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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.

OMB No 1545-0047

Open to Public Inspection

-	A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
Ī	Вс	heck if	Please C Name of organization	D Employer identifi	cation number
	aį	pplicable	use IRS		
		Addres change	print or THE ARTS COUNCIL OF MOORE COUNTY, INC.		
		Name change	type	56-1	083785
]Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	r
		Termin ated	Specific PO BOX 405	910-	692-4356
		Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>622,630.</u>
		Application	SOUTHERN FINES, NC 20300	H(a) Is this a group re	
		pendin	F Name and address of principal officer.	for affiliates?	Yes X No
-			SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
			mpt status X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527	· ·	list. (see instructions)
			e: ► WWW.ARTSCOUNCIL-MOORE.ORG	H(c) Group exemptio	
ľ				Year of formation: 1973 N	A State of legal domicile: NC
l	Pa	rt I	Summary	COIDIGIT OF W	OODE COIDING
	ဗွ		Briefly describe the organization's mission or most significant activities: THE ARTS		
	Activities & Governance		ENCOURAGES ALL EXISTING CULTURAL AND EDUCATI	•	
	Veri		Check this box if the organization discontinued its operations or disposed of r	3	17
	Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	త		Total number of employees (Part V, line 2a)	5	6
	itie		Total number of volunteers (eart v, line za) Total number of volunteers (estimate if necessary)	6	15
	χiν		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	Ä		Net unrelated business taxable income from Form 990-T, line 34	. <u>7a</u> 7b	<u> </u>
-		-	Net unreated business taxable mounts north out 1, and 04	Prior Year	Current Year
	•	8	Contributions and grants (Part VIII, line 1h)	149,857.	128,404.
	Revenue		Program service revenue (Part VIII, line 2g)	520,547.	454,564.
	eve		investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,218.	10,144.
	Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,965.	1,584.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	687,587.	594,696.
•		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,703.	13,055.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	142,613.	132,234.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	χb	b	Total fundraising expenses (Part IX, column (D), line 25)		
	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	528,591.	497,790.
			Total expenses Add lines 13-17 (must equal Part 深.@@面(4),距@25)	687,907.	643,079.
	Lσ	19	Revenue less expenses. Subtract line 18 from line 12	<320.	
	Assets or Balances		Total assets (Part X, line 16) Total liabilities (Part X, line 26) FEB 07 2011	Beginning of Current Year	End of Year
\equiv	Sse Bala	1	Total assets (Part X, line 16)	485,758. 81,857.	523,037. 141,332.
20		i		81,857. 403,901.	381,705.
F	Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 N. UT	403,301.	301,703.
اھ			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	ge and belief, it is true, correct,
MAR			and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
\geq	Sigr	า	Laus On	1-31-	· / I
	Her		Signature of officer C	Date	
블			Chris Dunn, Executive Director		
Ž.			Type or print name and title	Tobard 6	
SCANNET	Paid	ı	Preparer's Date	self- (see in:	er's identifying number structions)
Ŵ		arer's	Signature V 101 DEN THOMASSON & LONGEELLOW DC		
		Only	yours if HOLDEN, INCHASSON & LONG! ELLIOW, FC	EIN ►	
		•	self-employed), address, and address, and COUTTHERN PINES, NC 29397	Dhana na 🕨 /	010\602 7210
	h A	, +b = 15	SOUTHERN PINES, NC 28387	Phone no.	910)692-7219 / X Yes
		1 02-0	RS discuss this return with the preparer shown above? (see instructions) 4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions 115—	Form 990 (2009)
	3 320	U 1 UZ-U			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2009) rt III Statement of	THE ARTS C	OUNCIL OF	MOORE COUNTY	, INC. 5	6-1083785	Page 2
1	Briefly describe the org	anization's mission.					
	SUPPORT, PROM COUNTY	MOTE AND DEV	ELOP ARTS	AND ARTS EDU	CATION THROU	GHOUT MOOR	<u>E</u>
						-	
2	Did the organization un the prior Form 990 or 9 If "Yes," describe these	90-EZ?		during the year which wer	e not listed on	Yes	X No
3		ase conducting, or mal	ke significant chanç	ges in how it conducts, ar	y program services?	Yes	X No
4	Section 501(c)(3) and 5	01(c)(4) organizations	and section 4947(a	nization's three largest pro)(1) trusts are required to each program service rep	report the amount of gra		
4a	THE ARTS COU	RE COUNTY BY	RE COUNTY OFFERING	ncluding grants of \$ HAS "ARTFULL A WIDE VARIE	TY OF PROGRA	THE QUALIT	292.) Y OF
	PERFORMING,	VISUAL, AND	LITERARY	ARTS TO ALL	MOORE COUNTY	CITIZENS.	
					·		
4b	(Code:) (Expenses \$	ır	ncluding grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$	ır	ncluding grants of \$) (Reve	nue \$)
4d	Other program services (Expenses \$		e O) grants of \$) (Revent	ле \$)	
4e	Total program service	expenses > \$	462,65	7.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		l	
	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	l		
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u> </u>
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	ŀ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ. <u>. </u>	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		١	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			7,
	If "Yes," complete Schedule D, Part V	10	 -	<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	١	\ ₃₂	
	as applicable	11	X	
•	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	Ι`		
_	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			
Ī	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
	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	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1,5
	complete Schedule G, Part III	19	 	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990 (
		Form	33U (ZUU9)

Pa	rt IV 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	Х	
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			
	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			
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
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
G		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
25a		25a		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	234		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
	Schedule L, Part I	25b		┢┻
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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			x
	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	1	-13	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		· •
	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			v
	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		X
34	Was the organization related to any tax-exempt or taxable entity?			.,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1,,
	If "Yes," complete Schedule R, Part V, line 2	35	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form 990 (2009)

THE ARTS COUNCIL OF MOORE COUNTY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 56-1083785 Page 5 Voc No

				res	140
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 35	1		
	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	<u>1b</u> 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	_	37	
	(gambling) winnings to prize winners?	1	1c	X	
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 6	1	1,7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		_		77
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	a by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:	2l			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign I	sank and			
	Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-t0	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		^
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	raing Pronibitea			
_	Tax Shelter Transaction?	o organization adjust	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	le organization solicit	6-		x
	any contributions that were not tax deductible?	ione or aifte	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or girts	6b		
_	were not tax deductible?	•			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			-
а	provided to the payor?	goode and convicto	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	· -		
Ŭ	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d		,	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		l
-	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				ļ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc				
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
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:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
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:	1 1			
	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	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	000	(0000
			Form	990	(2009)

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				
		•		Yes	No_
1a	Enter the number of voting members of the governing body		<u>L 7</u>		
b	Enter the number of voting members that are independent	b 1	<u>L 7</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith 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 d	irect supervision		1	
	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	ers of the			
	governing body?		7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ring the year			
	by the following:				
а	The governing body?		8a	X	
b	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	ed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	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 characteristics.	apters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	the form?	11	X	ļ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			- 371	'
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	ļ	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
	to conflicts?		12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe			
	in Schedule O how this is done		12c		37
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval by	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45.	-	v
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	nt with a			
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	ii wiiii a	16a	-	x
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the content of	to its narticination	104		
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organi				
	exempt status with respect to such arrangements?	zation o	16b	-	
Sec	tion C. Disclosure		1 100		
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5	01(c)(3)s onlv) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply.	· // //			
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	flict of interest policy	, and fina	ıncıal	
	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 organ	ization.	_	
	CHRIS DUNN - 910-692-4356				
	482 E. CONNECTICUT AVE., SOUTHERN PINES, NC 28387				

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)	<u>,</u>		((,	,,,,,	(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per	H	neck	all	hat	app	ly)	compensation from	compensation from related	amount of other
	week	ndividual trustee or director						the	organizations	compensation
		e or di	tee			Highest compensated employee		organization	(W-2/1099-MISC)	from the
		truste	al trus		yee	uad mu		(W-2/1099-MISC)		organization
		ndual	nstitutional trustee	55	Key employee	lest co	je l			and related organizations
		Indi	instr	Officer	Key	돌	Former			organizations
BOB ALLI										
BOARD MEMBER	2.00	X	ļ					0.	0.	0.
COS BARNES									_	_
BOARD MEMBER	2.00	X	_					0.	0.	0.
LINDA HRABOWECKY										
SECRETARY	2.00	X		X				0.	0.	0.
MARY O'MALLEY									0	
BOARD MEMBER	2.00	X	-		_	-	-	0.	0.	0.
JEAN PETERS									•	_
BOARD MEMBER	2.00	X				-	_	0.	0.	0.
CONNIE PETRILLO	2 00	3,7						0.	0.	_
BOARD MEMBER	2.00	X	_	-		├		0.	U •	0.
BLANCHIE CARTER	2.00	.						0.	0.	0.
BOARD MEMBER	2.00	^				┢		0.	0.	<u> </u>
PAUL GIBSON BOARD MEMBER	2.00	x						0.	0.	0.
DIANA TURNER-FORTE	2.00	^		H		H		0.		•
BOARD MEMBER	2.00	x						0.	0.	0.
STEVE BOUSER	2:00			一						
BOARD MEMBER	2.00	x						0.	0.	0.
STEVE LATER	†									
BOARD MEMBER	2.00	X						0.	0.	0.
ANDI ROSE								-		
BOARD MEMBER	2.00	X		1				0.	0.	0.
GARY SOUTHARD										
BOARD MEMBER	2.00	X			L			0.	0.	0.
DENISE DRUM BAKER										
	2.00	X		<u> </u>	<u> </u>			0.	0.	0.
TOM FIORETTI									_	_
	 -	X	 	.	_	-	-	0.	0.	0.
CHRISTINE GATTI		x						0.	0.	0.
		┸	├	1	\vdash	\vdash	H	1		<u>U•</u>
						1	Щ.	1		

	990 (2009) THE ARTS		_		_						56-10)83°	<u> 785</u>	P	age 8
Par	t VII Section A. Officers, Directors, Tru		mplo	yee		<u>nd I</u> C)	High	est	1			 7			
	(A) Name and title	(B)		Po					(E)) rtable	(E) Reportable		Ec	(F) tımate	nd
	Name and the	Average hours	(cı				ı арр	ly)	· ·	nsation	compensation	n		nount	
		per	一		Γ		Ī	Γ	1	om	from related			other	
		week	oanp .				ted		th organi		organizations (W-2/1099-MIS			pensa om th	
			Individual trustee or director	Institutional trustee		83	Select		_	99-MISC)	(11 2) 1000 11110	, ,		anızat	
			dual tr	utonal		Key employee	stcon	a						relat	
		ľ	İndiv	Instit	Officer	Key	Highest compensated employee	Яогтег			:	1	orga	ınızatı	ons
							╁╌								
			j				ļ				i	ļ			
		 	-			_		_	 						
			-			-	<u> </u>								
			<u>_</u> .												
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			-		_		┢	_					_	-	
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									<u> </u>						
	-	 	-			_	-	-							
			_												
	Total						<u> </u>		1	0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to tr	1050	liste	ed a	bove	e) wr	no re	eceivea mor	e than \$100	,000 in reportable	9			0
	compensation from the organization		_											Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	у еп	olqr	yee,	or h	nighest com	pensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s											-	3		<u> </u>
4	For any individual listed on line 1a, is the su										the organization	ļ			vr
5	and related organizations greater than \$15 Did any person listed on line 1a receive or										ices rendered to	-	4		X
Ŭ	the organization? If "Yes," complete Sched	=			10111	u.,		oiut	ou organiza		iooo ronaaraa to		5		X
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received	l more than	\$100,000 of com	pensa	ation f	rom	
	the organization. NONE			_					<u></u>	/D)			10		
	(A) Name and business	address							Des	(B) cription of s	ervices	C	(C omper		n
								- }							
_									-						
									 						
2	Total number of independent contractors (including but n	ot l	mite	d to	tho	se li	l sted	above) who	received m	nore than				
	\$100,000 in compensation from the organi	-	11				0								

Form	990 (2			CIL OF M	OORE COUNT	Y, INC.	. 56-1083785 Page				
Pa	rt VIII	Statement of Reven	ue								
				_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
ts st	1 a	Federated campaigns	1a								
E E	b	Membership dues	1b	48,619.							
an, c	С	Fundraising events	1c								
<u>a</u> gi	d	Related organizations	1d								
im.	е	Government grants (contributi	ons) <u>1e</u>	41,176.							
er si	f	All other contributions, gifts, grant	I I								
들		similar amounts not included above	/e 1f	38,609.							
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines	1a-1f \$		100 404						
<u>0 e</u>	<u>h</u> _	Total. Add lines 1a-1f	-	_	128,404.						
		MD TD C		Business Code 711110		220 561		-			
Program Service Revenue	2 a	TRIPS	DEC	711110	239,561. 46,550.	239,561. 46,550.					
	b	COMMUNITY CONCE	KTS	$\frac{711110}{711110}$	43,534.	43,534.					
		GALLERY SPECIAL EVENTS		711110	19,823.	19,823.					
ga Re e		JAZZ IN JANUARY		711110	18,078.	18,078.		 			
윤		All other program service reve		711110	87,018.	87,018.					
_	f	Total. Add lines 2a-2f	nue	711110	454,564.	07,010.					
\dashv	3	Investment income (including	dividends intere		13,173011						
	J	other similar amounts)	aa	>	8,050.	8,050.					
	4	Income from investment of tax	exempt bond of	-	- ,		-				
	5	Royalties	,	>							
	•		(ı) Real	(ii) Personal				*			
	6 a	Gross Rents			- 	<i>;</i>					
	b	Less rental expenses						-			
	С	Rental income or (loss)									
	d	Net rental income or (loss)		▶							
	7 a	Gross amount from sales of	(i) Securities	(II) Other		-	-				
		assets other than inventory	30,028.		÷.		-	ž.			
	b	Less: cost or other basis					<u>r</u>				
1		and sales expenses	27,934.		*						
		Gain or (loss)	2,094.	<u> </u>							
		Net gain or (loss)		>	2,094.	2,094.					
e l	8 a	Gross income from fundraising				<u>-</u>					
e j		including \$				7					
- Be		contributions reported on line			•						
Other Revenue		Part IV, line 18	а			=					
ᅙ		Less: direct expenses	b Iraicina avante								
		Net income or (loss) from fund Gross income from gaming ac	_								
	y a	Part IV, line 19	a invities. See								
	h	Less. direct expenses	, a								
		Net income or (loss) from gam		•							
		Gross sales of inventory, less	-								
		and allowances	а		-						
1	ь	Less cost of goods sold	b								
		Net income or (loss) from sale	s of inventory	<u> </u>							
		Miscellaneous Revenu		Business Code	-	. 1					
	11 a	MISCELLANEOUS I	NCOME	900099	1,584.	1,584.					
	b										
	С										
	d	All other revenue		<u>L</u>				 			
	е	Total. Add lines 11a-11d	•	•	1,584.			 			
93200	12	Total revenue. See instructions.			594,696.	466,292.	0	. U .			

Part IX Statement of Functional Expenses

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

Gants and other assistance to governments and organizators in the U.S. See Part IV, line 21 10,605.		All other organizations must comple	ete column (A) but are			
Topinitation The U.S. See Part IV, line 21 2,450. 2,450. 2,450. 3 3 3 3 3 3 3 3 3					(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, Ine 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine 15 and 15 4 Benefits past to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to dequalified persons (as offered under section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section 4980(ft)) and persons described in section 4980(ft) and persons described in section	1	Grants and other assistance to governments and				
the U.S. See Part IV, Inc. 22 Grants and other assestance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to rife or members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (see forted under section 4958()(3)(8) To their salaries and wages Petsion plan contributions (include section 401(k) and section 403(s) employer contributions (include section 401(k) and section 403(s) employer contributions) Other employee benefits 12,176. 110,645. Petsion plan contributions (include section 401(k) and section 403(s) employer contributions) Other employee benefits 12,176. 12,176. Payroll taxes 9,413. 9,413. Fees for services (non-employees). a Management b Legal Concounting d Lobbymg Chock Protessoral fundrating services. See Part IV, Ine 17 f Investment management fees Other Protessoral fundrating services. See Part IV, Ine 17 f Investment management fees Other Other Sepanses 14,962. 340. 14,622. Information technology 3,047. 3,047. Foyalties Concernose, conventions, and meetings Interest Payments to affiliates Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization are represented overand demander in the second of the second		organizations in the U.S. See Part IV, line 21	10,605.	10,605.		· · · · · · · · · · · · · · · · · · ·
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. Sae Part IV, lines 15 and 16 8 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(f(V)) and persons discrebed in section 4958(f(V)) and p	2	Grants and other assistance to individuals in				
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benrifits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation and included above, to disqualited persons described in section 4985(((1)) and persons described in section 4985(((1)) and persons described in section 4985(((1))) and sec		the U.S See Part IV, line 22	2,450.	2,450.		
Sea Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Person of said before the section 4986(1(3)(8)) and persons disected and said section 4986(1(3)(8)) and persons disected and said section 401(k) and section 403(b) employer contributions) Person plan contributions (include section 401(k) and section 403(b) employer contributions) Person plan contributions (include section 401(k) and section 403(b) employer contributions) Person plan contributions (include section 401(k) and section 403(b) employer contributions) Person plan contributions (include section 401(k) and section 403(b) employer contributions) 1	3	Grants and other assistance to governments,				
4 Benefits paid to of for members 5 Compensation of current officers, directors, trustees, and key employee 6 Compensation not included shows, to disqualified persons (sectioned 4058((x)(3)(8)) 7 Other stantes and vagoes 8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 9 A 13. 9, 413. 110,645. 110,6		organizations, and individuals outside the U.S.				
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees to compensation of included above, to disqualified persons (as othered under section 4550(f(1)) and persons described in section 4550(f(1)) and section 403(b) employer contributions; 9 Other employee benefits 110		See Part IV, lines 15 and 16				
tustrese, and key employees 6	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) 7 Other salaries and wages 8 Pensen plain contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 12 , 176.	5	Compensation of current officers, directors,				
persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(B) 7 Other salaries and wages 8 Penson plan contributions (include section 401(k) and section 401(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, Ine 17 f Investment management fees 9 Other 20 Office expenses 11 Fees for services (non-employees). 12 Advertising and promotion 16 Payroll taxes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization insurance 13 TRIPS 14 COMMUNITY CONCERT SERIE 28 PECIAL EVENTS 41 Ago 10 Cours (10 Cours) 15 Total functional expenses Add lines 1 through 241 28 Joint east. Check here P Introduction or combination reported in column (B) pint costs from a combined educational repairs and interest or reported in column (B) pint costs from a combined educational repairs and interest or reported in column (B) pint costs from a combined educational campagn and threatesing solicitions 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest to affiliates 20 Experies in the pint of the organization and amortization in the pint of t		trustees, and key employees				
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9 Other employee benefits 10 Payroll taxes 9,413. 9,413. 9,413. 11 Fees for services (non-employees). a Management b Legal c Accounting 2,500. 2,500. 2,50	8	· · · · · · · · · · · · · · · · · · ·				
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11 Fees for services (non-employees)	9	, ,				
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14 Information technology 3,047. 3,047. 15 Royalties 6,795. 6,795. 16 Occupancy 1,705. 1,705. 17 Travel 1,705. 1,705. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,705. 1,705. 19 Conferences, conventions, and meetings interest 1 1,705. 1,705. 20 Interest 1 6,773. 6,773. 21 Payments to affiliates 6,773. 6,773. 22 Insurance 3,062. 3,062. 24 Other expenses. lternze expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 221,099. 221,099. a TRIPS 221,099. 221,099. 221,099. b COMMUNITY CONCERT SERIE expenses shown on line 25 below.) 31,775. 31,775. d GALLERY 28,767. 28,767. 28,767. e PERFORMANCE EVENTS 26,075. 1 f All other expenses 109,736. <td></td> <td>· ·</td> <td></td> <td>340</td> <td></td> <td></td>		· ·		340		
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses litemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses 1 Outher expenses. Add lines 1 through 24f 25 Joint costs. Check here Infowm or expended in column (B) joint costs from a combined educational expense and fundraising solicitation						
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses. Add lines 1 through 24f Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation f All complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		_ ·	1,703.		1,7031	····
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	18	,				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3 , 062 .	10	•				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS 1 All other expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 643,079. 462,657. 180,422. 0.		· · · · · · · · · · · · · · · · · · ·	 -			
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses 109,736. 100,221. 9,515. 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here						· · · · · · · · · · · · · · · · · · ·
3,062. 3,062. 3,062.		· · ·	6,773.		6,773.	
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•				
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a TRIPS b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here In 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		Other expenses, Itemize expenses not covered				
TRIPS 221,099. 221,099.	_,	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			-	
b COMMUNITY CONCERT SERIE c SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 41,325. 41,325. 31,775. 31,775. 26,075. 26,075. 26,075. 100,221. 9,515. 27 180,422. 0.	_		221.099.	221.099.		
C SPECIAL EVENTS d GALLERY e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 31,775. 31,775. 28,767. 28,767. 29,515. 100,221. 9,515. 180,422. 0.	d					
d GALLERY PERFORMANCE EVENTS All other expenses Total functional expenses. Add lines 1 through 24f 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	0					
e PERFORMANCE EVENTS f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	ن ام					
All other expenses Total functional expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 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	_					
Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-				9,515.	
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						0.
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· · · · · · · · · · · · · · · · · · ·		
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_•	*				
educational campaign and fundraising solicitation						
5 000 (2020)						

				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			00. 1	
	2	Savings and temporary cash investments		119,9		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,0	<u>78. 4</u>	2,617.
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	•		-	
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		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			<u>50. 8</u>	
•	9	Prepaid expenses and deferred charges	1 1	17,5	<u>72. g</u>	94,451.
	10a	Land, buildings, and equipment. cost or other			-	
		basis. Complete Part VI of Schedule D	10a 231,			
	b	Less: accumulated depreciation	10b 143,			
	11	Investments - publicly traded securities		245,5		<u> </u>
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		1:		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		105 5	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	485,7		
	17	Accounts payable and accrued expenses	22,9			
	18	Grants payable	F0 0	21		
	19	Deferred revenue		58,9		<u> </u>
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete			2	1
Ħ	22	Payables to current and former officers, directo		1		
Liabilities		highest compensated employees, and disqualif	ied persons. Complete P	יַ ווידווו יַ		
_		of Schedule L			2	
	23	Secured mortgages and notes payable to unrel			2:	
	24	Unsecured notes and loans payable to unrelate	a thira parties		24	
	25	Other liabilities Complete Part X of Schedule D		81,8	5.7 o	
	26	Total liabilities. Add lines 17 through 25	V		<u>57. 20</u>	141,334.
		Organizations that follow SFAS 117, check h	ere 🖊 🔼 and com	lete 🚆		
ces		lines 27 through 29, and lines 33 and 34. Unrestricted net assets		329,6	75. 2	297,518.
lan	27			74,2		
Ва	28	Temporarily restricted net assets		74,2	20. 2	
Net Assets or Fund Balances	29	Permanently restricted net assets	heck here 🕨 🔲 a		 2	-
Ę		Organizations that do not follow SFAS 117, o	neck nere P a			
S		complete lines 30 through 34.			30	
set	30	Capital stock or trust principal, or current funds		-	3	
As	31	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in			3	
Še	32	Total net assets or fund balances	icome, or other fullus	403,9		
	33	TOTAL TIEL ASSELS OF TUTIO DAIGHTERS		485,7	<u> </u>	523,037.

523,037. Form **990** (2009)

orm	990	2009) THE ARTS COUNCIL OF MOORE COUNTY, INC. 50-108	<u> </u>	<u>r a</u> (90 -
Pai	rt XI	Financial Statements and Reporting			
				Yes	No
1		ounting method used to prepare the Form 990. Cash X Accrual Other e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		e the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b		e the organization's financial statements audited by an independent accountant?	2b		Х
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	ew, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Y	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	solidated basis, separate basis, or both [.] Separate basis Consolidated basis Both consolidated and separate basis	-		
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMB Circular A-133?	3a		X
b	If "Y	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or au	udits, 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)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

		THE ART	S COUNCIL OF	MOOR	E COU	NTY,	INC.		56	<u>-1083</u>	<u> 785</u>	
Part I	Reason		rity Status (All organiz					tructions				
he organ	ization is not a	a private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)					
1 🗀	A church, co	nvention of churche	s, or association of church	ches desci	nbed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔			ital service organization of		n section	170(b)(1)(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
- —	city, and stat		•		•				•			
5	•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d ın		
• —	_	(b)(1)(A)(iv). (Compl		•	·	•	•					
6 🗀			ent or governmental unit	t described	l in sectio	n 170(h)(1	IYAYv).					
7 🕱		- ·	ceives a substantial part					r from the	general p	ublic desc	ribed r	n
7 (.48.	•	(b)(1)(A)(vi). (Comple		o. no oupp	o	90.0			3 0			
8			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	•					rom contri	butions m	nembershi	n fees and	d aross rea	ceints:	from
5	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
			axable income (less sect									
		509(a)(2). (Complet			,,			, o.g.			.,	
10 🗀			perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).				
11		•	perated exclusively for the	-	_			-	v out the c	ourposes c	of one	or
			ations described in section									
			organization and comple				,		-,(-,-			
	a Type	· · · · · -		Тур			egrated		d□	Type III - 0	Other	
e 🗀			at the organization is not			-	_	r more dise		• •		n
•—			than one or more publicly									
f		_	tten determination from t						, , ,		,	
-		rganization, check t			•							
g		•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
3			directly controls, either al								Yes	No
			supported organization?	_						11g(ı)		
	•		n described in (i) above?	ı						11g(iı)		
			a person described in (i) o		∍?					11g(iii)		
h			about the supported or									
		-										
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) ls	the	(vii) An	nount o	f
	anization	(,	organization (described on lines 1-9		sted in your	organizat	ion in col.	organizátic (i) organiz U.S	ed in the		port	
_			above or IRC section		document?	(i) of your	support?	U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					_				 			
						ļ						
												
_				<u> </u>	ļ <u>.</u>							
		 	 	 					+ +			
Total		<u> </u>	<u> </u>	1	L	L	<u> </u>	<u> </u>				

Schedule A (Form 990 or 990-EZ) 2009 THE ARTS COUNCIL OF MOORE COUNTY, INC. 56-1083785 Page 2

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)

<u>Se</u> c	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	173,390.	111,825.	101,959.	149,857.	128,404.	665,435.
2	Tax revenues levied for the organ-						<u> </u>
	ization's benefit and either paid to	ļ	J	J		ļ	
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge	18,000.	18,000.				36,000.
1	Total. Add lines 1 through 3	191,390.	129,825.	101,959.	149,857.	128,404.	701,435.
	The portion of total contributions	131/3301	125,025.		115/05/1	120,1010	70171001
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	l l	J	j		~	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	•						
_	column (f)						701,435.
	Public support. Subtract line 5 from line 4						701,435.
		4-3-0005	#1 0000	(-) 0007	(d) 2008	(-) 2000	/O Total
	endar year (or fiscal year beginning in)	(a) 2005 191, 390.	(b) 2006 129,825.	(c) 2007 101, 959.	149,857.	(e) 2009 128, 404.	(f) Total 701,435.
	Amounts from line 4	191,390.	149,045.	101,333.	149,057.	120,404.	701,433.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10 504	10 026	12 226	11,218.	10,144.	E7 100
_	and income from similar sources	10,594.	12,936.	12,236.	11,410.	10,144.	<u>57,128.</u>
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		- 4 6 - 6	20 200	- 0.5	4 504	400 500
	assets (Explain in Part IV.)	36,810.	54,876.	39,288.	5,965.	1,584.	138,523.
	Total support. Add lines 7 through 10	, · ·					897,086.
	Gross receipts from related activities,		•		İ		<u>,764,261.</u>
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
~	organization, check this box and stor	here					
	ction C. Computation of Publ						FO 10
	Public support percentage for 2009 (• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	78.19 %
	Public support percentage from 2008					15	<u>79.03 %</u>
16a	33 1/3% support test - 2009. If the o				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		_				$\triangleright [X]$
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	f organization		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, o <u>r 17</u> t	o, check this box a	nd see instructions	s >
					Caha	dula A (Earm 000	000 E7\ 0000

	tin A Dublic Support	nganizations	Described III	Section Sos(a)	(Complete only	it you checked the bo	x on line 9 of Part I.)
_	tion A. Public Support	4 1 222	# : 005¢	4-1-0007	T (-1) 0000	(*) 0000	ID Takal
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					,	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				_		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					}	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and					<u> </u>	
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)			<u></u>	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) 2000	(6) 2000	(0) 200.	19/2333	(4)	
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_				
13	Total support (Add lines 9, 10c, 11, and 12)						<u>.</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here		** ***				<u> </u>
	ction C. Computation of Publ					T. T. T. T. T. T. T. T. T. T. T. T. T. T	
15	Public support percentage for 2009 (ine 8, column (f) d	ivided by line 13, (column (f))		15	<u>%</u>
	Public support percentage from 2008					16	<u>%</u>
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
t	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶Щ
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number 56-1083785

	THE ARTS COUNCIL C	F MOORE	COUNTY,	INC.		56-1083	3785
Par	t I Organizations Maintaining Donor Advise	ed Funds or	Other Simil	ar Funds or A	ccour	its. Complete i	f the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.					
		(a) Do	nor advised fund	s (b) Fund	s and other acc	ounts
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 c	lonor advised fun	ds		
	are the organization's property, subject to the organization's					Yes	☐ No
6	Did the organization inform all grantees, donors, and donor			nds can be used o	only		
	for charitable purposes and not for the benefit of the donor	or donor adviso	or, or for any othe	er purpose confer	ring		
	impermissible private benefit?			*****		Yes	No_
Par	t II Conservation Easements. Complete if the or	ganization ans	wered "Yes" to F	orm 990, Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organization	tion (check all t	h <u>at a</u> pply)				
	Preservation of land for public use (e.g., recreation or	pleasure)	Preservation	on of an historical	ly impor	tant land area	
	Protection of natural habitat		Preservation	on of a certified hi	storic st	tructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ıfıed conservatı	on contribution i	n the form of a co	nservat	tion easement of	n the last
	day of the tax year.						
					!	Held at the End of	the Tax Year
а	Total number of conservation easements		•		2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic st		ed in (a)		2c		
d	Number of conservation easements included in (c) acquired				_2d		
3	Number of conservation easements modified, transferred, re	eleased, extingi	uished, or termin	ated by the organ	lization	during the tax	
	year >						
4	Number of states where property subject to conservation ea		·	andling of			
5	Does the organization have a written policy regarding the per-		ng, mspection, m	anding of		☐ Yes	☐ No
	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		conservation ea	seaments during t	he vear		110
6 7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo					·	
0	and section 170(h)(4)(B)(ii)?	vo outlony the r	oquii omomo ino or o		7.07	Yes	No
9	In Part XIV, describe how the organization reports conserva	tion easements	in its revenue ai	nd expense state	nent. ar	nd balance shee	et. and
•	include, if applicable, the text of the footnote to the organiza						
	conservation easements.						
Pai	t III Organizations Maintaining Collections	of Art, Histo	rical Treasu	res, or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" to Form	n 990, Part IV, I	ne 8				
1a	If the organization elected, as permitted under SFAS 116, n						
	treasures, or other similar assets held for public exhibition, e	education, or re	search in further	ance of public se	rvice, pr	rovide, in Part XI	V, the text of
	the footnote to its financial statements that describes these						
b	If the organization elected, as permitted under SFAS 116, to						
	or other similar assets held for public exhibition, education, $% \left(1\right) =\left(1\right) \left(1$	or research in f	urtherance of pu	blic service, provi	de the f	following amoun	ts 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 tr			for financial gain,	provide	•	
	the following amounts required to be reported under SFAS	116 relating to	these items:				
а	Revenues included in Form 990, Part VIII, line 1				\$		
b	Assets included in Form 990, Part X				▶ \$	·	

		S COUNCIL								5 Page Z
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a s	ignificar	t use of its	collection	ı ıtems
	(check all that apply):									
а	X Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ams				
ь	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	on's exe	mpt pur	pose in Par	t XIV	
	During the year, did the organization solicit o							•		
•	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arran				-	s" to For	m 990. I	Part IV. line		
	reported an amount on Form 990, Par		0.0 0 .9	uu					-,	
10	Is the organization an agent, trustee, custodi		diary for o	contribution	ns or other as	sets not	t include	d		
ıa	on Form 990, Part X?	an or other intermet	alary lor v	Sommon	15 01 011101 40		· inoludo	<u> </u>	Yes	□ No
	·	and complete the fe	llowno t	able				<u> </u>	_ 1 C 3	
D	If "Yes," explain the arrangement in Part XIV	and complete the ic	mowing t	able.					Amount	
							4.5	-	Amount	
	Beginning balance						1c			
	Additions during the year						<u>1d</u>	-		
е	Distributions during the year						<u>1e</u>			
f	Ending balance						1f	· 	٦.,	—
	Did the organization include an amount on Fe		21?						」 Yes	∟ No
	If "Yes," explain the arrangement in Part XIV							<u></u>		
Par	t V Endowment Funds. Complete	f the organization ar	T -		T					
		(a) Current year	(b) P	rıor ye <u>ar</u>	(c) Two year	rs back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance				ļ					
b	Contributions				ļ					
С	Net investment earnings, gains, and losses				ļ		<u> </u>		ļ	-
d	Grants or scholarships					~				
е	Other expenditures for facilities				ļ		*			· .
	and programs					-				
f	Administrative expenses									V*
g	End of year balance	-			w/ 100m	ŧ				
2	Provide the estimated percentage of the year	r end balance held a	as.							
а	Board designated or quasi-endowment		%							
	Permanent endowment ▶	%	_							
		 %								
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	the orga	nızatıon		
-	by.	Ū					_			Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь.	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	lule B?					3b	
4	Describe in Part XIV the intended uses of the				•	•				
Par	t VI Investments - Land, Building). Part X. line	10.				
	Description of investment	(a) Cost or o			t or other		ccumula	ated	(d) Bool	k value
	Description of investment	basis (investi			(other)		preciation		(u) 200.	· raido
	Land	2.2.3 (`'					
	Land	··								
	Buildings	112	106.			,	40	158.	7	1,948.
	Leasehold improvements		339.				$\frac{40}{103}$			0,890.
	Equipment						<u> </u>			4,585.
	Other		585.	(D) /	10(-))					
Total	l. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	<u>1</u> U(C))			🗩 📙	<u>_</u>	<u>7,423.</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 THE ARTS CO	OUNCIL OF MOO	RE COUNTY	INC.	56-1083785 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.		
(a) Description of security or category (including name of security)	(b) Book value			l of valuation [.] year market value
Financial derivatives				
Closely-held equity interests				
Other				
				
		<u> </u>		
		<u> </u>		
		ļ		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>		
Part VIII Investments - Program Related.	See Form 990, Part X, line	<u>13.</u>	4 > 3 4 - 4 - 4	
(a) Description of investment type	(b) Book value			of valuation year market value
		<u> </u>		
		ļ		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin				(h) Dook value
(a) Description			(b) Book value
				
	<u> </u>	 _		
	 			
		· · · · · · · · · · · · · · · · · · ·		
				
		-		
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)			
Part X Other Liabilities. See Form 990, Part X	, line 25.			
(a) Description of liability		(b) Amount		
Federal income taxes				
			_	
			_	
			_	
			\dashv	
T-1-1 (O-1(h)15	05)		-	
Total. (Column (b) must equal Form 990, Part X, col (B) III		o financial states	nto that range	the organization's lightly for
2. FIN 48 Footnote In Part XIV, provide the text of the founcertain tax positions under FIN 48.	omote to the organization	o ilitaticiai stateine	пь шаперопя	s the organization's liability for
932053 93.01.40				Schedule D (Form 900) 2000
932053 02-01-10				Schedule D (Form 990) 20

	t XI Reconciliation of Change in Net Assets from Form 990 to	COUNTY,	INC.		L083785 Page 4
Ъ——		Audited Fili	anciai Sta	tement	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
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	19	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rev	venue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
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		_	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	_ _
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses pe	er Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments .	2b	_		
С	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		_]_	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pai	t XIV Supplemental Information	_			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
PAI	RT III, LINE 4: THE ORGANIZATION HAS VARIOU	JS ITEMS	OF ARI	ON I)ISPLAY
IN	THE FACILITIES IT OCCUPIES. THIS ARTWORK F	REPRESENT	rs the	WORK	OF LOCAL
AR'	PISTS.				
					
					

SCHEDULE I (Form 990)

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

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

▶ ∆ttach to Form 00∩

Open to Public Inspection OMB No 1545-0047

Department of the Treasury Internal Revenue Service		Сошріє	Complete if the organization answered "Yes" on Form 990, Part IV, line z1 of zz. ▼ Attach to Form 990.	n answered "Yes" on ⊦o ► Attach to Form 990.	on rorm 990, rar n 990.	t IV, line 21 of 22.		Upen to Public Inspection
Name of the organization	THE ARTS COUNCIL OF MOORE	COUNCIL		COUNTY, INC.				Employer identification number 56–1083785
Part I General Info	General Information on Grants and Assistance	d Assistance						
1 Does the organizat	Does the organization maintain records to substantiate the amount of	substantiate the		or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	ance?	the of grant	funds in the United	States			Yes X No
Part II Grants and	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	overnments and	Organizations in the	e United States.	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
n	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	5,000 Check this	box if no one recipier	nt received more th	an \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of on government	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINECREST HIGH SCHOOL 250 VOIT GILMORE LANE	OOL							
SOUTHERN PINES NC	NC 28387			2,100.	0.			OPERATIONS
SOUTHERN MIDDLE SCHOOL	ноог							
255 S MAY ST								
SOUTHERN PINES, NC	NC 28387			500.	0			OPERATIONS
CAROLINA PERFORMING ARTS CENTER	G ARTS CENTER							
P.O. BOX 604								
PINEHURST, NC 28370	0			1,000.	0			OPERATIONS
WEYMOUTH CENTER								
P.O. BOX 939								
SOUTHERN PINES, NC	NC 28388			500.	0			OPERATIONS
SOUTHERN PINES RECREATION	REATION							
482 E CONNECTICUT AVE	AVE							
SOUTHERN PINES, NC	NC 28387			1,000.	0			OPERATIONS
KIWANIS CLUB OF THE SANDHILLS	E SANDHILLS			·				
P.O. BOX 1274								
SOUTHERN PINES NC	NC 28380			2,000	0.			OPERATIONS
5 Enter total number	Enter total primber of section 501(c)(3) and powernment organizations	d government or	ganizations					•

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 56-1083785 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance THE ARTS COUNCIL OF MOORE COUNTY, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 932102 02-02-10 Part III

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) THE ARTS COUNCIL OF MOORE COUNTY, INC. (d) Amount of cash grant 950. 2,080, 475 (c) IRC section if applicable (b) EIN (a) Name and address of organization or government MOORE COUNTY CHORAL SOCIETY SOUTHERN PINES NC 28388 UNION PINES HIGH SCHOOL 1981 UNION CHURCH ROAD PINEHURST, NC 28374 Name of the organization CARTHAGE NC 28327 Department of the Treasury Internal Revenue Service MOORE ON STAGE P.O. BOX 5311 P.O. BOX 785 SCHEDULE 1-1 (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 56-1083785

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance OPERATIONS DPERATIONS OPERATIONS (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ¥

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990. Internal Revenue Service **Employer identification number** Name of the organization THE ARTS COUNCIL OF MOORE COUNTY, 56-1083785 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MOORE COUNTY WHICH ARE ENGAGED IN ANY PHASE OF THE VISUAL OR PERFORMING ARTS. TO ASSIST IN THE ESTABLISHMENT OF NEW CULTURAL AND EDUCATIONAL ACTIVITIES IN FIELDS WHERE NONE EXIST, TO COORDINATE CULTURAL AND EDUCATIONAL ACTIVITIES SO AS TO AVOID DUPLICATION, TO RAISE FUNDS FOR THESE PURPOSES AND TO PROVIDE FOR THE EXPENDITURE OF FUNDS RAISED. FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUAL AND FAMILY MEMBERS RECEIVE SPECIAL PRICING ON ARTS COUNCIL PROGRAMS, ADVANCE NOTICE OF EVENTS, DISCOUNTS ON TOURS, AND VOTE AT ANNUAL MEETING. BUSINESS MEMBERS ALSO RECEIVE LISTINGS IN PROGRAMS AND WEBSITE. FORM 990, PART VI, SECTION A, LINE 7A: INDIVIDUAL MEMBERS MAY VOTE AT ANNUAL MEETING OF ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE BOARD ARE GIVEN A COPY OF THE 990 PRIOR TO FILING AND ARE ASKED TO VOTE TO ACCEPT PRIOR TO FILING FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, TAX RETURN AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION DURING BUSINESS HOURS AT THE OFFICE OF THE ORGANIZATION

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only	If you ar	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed) \[\text{A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete \text{Part 1 only} \text{Vision for Copies and Complete} Vision for Copies and Complete for Copies for Co			form).	
Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only	Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	m 8868
Part only	Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
Part only			nloto	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of file income tax returns. Including (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns loted below (6 months for a corporation required to file from 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional form of 2) you file from 990-T. Instead, our must submit the fully completed and signed page 2 Part II) of Form 8668 For more details on the electronic filing of the form year in goverled and clack on extension of 2) you file for Chantes 8 to Antoprofits Name of Exempt Organization	•	ion required to file Form 990-1 and requesting an automatic 6-month extension - check this box and com	biere	▶□
of the norme tax returns. Electronic Filing Ge-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns loted below (6 months for a corporation required to file Form 990T). However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3-month extension of (2) you file form 990T. However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3-month extension of (2) you file form 990T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, vist was available and click on e-file for Charters & Nonprofits THE ARTS COUNCIL OF MOORE COUNTY, INC.	•			
noted below (6 months for a corporation required to file Form 990*). However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3-month extension or (2) you file Forms 990 BL (2 Part II) of Form 8868 For more details on the electronic filing of this form, visit waw is govided and click on e-file for Charities & Nonprofits Name of Exempt Organization	o file incoi	me tax returns.		
THE ARTS COUNCIL OF MOORE COUNTY, INC. THE ARTS COUNTY, INC. THE ARTS COU	noted belo (not autom you must s	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic latic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cor submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fili	cally if isolida	(1) you want the additional ited Form 990-T. Instead,
THE ARTS COUNCIL OF MOORE COUNTY, INC. Number, street, and room or suite no. If a P O box, see instructions.	Type or	Name of Exempt Organization	Empl	oyer identification number
Number, street, and room or suite no. If a P O box, see instructions. PO BOX 405	print		_	
Number, street, and room or suite no. If a P O Box, see instructions. Number, street, and room or suite no. If a P O Box, see instructions.	Eila by the		5	6-1083785
City, town or post office, state, and ZIP code. For a foreign address, see instructions. City	due date for			
Check type of return to be filed (file a separate application for each return): Form 990	return See			·
Check type of return to be filed (file a separate application for each return): X Form 990	nstructions			
Form 990				
Form 990-BL	Check typ	e of return to be filed (file a separate application for each return):		
Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 CHRIS DUNN The books are in the care of \$\int \frac{482 E. CONNECTICUT AVE SOUTHERN PINES, NC 28387}{1 \text{Telephone No} \int \frac{910 - 692 - 4356}{2 - 4356} FAX No \$\int Telephone of the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the interpretation of the group, check this box If the promotion of the organization of the organization's return for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for:	X Forn	n 990 Form 990-T (corporation) Form 47	20	
CHRIS DUNN The books are in the care of A82 E. CONNECTICUT AVE SOUTHERN PINES, NC 28387 Telephone No 910-692-4356 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FERUARY 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for: Calendar year or If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-F or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	Forn	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27	
CHRIS DUNN The books are in the care of \$\insightarrow\$ 482 E. CONNECTICUT AVE SOUTHERN PINES, NC 28387 Telephone No \$\insightarrow\$ 910-692-4356 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Forn	1000		
The books are in the care of ▶ 482 E. CONNECTICUT AVE SOUTHERN PINES, NC 28387 Telephone No ▶ 910-692-4356 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover. 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ Initial return □ Final return □ Change in accounting period. 2 If this tax year is for less than 12 months, check reason □ Initial return □ Final return □ Change in accounting period. 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. 3b \$ C Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	Forn	1 990-PF	70	
FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or calendar year or TX tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 . 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. 3b \$ c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	Telepho If the or If this is	one No ▶ 910-692-4356 reganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	the whole group, check this
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	is fo	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a r the organization's return for: calendar year or		The extension
nonrefundable credits See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. b Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	2 If the	s tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. b Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
tax payments made Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	noni	refundable credits. See instructions	За	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)				
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions	Caution.	f you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)	LHA F	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)

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