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Form **990** Department of the Treasury Internal Revenue Service

05/16/2011 Pg 7

certified #7010 3090 0000 7948 1359 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

OMB No 1545-0047

<u> </u>	
Open to Public Inspection	1
Inspection	j
	_

	A	For the 2009 c	alendar ye	ar, or tax year beginning $07/01/09$, and ending $06/30/1$	0			
6 ==		Check if applicable Address change	Please use IRS label or	C Name of organization CULTUREWORKS INC		D Emplo	yer identification number	
2011	\Box	Name change	print or	Doing Business As		54-	6059009	
Ø		Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number	
ҫ≕	H		See Specific	1906 N HAMILTON ST	A	804	-340-5280	
\geq		Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 896,698	
MA		Amended return	tions.	RICHMOND VA 23230-4113				
يي <u>ه</u>		Application pending		and address of principal officer HN BRYAN			group return for	
W 6				O6 N HAMILTON STREET, STE A		affiliate H(b) Are all	affiliates 🗂 . 🗂 .	
STUDBE ORE	3			CHMOND VA 23230-4113		include		
	<u> </u>	Tax-exempt stat		501(c) (3) ◀ (insert no) 4947(a)(1) or 527] IT NO,	attach a list. (see instructions)	
				ICHMONDCULTUREWORKS.ORG		H(c) Group	exemption number	
<u>@</u>	K	Type of organizatio			Year of formation 1	2	M State of legal domicile VA	
	_		ummar	 				
				e organization's mission or most significant activities		-		
	Ф	TO	SUPPOR	T EXCELLENCE IN THE ARTS THROUGH FUNDING, EDUC	ATION, AND	ADVOC	ACY	
	ů	BY	SERVIC	E TO ARTS ORGANIZATIONS, ARTISTS AND SCHOOL SY	STEMS IN 7	THE CIT	Y OF	
	Ë	RIC	HMOND	AND SURROUNDING 6 COUNTIES.				
	Š	2 Check t	hıs box 🕨	\overline{X} if the organization discontinued its operations or disposed of more than 25%	of its net assets	s		
	Activities & Governance	3 Number	of voting	members of the governing body (Part VI, line 1a)		3	28	
	es	4 Number	r of indepe	ndent voting members of the governing body (Part VI, line 1b)		4	28	
	Ę.			mployees (Part V, line 2a)		5	4	
	AC	1	ımber of v		6	100		
		7a Total gr			7a			
		b Net unr	elated bus	iness taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year	
		8 Contribi	utions and	grants (Part VIII, line 1h)		2,419	894,920	
	Revenue			evenue (Part VIII, line 2g)		9,109	331/320	
	3ve	10 Investm		1,871	1,778			
	æ	11 Other re	evenue (P					
				dulines 8 through 11 (must equal Part VIII, column (A), line 12)	3,399	896,698		
				amounts paid (Rari in fip) umn (A), lines 1-3)	55	4,798	445,030	
				for members (Part IX, column (A), line 4)				
	Se	15 Salaries	s, other co	mpensation jemployee benefits (Part IX, column (A), lines 5-10)	9	0,027	204,166	
	xpenses	16a Profess		raising fees (Part-IX, column (A), line 11e)	<u></u>			
	ă		_	expenses (Part IX, column (D), line 25) ► 184, 527		2 1 4 6	201 500	
	W			Part IX, column (A), lines 11a–11d, 11f–24f)		3,146	391,500	
			-	add lines 13–17 (must equal Part IX, column (A), line 25)		7,971 5,428	1,040,696 -143,998	
	- 5		e less exp	enses Subtract line 18 from line 12	Beginning of Cui		End of Year	
	Assets or	20 Total as	sets (Par	X, line 16)		7,245	376,278	
	ASS	21 Total lia		art X, line 26)		5,836	6,332	
Ø	2	22 Net ass	ets or fun	balances Subtract line 21 from line 20	73	1,409	369,946	
Ç	<u></u>	art II S	ignatur	e Block				
SCANNED		U	nder penalt	es of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements, and	to the best of	my knowledge	
斋		l a	nd belief, it	s true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which pre			
Ö	Sig		— <u> </u>	The Boyle		د	-15.11	
<u>_</u>	He	re		e of officer	DENIM	Date		
NUL				HN BRYAN PRESI	DENT			
6 9	_		rype or	print name and title			Preparer's identifying number	
9	Pa	14	reparer's	CARLSON WOO Call Ws 05/1	C /1 1 Check	. \Box	(see instructions)	
2(eparer's	ignature	/ed ▶	P00103069			
2011		e Only	ırm's name	\cdot \cdot \bullet		EIN ▶ 20-4252216		
	_	- I If	self-employ ddress, and	Phone	804-794-8403			
	14-			11101110112/ 111 2020 0003		no		
				urn with the preparer shown above? (see instructions) work Reduction Act Notice, see the separate instructions.			Yes No	
	DA		anu rape	work neededuon not notice, see the separate matrictions.			rom 330 (2009)	

917

Form 990 (2009) CULTUREWORKS	INC	54-6059009	Page 2
	n Service Accomplishment	· · · · · · · · · · · · · · · · · · ·	- Tugo -
	E IN THE ARTS THE PRGANIZATIONS, ART	ROUGH FUNDING, EDUCATION	
2 Did the organization undertake any sig	nificant program services during the	e year which were not listed on	
the prior Form 990 or 990-EZ? If "Yes," describe these new services of	on Schedule O		Yes X No
3 Did the organization cease conducting services?	, or make significant changes in hov	v it conducts, any program	Yes X No
	ments for each of the organization's zations and section 4947(a)(1) trust	three largest program services by expenses. is are required to report the amount of grants and gram service reported	d
CITY OF RICHMOND, CF THESE FUNDS WERE ALI MEMBER ORGANIZATIONS	ESTERFIELD COUNTY OCATED FOR GENERA C. ARTS AND CULTU THORIZED TO ADMIN	A COMBINED TOTAL OF \$42 Y, HANOVER COUNTY, AND H AL OPERATING SUPPORT TO URE FUNDING CONSORTIUM I UISTER THE COMBINED PUBL	26,030 FROM THE HENRICO COUNTY. THE FULL S THE ONLY
IN THE RICHMOND REGI	ON, CULTUREWORKS	E 100+ ARTS AND CULTURE ESTABLISHED A GRANTS PF TED JUNE 30, 2010, DIST	ORGANIZATIONS OGRAM AND
PERFORMING ARTS INTO PARTICIPATING SCHOOI THE METROPOLITAN RIO	THE K-12 CURRICU S, ARTISTS, ARTS CHMOND AREA. IN C	rants of \$) (Rever INTEGRATE THE VISUAL AN JLUM THROUGH PARTNERSHIE ORGANIZATIONS, AND THE OCTOBER 2009, PARTNERS IND SCHOOL OF CONTINUING	ND THE PS AMONG COMMUNITY IN IN THE ARTS WAS
4d Other program services (Describe in) (Pariania 6	`
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 470,150) (Revenue \$	

Pi	art 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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	Х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		i	
Ī	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 related in Part X, line 15 that is 5% or more of its total assets			
Ī	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			1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			İ
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D. Parts XI. XII. and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
l4a	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		Χ
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			- <u></u> -
. •	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Elember of the state of the sta		-000	(0000)

<u> </u>	art W 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			37
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			3.7
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			3.7
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	\rightarrow	
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		<u>X</u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		i	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	\longrightarrow	<u>X</u>
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		<u>X</u>
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?			
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		1
	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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
С	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		<u>X</u>
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			3.7
	conservation contributions? If "Yes," complete Schedule M	30	-	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1.7
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		v	
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34		Х
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		Х
	Schedule R, Part V, line 2	33		- 21
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		Х
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,	37		Х
36	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	-~		
38	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	10 - 110to, 1 m 1 otti 000 ilicio dio reggliod to complete deriodello d			

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	I		-		
	'U.S. Information Returns. Enter -0- if not applicable	1a	6_			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				_
	gaming (gambling) winnings to prize winners?			1c		Χ
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	4			~ -
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			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					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	<i>'</i>				-
	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>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				v
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:	1-				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	K				
e -	and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	.2		5a 5b		X
þ	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			36		
С	Prohibited Tax Shelter Transaction?	'9		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			"		
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			6Ь		
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 good	is				_
	and services provided to the payor?			7a		
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				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			76		
٥	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	-	-
9	Sponsoring organizations maintaining donor advised funds.			۲		
а	Did the organization make any taxable distributions under section 4966?			9a	-	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	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		<u> </u>		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	1	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		L	<u> </u>	<u> </u>

Form 990 (2009) CULTUREWORKS INC

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			
			Yes	No
1a	Enter the number of voting members of the governing body]		
b	Enter the number of voting members that are independent			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	ļ		
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Χ	
11a	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		Χ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Χ_
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	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	Ì .		
	with a taxable entity during the year?	16a		Χ_
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA		_	
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 Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CULTUREWORKS INC 1906-A NORTH HAMILTON STREET			
R	J	-34	0-5	281

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

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	opły)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
BROOKS M SMITH	4 00									_
BOARD CHAIR	1.00	X						0	0	C
STEVE ALLRED	1 00	١:								
BOARD MEMBER	1.00_	X		-				0	0	С
JOHN F BERRY, JR	1 00	١,,							0	
BOARD MEMBER	1.00	Х						0	0	C
DAVID B CAMPBELL	1 00	١,,								
BOARD MEMBER	1.00	Х				-		0	0	C
REJENA CARRERAS	1 00	\ _V							0	_
BOARD MEMBER	1.00	X		-				0	0	C
MICHAEL CHAPMAN	1.00	X						ol	0	
BOARD MEMBER DAVID A CHRISTIAN	1.00	1			-			<u> </u>	U	
BOARD MEMBER	1.00	X						ol	0	C
BAN DACUS	1.00	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			-	-				
BOARD MEMBER	1.00	X						ol	0	C
DAVID J FAIRCHILD	1.00	1				\vdash			0	
BOARD MEMBER	1.00	X				1		ol	0	C
GORDON W FRUETEL		1					_		<u> </u>	
BOARD MEMBER	1.00	X						ol	0	(
LENITA GILREATH										
BOARD MEMBER	1.00	X						0	0	(
TAMMY D HAWLEY								1 - 11		
BOARD MEMBER	1.00	X						0	0	(
SCOTT HORCHLER								·-		
BOARD MEMBER	1.00	X						0	0	(
ADELE JOHNSON									· =-	
BOARD MEMBER	1.00	X						0	0	(
PETRINA JONES										
BOARD MEMBER	1.00	X		<u> </u>	<u> </u>			0	0	(
MAY-LILY LEE										
BOARD MEMBER	1.00	X			L.	$oxed{oxed}$		0	0	(
WILLIAM LUKE										
BOARD MEMBER	1.00	X		l	l		l	l ol	0	

Part VII Section A. Officers	, Directors, Trus	stees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)				
` (A) `Name and Title	(B) Average hours per	Pos		(chec	C) k ali t	hat a		(D) Reportable compensation	(E) Reportable		(F) Estimat	ted	
•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	c :	amount other ompens from the organization and relating	r ation he ation ated	
CHARLOTTE MINOR BOARD MEMBER	1.00	Х						0	0				
TYRONE E NELSON BOARD MEMBER	1.00	Х						0	0				
JOAN OATES BOARD MEMBER	1.00	Х						0	0				(
CHARLES D PIPER BOARD MEMBER	1.00	Х						0	0				····· (
	ORTO 1.00	X						0	0				(
JAMES A ROTHROCK	1.00	X							**				
BOARD MEMBER KIM SCHEELER		ļ						0	0				(
BOARD MEMBER LISA SIMS	1.00	X						0	0			-	
BOARD MEMBER GEOFFREY SISK	1.00	X						0	0				
BOARD MEMBER BROCK VAUGHN	1.00	X						0	0				
BOARD MEMBER MIKE FALZONE TREASURER	1.00	X		Х				0	0				
INDASONDIN	1.00			Λ				0	U				
Total Total number of individuals (increportable compensation from	•		to th	ose l	istec	l abo	► ve) v	who received more than \$10	00,000 in				
3 Did the organization list any for	rmer officer, dired	ctor c	or tru	stee.	kev	emp	love	e, or highest compensated		٦	-	Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Schedu 1a, is the sum o	ıle J f repe	for so	uch i	ndıvi	dual nsat	ion a	and other compensation from		-	3		X
the organization and related or individual 5 Did any person listed on line 1:							•	•	ich	-	4		X
services rendered to the organ Section B. Independent Contract	ization? If "Yes,"										5	į	Χ
Complete this table for your five compensation from the organization.	e highest compei	nsate	ed inc	depe	nder	t cor	ntrac	tors that received more that	n \$100,000 of				
	(A) I business address							Descrip	(B) tion of services		Con	(C) npensat	non
									· · · · · · · · · · · · · · · · · · ·				
													
	-						_		·	\longrightarrow			
2 Total number of independent of	contractors (include	dina l	- tut	ot tur	nted	to th	nse	listed ahove) who received		\longrightarrow			
more than \$100,000 in compe											.0	990	(000)

<u>, Pa</u>	rt V	III Statement of Reve	nue					
		•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated campaigns	1a			10701140		312, 313, 01 314
in the	Id							
ge	D	Membership dues	1b					
ts, an	С	Fundraising events	1c					
jgi	d	Related organizations	1d					
S.E	е	Government grants (contributions)	1e	496,673				
tio F	f	All other contributions, gifts, grants,						
亞美		and similar amounts not included above	1f	398,247				
da	g	Noncash contributions included in lines 1a-	<u> </u>	-				
SE	9	Total. Add lines 1a–1f	¥	•	894,920			
Program Service Revenue Contributions, gifts, grants	- ''	Total. Add lines 1a-11			0,54,520			
ž				Busn. Code				
eve	2a						<u> </u>	
8	b							
ķ	С							
Sen	d							
E								
gra		All other program service reven	W 10					
Pro	,	Total. Add lines 2a–2f	ide	•		• -		
				-				
	3	Investment income (including d	ividenas, intere	est, and	1 770	1 770		
		other similar amounts)			1,778	1,778	_	
	4	Income from investment of tax-	exempt bond p	roceeds 🕨 📙				
	5	Royalties		•			· ·	
		(ı) Real	(11)	Personal				
	6a	Gross Rents						
	b	Less rental exps						
	C	Rental inc or (loss)						
	_	Net rental income or (loss)	<u> </u>					÷
	d 7a	Gross amount from (i) Securities		ıı) Other				
		sales of assets	'	ii) Otilei				
		other than inventory						
	Ь	Less cost or other		1				
		basis & sates exps						1
	С	Gain or (loss)				_		
	d	Net gain or (loss)		•				
	8a	Gross income from fundraising even	ıts				Ÿ	
nue		(not including \$						
le/		•						
Re.		of contributions reported on line 1c)						
Other Reve		See Part IV, line 18	a					'
돌		Less direct expenses	b					-
	С	Net income or (loss) from fundr	aising events	>			<u>.</u>	
	9a	Gross income from gaming activities	S.	ĺ				
		See Part IV, line 19	a					
	b	Less direct expenses	b					
,		Net income or (loss) from gami	ng activities	•				
	l .	Gross sales of inventory, less						
	iva							'
		returns and allowances	a				İ	
		Less cost of goods sold	ь			-		-
	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Busn. Code	ļ			
	11a							
	b							
	c							
	d	All other revenue			· · · · · · · · · · · · · · · · · · ·		_	,
	1	Total. Add lines 11a–11d						
	42	Total Revenue. See instruction	26	[]	896,698	1,778	0	0
		TOLAL NEVELLAR, SEE HISH ACCION	13.		0,00,000	1,110	U	

Form 990 (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the U.S. See Part IV, line 21	445,030	445,030		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	170,436		58,928	111,508
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	20,219	1.12	19,406	813
10	Payroll taxes	13,511		4,866	8,645
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	21,887		18,166	3,721
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	20,903		17,265	3,638
12	Advertising and promotion				
13	Office expenses	9,727		8,074	1,653
14	Information technology				
15	Royalties				
16	Occupancy	12,965		10,761	2,204
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.050			
19	Conferences, conventions, and meetings	13,952		11,580	2,372
20	Interest				
21	Payments to affiliates	0.5.0		0.5.0	
22	Depreciation, depletion, and amortization	858		858	000
23	Insurance	5,421		4,499	922
			İ		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		ł		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	252,061		219,701	32,360
a	BAD DEBT	25,120	25,120	219,701	32,300
b	GRANTS TO ORG UNDER 5,000	15,789	23,120	3,105	12,684
ب 2	COMPUTER/WEBSITE	6,780		2,773	4,007
d	MARKETING	6,037		6,037	4,007
0	DUES	0,037		0,037	
f 25	All other expenses	1,040,696	470,150	386,019	184,527
25	Total functional expenses. Add lines 1 through 24f	1,040,030	410,130	300,019	104,321
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				
DAA	iditoraloning oblicitation	<u> </u>			Form 990 (2009)

<u>Part</u>	X Balance Sheet			(A)		(B)
				Beginning of year		End of year
11	Cash—non-interest bearing			497 , 981	1	371,162
2	Savings and temporary cash investments				2	-
3	Pledges and grants receivable, net		209 , 656	3	2,557	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors,					
	employees, and highest compensated employees Com	-				
	Schedule L				5	
6	Receivables from other disqualified persons (as defined	l under section				
	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			-	
,	Part II of Schedule L				6	
7 8	Notes and loans receivable, net		L		7	
8 8	Inventories for sale or use		L		8	
t 9	Prepaid expenses and deferred charges			4,124	9	
10	a Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a 3	2 , 275		_	
	Less accumulated depreciation	10b 3	2,060	1,067	10c	215
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			54,417	15	2,344
16	Total assets. Add lines 1 through 15 (must equal line 3	4)		767,245	16	376,278
17	Accounts payable and accrued expenses			35,836	17	4,019
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
ဂ္ဂ 21	Escrow or custodial account liability. Complete Part IV of	of Schedule D			21	
5	employees, highest compensated employees, and disqu	ualified				
2	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	d parties			23	-
24	Unsecured notes and loans payable to unrelated third p				24	
25	Other liabilities Complete Part X of Schedule D				25	2,313
26	Total liabilities. Add lines 17 through 25			35,836	26	6,332
٥	Organizations that follow SFAS 117, check here ▶	X and		•		
2	complete lines 27 through 29, and lines 33 and 34.				ŀ	
ğ 27	Unrestricted net assets			157,814	27	140,129
28	Temporarily restricted net assets			573,595	28	229,817
2 29	• •				29	
27 28 29 29	Organizations that do not follow SFAS 117, check h	ere 🕨 🗌		<u>' </u>		
-	and complete lines 30 through 34.					
30 31 32 33 34 34	<u>-</u>				30	
31	• • • • • • • • • • • • • • • • • • • •	nt fund			31	
2 32	, , , , , , , , , , , , , , , , , , , ,				32	
ร์ 33 ส์ 33				731,409	33	369,946
34				767,245		376,278

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b_	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			•
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	<u>-</u>		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CULTUREWORKS INC

Employer identification number 54-6059009

Pa	ırt l	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this p	art.) S	ee ins	tructic	ns.		
he o	organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)												
1	\Box	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and state												
5													
	section 170(b)(1)(A)(iv). (Complete Part II)												
6					tion 170(o)(1)(A)(v).						
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
•	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	\Box			70(b)(1)(A)(vi). (Complete Part II)								
9	H	•) more than 33 1/3 % of its suppo		ntributions	s. memb	ership fe	es. and	aross			
	Ш			pt functions—subject to certain ex									
				d unrelated business taxable inco									
			•), 1975 See section 509(a)(2). (,						
10	\Box		•	exclusively to test for public safety	-		a)(4).						
11	П	•	•	exclusively for the benefit of, to pe				carry ou	t the				
		-	_	ed organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes ti	ne type of supporting organization	and com	plete lines	11e thr	ough 11	h				
		a Type	I b Type II	c Type III–Functiona	ally integra	ted	d	Тур	e III-Oth	ner			
е		By checking the	his box, I certify that the orga	anization is not controlled directly	or indirect	ly by one	or more	disquali	fied				
		persons other	than foundation managers	and other than one or more public	cly suppor	ted organi	zations	describe	d in sec	tion			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written dete	rmination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	ion accepted any gift or contributi	on from ai	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly co	ntrols, either alone or together wi	th persons	descnbe	d in (ii)					Yes	No
		and (III) b	elow, the governing body of	f the supported organization?							11g(i)		L
		(iı) A famıly	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	lescribed in (i) or (ii) above?							11g(ıii)	
h		Provide the f	ollowing information about th	ne supported organization(s)									
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	-		ou notify		s the	(viı) Am		
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?	the organ	nization in of your	organızat	on in coi	sup	port	
				(see instructions))	governing	document		oort?		5?			
					Yes	No	Yes	No	Yes	No			
					-								
					+		<u> </u>						
											1		
											<u>.</u>		_
					 		<u> </u>			<u> </u>			
				 	†								
Γota	ıl					İ					<u></u>		

CCC	tion A. Public Support				_		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	119,764	89,962	109,770	382,419	457,232	1,159,147
2	Tax revenues levied for the organization'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	119,764	89,962	109,770	382,419	457,232	1,159,147
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,159,147
	ion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	119,764	89,962	109,770	382,419	457,232	1,159,147
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,846	4,318	4,611	1,871	1,778	14,424
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	542		1,000			1,542
11	Total support. Add lines 7 through 10						1,175,113
12 13	Gross receipts from related activities, etc. (a First five years. If the Form 990 is for the control of the control of the first five years.)	•	acond third fourth	or litth toy your on	a saction E01/a)/3	12	1,778
13	organization, check this box and stop here	-	econa, mira, ioarm,	or militax year as	a section 50 f(c)(5)	1	▶ □
Sect	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,)		14	98.64%
15	Public support percentage from 2008 Schei			,		15	98.10%
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33 1/	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	s a publicly supporte	ed organization				ightharpoons
b	33 1/3 % support test—2008. If the organi	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3 % or more,	check this	
	box and stop here. The organization qualif	ies as a publicly sup	ported organization				▶ _
17a	10%-facts-and-circumstances test—2009 more, and if the organization meets the "facts-and-circumstance the "facts-a	cts-and-circumstance	es" test, check this	box and stop here	. Explain in Part IV		> [
b	10%-facts-and-circumstances test—2006 more, and if the organization meets the "fac						
18	organization meets the "facts-and-circumst Private foundation. If the organization did	ances" test. The orga	anızatıon qualıfies a	is a publicly suppor	rted organization		. [

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sac	tion A. Public Support	scred the box_	OII IIIIE 5 OI FA	IC 1. <i>)</i>			
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
oui	endar year (or notar year beginning in) P	(a) 2003	(5) 2000	(6) 2007	(d) 2000	(6) 2003	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				ļ <u>.</u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		,		- :-
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	
С	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,						
	and 12)	L		<u> </u>			
14	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,			(f))		15	
16	Public support percentage from 2008 Sche					16	<u> </u>
Sec	tion D. Computation of Investmer					- 1	-γ
17	Investment income percentage for 2009 (lir			column (f))		17	
18	Investment income percentage from 2008						3 %
19a	33 1/3 % support tests—2009. If the orga						. [
_	17 is not more than 33 1/3 %, check this bo		=		-		▶ [
b	33 1/3 % support tests—2008. If the orga						⊾ 「
	line 18 is not more than 33 1/3 %, check th		=			=	
20	Private foundation, If the organization did	not check a box of	ıı iine 14. 19a. of 1	SO. CHECK THIS DOX	and see instruction	S	▶

Schedule A (Form 990 or 990-EZ) 2009 CULTUREWORKS INC

<u>54-6059009</u>

Page 4

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

PART II, LINE 10 - OTHER INCOME DETAIL

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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

Open to Publica

Name of the organization Employer identification number CULTUREWORKS INC 54-6059009 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 1 2 Aggregate contributions to (during year) Aggregate grants from (dunng year) 4 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure 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 Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) 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 the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 CULTUREWO	RKS INC		<u>54</u> -60)59009	Page 2
_Pa	art III Organizations Maintaining	Collections of Art,	Historical Treasu	ures, or Other S	imilar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply).	, and other records, che	ck any of the following	that are a significant	use of its	
а	Public exhibition	d 🗌 Loai	n or exchange program	ns		
b	Scholarly research	e Othe	er			
С	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV	ctions and explain how t	they further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, I e maintained as part of t	nistorical treasures, or the organization's colle	other similar ction?		Yes No
Pa	Irt IV Escrow and Custodial Arra IV, line 9, or reported an am	•	_	tion answered "	Yes" to Form 9	90, Part
	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?	or outlot another diary to		400010 1101		Yes No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	ı table			
_	Too, oxplain the arrangement in the arrangement are		,			Amount
_	Beginning balance				1c	7 11110 0111
	Additions during the year				1d	
					1e	
e	Distributions during the year				16	
1	Ending balance	n 000 Dark V line 212			<u> </u>	
	Did the organization include an amount on Forr	11 990, Part A, line 217				∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Comple	te if organization a	newered "Vee" to	Form 990 Pad	1\/ line 10	-
<u></u>	it v Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back
4-	Daniel and Adams of the Adams o	(a) Current year	(b) Filol year	(c) Two years back	(u) Three years bac	(e) Four years back
ıa	Beginning of year balance					
D	Contributions			 		
С	Net investment earnings, gains,					
	and losses				 	
	Grants or scholarships			<u></u>		
е	Other expenditures for facilities	1		}		
	and programs					
f	Administrative expenses				· -	
g	End of year balance				<u> </u>	
2	Provide the estimated percentage of the year e					
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► %					
	Term endowment ► %					
3a	Are there endowment funds not in the possessi	on of the organization th	at are held and admini	stered for the		r
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations li	sted as required on Scho	edule R?			3b
4_	Describe in Part XIV the intended uses of the o					
_Pa	art VI Investments—Land, Buildir	<u>ıgs, and Equipmer</u>				
	Description of investment	(a) Cost or other basis		1	cumulated	(d) Book value
		(investment)	basis (other) dep	reciation	
1a	Land		_			
b	Buildings					
С	Leasehold improvements					
d	Equipment		32	,275	32,060	215
	Other					
	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, col	lumn (B), line 10(c))		▶	215

otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>
Part X Other Liabilities. See Form 990, Part X, line 25.	

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2,313

1 (a) Description of liability (b) Amount

Federal income taxes
PAYROLL LIABILITIES 2, 313

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 CULTUREWORKS INC 54-605900	9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	896,698
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,040,696
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-143,998
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	10	-143,998
	irt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements	1	896,698
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	896,698
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0307030
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	.	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	896,698
	irt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro		
1	Total expenses and losses per audited financial statements	1	1,040,696
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	$\neg $	2/010/050
- a	Donated services and use of facilities 2a	.	
	Prior year adjustments 2b	.	
	Other losses 2c	.	
	Other (Describe in Part XIV)	.	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,040,696
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		170107050
-	Investment expenses not included on Form 990, Part VIII, line 7b	.	
	Other (Describe in Part XIV)	.	
	Add lines 4a and 4b	4c	
5		5	1,040,696
	art XIV Supplemental Information		170107035
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
riis p	part to provide any additional information		
-			
			_

Schedule D (F	orm 990) 2009	CULTUREWORKS II	NC	54-605	9009 Pa	ge t
Part XIV	Supplemen	tal Information (continue	ed)			
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Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

CULTUREWORKS INC

Employer identification number

54-6059009

Open to Public OMB No 1545-0047 Inspection

ŝ × Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 68,773 11,316 6,206 5,110 9,126 42,155 7,666 35,043 29,932 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section of applicable × × × × × × 54-6059009 54-0943670 52-1354117 51-0220694 52-1114884 54-0343050 54-6049848 52-1218344 54-1633907 (b) EIN the selection criteria used to award the grants or assistance? 23219 23223 23219 23230 23220 23219 23219 VA 23260 23230 (a) Name and address of organization 1914-1916 EAST MAIN STREET ۷A ۷A ۷A ٨ ۷A ۷A VA COUNCIL OF RICHMOND 1101 EAST MARSHALL STREET or government 1601 WILLOW LAWN DRIVE 1906-A HAMILTON STREET 2626 WEST BROAD STREET 101 EAST BROAD STREET CANAL STREET SOCIETY BLACK HISTORY MUSEUM NEW VIRGINIA REVIEW BARKSDALE THEATRE CHILDREN'S MUSEUM ELEGBA FOLKLORE RICHMOND BALLET 00 CLAY STREET 25723 JAZZ POE MUSEUM RICHMOND P.O. BOX 407 EAST RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

05/16/2011 Pg 31

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 54-6059009 Schedule I (Form 990) 2009 CULTUREWORKS INC Part III

05/16/2011 Pg 32

	(e) Method of valuation (book, (f) Description of non-cash assistance	,					provide the information required in Part I line 2 and any other additional information
	(e) Method of valuation (b	FMV, appraisal, other)					1 line 2 and any other
ed.	(d) Amount of	non-cash assistance					ation required in Part
onal space is neede	(c) Amount of	cash grant					provide the informa
1 (Form 990) if additi	(b) Number of	recipients					Complete this part to
Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Type of grant or assistance						Supplemental Information Complete this part to
) 			:	!		Dar IV

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 54-6059009

(h) Purpose of grant or assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (b) Method of valuation assistance code. 54,389 33,759 17,886 53,200 16,426 7,000 35,043 54-6024033 54-0721433 51-0159357 54-0505967 54-0419452 54-0985006 (p) EIN CULTUREWORKS INC i 1 1 ١ ١ ١ İ I I ١ ١ 23220 23298 23220 23220 23219 1 l Į ŀ (a) Name and address of organization ı 1 1 ı ۱۶ ΚV ١ 1 4 VIRGINIA HISTORICAL SOCIETY ۱₹ ı I 1 ١ 612 EAST GRACE STREET #401 ١ 300 WEST FRANKLIN STREET 1 Ī Ī or government 428 NORTH BOULEVARD 1015 EAST CLAY STREET _1812_WEST MAIN_STREET I 1 ١ ١ I __114 WEST_BROAD_STREET VISUAL ARTS CENTER I I ١ ١ RICHMOND SYMPHONY VALENTINE MUSEUM ı 1 ١ I 1 Name of the organization VIRGINIA OPERA ١ ١ 1 ١ 1 UNDER 5,000 THEATRE IV 1 ١ ١ RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND RICHMOND I ı ١ ١ Part I I ١ ١ ١

Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to individual	P Assistance to Indiv	iduals III the Officea Sta	is in the Onited States (Schedule I (FOITH 990), Fait III)	1 990), Part III.)	
	(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
					Li F i i i i i i i i

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SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

CULTUREWORKS INC

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

54-6059009

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line ŝ tax-exempt) or type (g) IRC section of recipient(s) (if Yes of entity (f) Name and address of recipient (e) EIN of recipient asset(s) distributed or transaction expenses determining FMV for (d) Method of 36. Use Schedule N-1 if additional space is needed. (c) Fair market value of asset(s) distributed or amount of transaction expenses (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid Part

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

Schedule N (Form 990 or 990-EZ) 2009

2p 2a

2c **2**q

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

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54-6059009

CULTUREWORKS INC

Schedule N (Form 990 or 990-EZ) 2009	CULTUREWORKS INC	ORKS INC		54-(54-6059009		Page 2	2
ern	ination, or D	issolution (contin	ned)					
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	ted all of its asse	ets during the tax year,	then Form 990, Part	X, column (B) should	equal -0-	٠,۶	Yes No	اہ
3 Did the organization distribute its assets in accordance with its governing in a continuous solution.	s assets in accor	dance with its governii	ng instrument(s)? If "i	nstrument(s)? If "No," describe in Part III		3	•	
4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?	receive a letter fr	om the IRS that the or	ganization's exempt	status was terminated?		4a		
	letter ▶	Attach a cc	py of the letter and,	if applicable, the organ	Attach a copy of the letter and, if applicable, the organization's request for the letter			Ì
5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	otify the attorney	general or other appro	opriate state official o	fits intent to dissolve,	iquidate, or terminate?	5a		ı
b If "Yes," did the organization provide such notice?	vide such notice	Ç				2p		1
6 Did the organization discharge or pay all liabilities in accordance with state laws?	or pay all liabilitie	s in accordance with si	tate laws?			9		ı
7a Did the organization have any tax-exempt bonds outstanding during the year?	x-exempt bonds	outstanding during the	year?			7а		
	אר defease tax-ex	empt bond liabilities in	accordance with the	Internal Revenue Cod	le and state laws?	1b		
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III	the organization	defeased or otherwise	settled these liabiliti	es If "No," explain in F	Part III			
Part II Sale, Exchange, Di	isposition, c	or Other Transfer	of More Than 24	5% of the Organiz	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered	tion answ	ered	
Yes To Form 990,	Part IV, IINE	3 22, OF POLITI 99U	-EZ, IINE 30. US	e ochedule IV-1 II	Yes to Form 990, Part IV, line 32, or Form 990-EZ, line 30. Ose Schedule IV-1 if additional space is needed.			Γ
1 (a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of	ection of	
distributed or transaction	distribution	asset(s) distributed or	determining FMV for			recipient(s) (if	t(s) (f	
expenses paid		amount of transaction	asset(s) distributed or			tax-exempt) or type	t) or type	
					UNIVERSITY OF RICHMOND			I
CASH	09/15/09	217,465	CASH	54-0505965	RICHMOND VA 23173			П
								Γ'
 Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization? Become an employee of, or independent contractor for, a successor or transferee organization? 	rustee, or key en a successor or tr	nployee of the organizarion?	ation: ? transferee organizat	ion?		 	Yes ×	ا ا اه ا
 Become a direct or indirect owner of a successor or transferee organization? Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 	er of a successo compensation or	or transferee organizary other similar payment	ation? is as a result of the o	rganization's significan	t disposition of assets?	2c 2d	××	
e if the organization answered ite	es to any or the	לתפסונס זון ניוס זוויפי ל			Schedule N (Form 990 or 990-EZ) 2009	n 990 or 990	-EZ) 200	18

Schedule N (Form 990 or 990-EZ) 2009

CULTUREWORKS INC

54-6059009

Page 3

Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e, and any additional information.

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.

OMB No 1545-0047

2009

Openito Publica

Department of the Treasury Internal Revenue Service

Name of the organization

CULTUREWORKS INC

Employer identification number 54-6059009

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD TREASURER AND EXECUTIVE DIRECTOR REVIEW. AUDIT WAS REVIEWED BEFORE
ENTIRE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury Internal Revenue Service **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return

OMB No 1545-0172 2009

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Name(s) shown on return Identifying number CULTUREWORKS INC 54-6059009 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 858 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property placed in (e) Convention (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property S/L h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM 39 vrs S/L Nonresidential real property MM Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs b 12-year S/L MM S/L 40 yrs 40-year Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 858 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs