, Part X, line 1	0.						
	Description of investment	(a) Cost or o		ost or other		umulated	<u> </u>	(d) Book	valu	e	
		basis (investr	ment) bas	sis (other)	depre	eciation					
1a	Land										
ь	Buildings										
c	Leasehold improvements										
d	Equipment			39,694.		32,24			7,4	46.	
е	Other			3,250.		2,03	31.		1,2	46. 19.	
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. column (B), lin	e 10(c))			ightharpoonup		3,6	65.	

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year m	
Financial derivatives	-		
Closely-held equity interests			
Other			
<del></del>			
<del></del>			
	-		
	<del>-</del>		<del>-</del> -
			<del></del>
7 1 1 (0 1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments - Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of va	
		Cost or end-of-year n	narket value
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	***		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		_
(	a) Description		(b) Book value
	•	* -	
		-	
		-	
		* 1 <del>-</del>	*
	<del></del>		
			<del>-</del>
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15 )	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X		<del></del>	
(a) Description of liability	A, inte 25.	(b) Amount	
<u> </u>		(5,7,1110-11)	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) in	ine 25 )		
2. FIN 48 Footnote. In Part XIV, provide the text of the fe	ootnote to the organization	s financial statements that reports the	organization's liability for
uncertain tax positions under FIN 48		•	•

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 BERKS ARTS COUNCIL					66925	Page 4
Par	t XI 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			1,326,	700.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,315,	461.
3	Excess or (deficit) for the year Subtract line 2 from line 1		. 3	-		11,	239.
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				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		_	11,	239.
	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Revenue pe	r Ret	urn	•	_
1	Total revenue, gains, and other support per audited financial statements					1,679,	458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	314,06	4.			
c	Recoveries of prior year grants	2c	·				
ď	Other (Describe in Part XIV.)	2d	38,69	4.			
e	Add lines 2a through 2d				2e	352.	758.
3	Subtract line 2e from line 1	•		_		1,326,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<del>'</del>	·		
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l				
a	•	4b					
b	Other (Describe in Part XIV.) Add lines <b>4a</b> and <b>4b</b>	40		$\dashv$ ,	tc		٥.
c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					1,326,	700
5	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents \	With Expenses			IJSEUJ	,
-		JIICO 1	With Expenses			1,668,	219
1	Total expenses and losses per audited financial statements			-	<del></del>	1,000,	217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	314,06	1			
a	Donated services and use of facilities		314,00				
b	Prior year adjustments	2b			İ		
С	Other losses	2c	38,69		-		
d	Other (Describe in Part XIV.)	2d	30,09		.	252	750
е	Add lines 2a through 2d			_	2e	1,315,	758.
3	Subtract line 2e from line 1				3	1,313,	401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.	1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	_			
	Other (Describe in Part XIV.)	_4b		_			^
C	Add lines 4a and 4b			_	4c	1 215	0.
5					5	1,315,	461.
	t XIV Supplemental Information					<b>-</b>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III						4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				ional info	ormation.	
PAI	RT X: THE COUNCIL IS EXEMPT FROM FEDERAL IN	NCOP	IE TAX UNDE	ıK			
C E/	CTION 501(C)(3) OF THE INTERNAL REVENUE COI	) F					
SEC	CITON SUI(C)(S) OF THE INTERNAL REVENUE COL	<i>)</i>					
TNI	ACCODDANCE WITHU CENTEDALLY ACCEDMED ACCOUNT	r t NiC	י ססדאורדטו ב	יכי ר	mur	COLINIC	т
TM	ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNT	LING	RINCIPLE	, ر در	IUE	COUNCI	<u>. Tr</u>
700	COLINIAG EOD LINGEDANTH ANY DOCTATONG TE ANY	λC	מבטוודסבה	110	CINC	THAT	
AC	COUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY	, Ac	KEQUIKED.		SING	IIIAI	
CII.	IDANCE, MANAGEMENT HAS DETERMINED THAT THEI	RE Z	RE NO UNCE	'בידק	דו אד	Xα	
<u>GO.</u>	IDANCE, IRANGEMENT INC DELENTINED TIME THE		ME NO CHEL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1111	
POS	SITIONS THAT QUALIFY FOR EITHER RECOGNITION	N OF	DISCLOSUR	RE II	N TH	E	
	,						
FI	NANCIAL STATEMENTS.						
				Sc	chedule	D (Form 9	90) 2009
93205 02-01	4-10						

SCHEDULEI

OMB No 1545-0047

(Form 990)			Grants and Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organization: in the United Star	s, tes		2009
Department of the Treasury		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	in answered "Yes"	' on Form 990, Pa	rt IV, line 21 or 22.		Open to Public
Internal Revenue Service				► Attach to Form 990.	m 990.			Inspection
Name of the organization	on BERKS ARTS	SCOUNCIL					Ш	Employer identification number 23-7366925
Part i General Inf	1.≿	d Assistance						
1 Does the organize criteria used to av	Does the organization maintain records to subst criteria used to award the grants or assistance?	substantiate the	amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as:	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 criteria used to award the grants or assistance?	on X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	tfunds in the Uniter	d States			
$\overline{}$	d Other Assistance to G	iovernments and	1 Organizations in th	e United States. C	Complete if the orga	anization answered ">	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	
recipient th	at received more than \$	5,000. Check this	box if no one recipie	nt received more th	າan \$5,000. Use Pເ	art IV and Schedule I-	1 (Form 990) if additional	Il space is needed 🕨 🗶
1 (a) Name and ack or gov	(a) Name and address of organization     or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	or government (b) EIN (c) IRC section (d) Amount of or government (b) EIN (c) IRC section (d) Amount of or government (e) EIN (f) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (f) IRC section (f) Method of valuation (g) Description of or gasistance or government (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpose (h) Purpo	(h) Purpose of grant or assistance
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government or	ganizations					<b>A</b> A
ا ر ا	For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	tion Act Notice,	see the Instructions	s for Form 990.				Schedule I (Form 990) 2009
932101 02-02-10				25				

23-7366925

Schedule I (Form 990) 2009 BERKS ARTS COUNCIL

| Part iii | 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.

(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 inf	de the information	n required in Part I,	line 2, and any other	formation required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: EACH YEAR,	EAR, THE		ORGANIZATION RECEIVES	ES GRANT	
MONEY THROUGH THE PENNSYLVANIA PRO	PROGRAM FOR	THE ARTS.	PROJECT	STREAM	
REGRANTS ARE DETERMINED INDIVIDUALLY	LY BASED	ON NEED	AND GRANTEE		
ORGANIZATIONS ARE APPROVED BY THE	BOARD OF	DIRECTORS	. PROGRAM	STREAM	
REGRANTS ARE DETERMINED BY THE STA	STATE. BERKS	ARTS	COUNCIL HAS	A PANEL OF	
5-6 INDIVIDUALS, CONSISTING OF ONE	PERSON	FROM EACH	OF THE COU	COUNTIES SERVED,	
A BERKS ARTS COUNCIL EMPLOYEE, AND	A	BOARD MEMBER, I	THAT SUBMIT	SUBMIT ASSESSMENT	
SCORES FROM APPLICANTS TO THE STATE,	E, WHO IN	TURN,	DETERMINES T	THE AMOUNT TO	
BE REGRANTED TO EACH RECIPIENT ORG	ORGANIZATION	· Z			
02-02-10		26			Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

BERKS ARTS COUNCIL

Employer identification number 23–7366925

BERKS ARTS COUNCIL	23-7366925
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ion:
APPRECIATION OF THE ARTS AND TO ENRICH AND ENHANCE THE QUA	LITY OF LIFE
THROUGH EDUCATION, PRESENTATION AND COLLABORATIONS WITH OT	HER ARTS
ORGANIZATIONS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PPA REGRANTS - PROJECT STREAM AND PROGRAM STREAM GRANTS TH	AT ARE
REGRANTED TO OTHER ORGANIZATIONS THROUGH THE PA PARTNERS I	N THE ARTS
RE-GRANT PROGRAM. 46 TOTAL GRANTS WERE AWARDED.	
EXPENSES \$ 85128. INCLUDING GRANTS OF \$ 85128. REVENUE	\$ 105791.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS MADE AV	AILABLE TO THE
BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIREC	TORS IS REQUIRED
TO ANNUALLY DISCLOSE ALL CONFLICTS. BOARD MEETINGS ARE HE	LD FREQUENTLY,
PROVIDING THE OPPORTUNITY FOR ITEMS TO BE DISCUSSED.	
	<del></del>
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION RECOMM	ENDATIONS ARE
MADE BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD	OF DIRECTORS.
RECOMMENDATIONS ARE BASED ON THE PERFORMANCE OF THE ORGANI	ZATION.
FORM 990, PART VI, SECTION C, LINE 18: THE DOCUMENTS ARE A	VAILABLE FOR
INSPECTION AT OUR OFFICES.	

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MAINTAINED ON FILE AT

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

Schedule O (Form 990) 2009

932211
902-03-10

#### **SCHEDULE O**

(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

Department of Internal Reven	f the Treasury ue Service		_			FOIII		► Attach	to Form	990.	normatic	<i>,</i> ,,,				Inspe	ction
Name of th	ne organiza	tion	BI	ERKS	S AI	RTS	COUN	CIL_						Emp 23	loyer id 3 – 73	dentifica 6692	tion number
THE O	RGANIZ	ΓA	ION'S	S OF	FIC	CE.											
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THERE	ARE N	10	CHANG	GES	IN	THE	OVE	RSIGH'	r PRO	CESS	FRO	4 THE	E PR	IOR	YEA	R	
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#### Form **8868**

(Rev. April 2009)

Department of the Treasury

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

OMB No. 1545-1709

internal i	Revenue Service			File a se	parate ap	plication to	r each returi	<u>1</u>				
• If yo	ou are filing for an Auto ou are filing for an Addi t complete Part II unle	itional (No	t Automatic)	3-Month Ex	ctension,	complete	only Part II	(on page 2 of this	•	m 8868.	<b>&gt;</b>	X
Part	1 Automatic	3-Mont	h Extensio	on of Time	e. Only s	submit origin	al (no copie	s needed).				
A corp	poration required to file only	Form 990-	T and reques	ting an auto	matic 6-n	nonth exten	sion - check	this box and con	nplete		<b>•</b>	
	er corporations (includi income tax returns	ing 1120-C	filers), partne	erships, REN	IICs, and	trusts must	use Form 7	7004 to request a	n exten	sion of time	•	
noted (not at you m	onic Filing (e-file). Ger below (6 months for a c stomatic) 3-month exter ust submit the fully cor rs.gov/efile and click or	corporationsion or (2 completed an	n required to ) you file Form Id signed pag	file Form 990 ns 990-BL, 6 le 2 (Part II) d	0-T). How 6069, or 8	rever, you ca 1870, group	annot file Fo returns, or a	rm 8868 electron a composite or co	ically if	(1) you war ated Form 9	nt the add 90•T. Inst	litional
Туре	Name of Exempt	Organizat	ion					• • •	Empl	oyer identi	fication r	number
print	BERKS ART	TS COU	JNCIL						2	3-7366	925	
File by to due date filing you	Number, street, a P.O.BOX	and room o		a P O. box, s	see instru	ictions.						
return S	_		ate, and ZIP of 1960	code. For a f	oreign ac	dress, see	instructions	•				
X  	c type of return to be f Form 990 Form 990-BL Form 990-EZ Form 990-PF	filed (file a	Form 990-	T (corporation T (sec. 401(a T (trust othe	on) a) or 408(	(a) trust)		Form 4 Form 5 Form 6	227 069			
	e books are in the care ephone No. ► 610-	of ▶ 20						23 - READ -898-1932		, PA 1	9603	
• If th	ne organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organization does not see organizatio	n, enter th	e organization	n's four digit	Group E	xemption N	umber (GEN	) If th				
	request an automatic FEBRUARY  is for the organization's calendar year X tax year beginn	15, 20 s return for or	011 , to fil :		ot organiz	zation return	for the orga			The extensi	on	
2	If this tax year is for les	ss than 12	months, chec	k reason:	Init	al return		Final retum		Change in a	accounting	g penod
	If this application is for nonrefundable credits.			990-T, 4720,	or 6069,	enter the te	entative tax,	less any	3a	\$		
	If this application is for			enter any ref	fundable	credits and	estimated		Ja	<u> </u>		
	tax payments made. In								3ь	\$		
	Balance Due. Subtraction deposit with FTD couper			- •	•		•					
<u> </u>	See instructions.					<del></del>			3с	\$	N,	<u>/A</u>
Cautio	on. If you are going to r	make an el	ectronic fund	withdrawal	with this	Form 8868,	see Form 8	453-EO and Form	8879-1	O for payn	nent Instru	uctions.

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

Form 8868 (Rev 4-2009)